

SHORE HEALTH SERVICES, INC. - ADMINISTRATIVE

COMPLIANCE COMMITTEE

✓ Shore Memorial Hospital ✓ Shore Rehab ✓ Shore LifeCare ✓ Shore Health Care at Home ✓ MMC ✓ Lingle and Goldstein Surgical Assoc. ✓ Shore Orthopedics

Written: 6/98 Revised: 5/2000 , 11/2004

Reviewed: 5/1/01 , 4/2002

Approved by Board: 7/28/99 Revised by Board: 5/31/00, 6/27/01, 3/30/2005

Chairman of the Board

President/CEO

Compliance Officer

PURPOSE:

To provide cross functional expertise, coordination and oversight and to assist the Compliance Officer in the creation and implementation and operation of the Shore Health Services, Inc. Compliance Program .

POLICY: The Board of Trustees of Shore Health Services, Incorporated (Shore) has created a management level Compliance Committee for the purpose of providing oversight and direction to the Compliance Program.

ROLES AND RESPONSIBILITIES:

Assess the effective development and implementation of the Compliance Program;

Analyze the organization's industry environment and legal requirements for which the organization must comply and specific risk areas for the organization;

Assess existing policies and procedures that address identified risk areas for possible incorporation into the Compliance Program;

Work with appropriate departments to develop standards of conduct and policies and procedures to promote compliance with legal and ethical requirements

Recommend and monitor in conjunction with relevant departments the development of internal systems and controls to carry out the organization's policies;

Determine the appropriate strategies and approaches to promote compliance with the program requirements and the detection of any potential violations, such as through hotlines and other fraud reporting mechanisms;

Development of a system to solicit, evaluate and respond to complaints and problems;

Monitoring internal and external audits and investigations for the purpose of identifying deficiencies and implementing corrective actions.

With the assistance of the Compliance Officer, regularly review the Compliance plan, Compliance Program and system policies designed to implement the Compliance Program;

Assess and make recommendations regarding necessary resources devoted to the Compliance Program to assure its ongoing effectiveness;

Receive reports from the Compliance Officer.

MEETINGS

The Compliance Committee will meet at least quarterly.

MEMBERSHIP

The Compliance Committee shall consist of permanent members and temporary or ad hoc members who serve as needed for a specific purpose. Permanent Committee Members shall include representatives of relevant functional departments as well as senior management:

- President/Chief Executive Officer (Chair)
- V.P. Operations (Vice Chair; Acting Chair in absence of CEO)
- Compliance Officer (prepares agenda; convenes meeting)
- V.P. Patient Care Services
- V.P. Fiscal Services/Chief Financial Officer
- President of Medical Staff
- Functional Department Membership
 - Director Health Information Services
 - Laboratory Manager Director of Human Resources
 - Director of Home Health
 - Services Director of Information Systems
 - Administrator of Shore LifeCare at Parksley
 - *Director of Materials Management*

- Director of Patient Financial Services
- *Director of Rehab Services*
- *Director of Case Management*
- *Nurse Manager Skilled Nursing*
- *Compliance Analyst*
- *IS Analyst*
- *Compliance Secretary*

Ad Hoc groups or task forces may be appointed to carry out special missions, such as conducting an investigation or evaluating a proposed enhancement to the Co Compliance Program.

References:

- *OIG Compliance Program Guidance for Hospitals, 63 FR 42410 , February 23, 1998*
- *OIG Compliance Program Guidance for Home Health Agencies, 63 FR 42410, August 7, 1998*
- *OIG Compliance Program Guidance for Clinical Laboratories, 63 FR 45076, August 24, 1998*
- *Final Compliance Program Guidance for Nursing Facilities 65 FR 14289, March 16, 2000*
- *Final Compliance Program Guidance for Individual and Small Group Physician Practices 65 FR 59434, October 5, 2000*
- *Draft Supplemental Compliance Program Guidance for Hospitals, 69 FR 32012, June 8, 2004*