



**Community Memorial Health System**  
*Where Excellence Begins with Caring*

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<b>Whistleblower Policy – Reporting, Investigation, and Non-Retaliation</b>	APPLIES TO: <input checked="" type="checkbox"/> CMH <input checked="" type="checkbox"/> OVCH <input checked="" type="checkbox"/> CCC <input checked="" type="checkbox"/> CFH
Manual: N/A Department: Legal and Compliance Control Number: HS-COM018	Last Review/Revision Date: 11/08/2013

I. PURPOSE:

- A. Maintaining high standards of conduct and ethics is important to Community Memorial Health System. All employees, senior leadership members, trustees, vendors, volunteers and contractors are encouraged to report fraudulent or dishonest conduct (i.e., to act as a “whistleblower”) pursuant to the procedures set forth in the next section.

II. POLICY:

- A. It is the policy of Community Memorial Health System to encourage employees who note a breach of the health system’s compliance program to report it without fear or repercussion or retaliation. Community Memorial Health System has established an Employee Hotline at 888-261-1773 which is available at any time by any individual to report actual or potential compliance violations, including those involving billing and claims submission, fraud and abuse laws and regulations.
- B. Whistleblower Protection - CMHS will always protect whistleblowers against retaliation. Whistleblower complaints will be handled with sensitivity, discretion and confidentiality to the extent allowed by the circumstances and the law. Whistleblowers who believe that they have been retaliated against for reporting an activity, which that person believes to be fraudulent or dishonest, may file a written complaint about such retaliation with the Corporate Compliance Officer. Any complaint of retaliation, including but not limited to, threats of physical harm, loss of job, punitive work assignments, or reduced salary or wages, will be promptly investigated and corrective action taken, where allegations are substantiated. This protection from retaliation is not intended to prohibit managers or supervisors from taking action, including disciplinary action, in the usual scope of their duties based on valid performance-related factors, nor is it intended to preclude disciplinary action against individuals who report baseless allegations.

III. SCOPE:

- A. This policy applies to CMHS’s employees, volunteers, trainees, officers, directors, and other persons whose conduct, in the performance of work for CMHS, is under CMHS’s direct control, whether or not they are paid by CMHS, including subcontractors and vendors whose primary office location is at CMHS and who perform a substantial proportion of their activities onsite (collectively, “Workforce”).

#### IV. DEFINITIONS:

#### V. PROCEDURE:

##### **A. How to Report**

1. All employees, senior leadership members, trustees, vendors, volunteers and contractors should report any reasonable concern about fraudulent or dishonest use or misuse of CMHS resources or property to the chair of the Audit/Compliance Committee or the chair of the Board of Trustees. Employees should report concerns directly to the Corporate Compliance Officer or the chair of the Audit Committee or anonymously by calling the compliance hotline at: 888-261-1773
2. Reports should contain enough information to substantiate the concern and allow an appropriate investigation to begin. Reports may be submitted anonymously. Appropriate action will be taken in response to reports. All reports received will be acted upon in confidence when possible given legal requirements and the need to gather facts, conduct an effective investigation, and take necessary corrective action.
3. Reasonable care will be taken in dealing with suspected misconduct to avoid baseless allegations, premature notice to persons suspected of misconduct, disclosure of suspected misconduct to persons not involved with the investigation and violations of a person's rights under the law.

##### **B. Investigation**

1. All reports will be thoroughly investigated to the extent possible. In the case of anonymous reports with insufficient information provided, the review may be limited unless needed information can be obtained. In each case, a conclusion, findings and corrective actions (if any) will be documented in an internal reporting and tracking system maintained by Corporate. Documentation will include a description of the reported issue, interview notes, documents related to the issue being investigated, a detailed description of the investigation process and a final report documenting findings, recommendations and conclusions reached. Investigative documentation will be maintained in accordance with the CMHS Record Retention Policy.
2. Investigations may include (but are not limited to) interview of employees and others, review of relevant documents, audits of information systems, data, or processes or any other activities needed to complete the investigation. The purpose of investigative activities is to determine the facts, reach a conclusion/resolution and implement corrective actions, if warranted.
  - a. Internal personnel and/or external resources necessary for the investigation will be identified with advice of Legal Counsel and incorporated in the investigation as needed. Personnel and resources may be involved depending upon the facts being investigated.
  - b. Outside auditors or other experts may be engaged directly or through Legal Counsel depending upon the nature of the investigation.
  - c. If an investigation is undertaken and the integrity of the investigation is at stake due to the presence of employees involved in the incident, the employee(s) may

be removed from the current work activity in accordance with human resource policies until the investigation is completed.

3. Investigations will be undertaken promptly to determine whether a material violation has occurred and to provide timely corrective action when needed. Any corrective action involving personnel/employment issues will be handled in accordance with the CMHS Corrective Action policy.

**C. Statistics, Trends and Reporting:**

1. An internal tracking system will be maintained under the direction of the Chief Compliance Officer to trend and track the number, nature and outcomes of business ethics inquiries and reports.
2. The Chief Compliance Officer will make periodic reports of the statistics and trends to the Compliance Committee, as warranted.
3. In the event of a privacy breach, the Chief Compliance Officer will follow the breach reporting procedures as outlined in the CMHS Breach Reporting Procedure policy and notify the appropriate individuals and outside agencies, where applicable.

VI. DOCUMENTATION:

VII. COMPETENCY:

NOT CONTROLLED ONCE PRINTED

Keyword Search: whistleblower, non-retaliation, reporting misconduct, suspected misconduct, misconduct, investigations		
Attachments:		
Related Policies:		
References:		
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Approved by: Name: Emilie Rayman Title: VP, Chief Compliance Officer	Approved by: Name: Gary Wilde Title: President and CEO	Approved by: Name Title

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