

PUTNAM COUNTY MEMORIAL HOSPITAL	
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OVERVIEW

Putnam County Memorial Hospital strives to maintain our reputation for conducting all fiscal and operational aspects of the Hospital in accordance with the highest level of business and community ethics. As a healthcare provider, Putnam County Memorial Hospital is committed to operating under the highest ethical and moral standards, and ensures that our facility, in all of its activities, complies with applicable state and federal laws, regulations and guidelines.

Putnam County Memorial Hospital shall possess and maintain, as required by applicable law and regulations; licenses, certificates, or permits that are needed for ongoing operations.

This corporate compliance plan is designed to detect and prevent accidental and intentional noncompliance with applicable laws, throughout the organization. The plan contains organizational conduct requirements that are intended to address pertinent compliance issues and the overall scope of conduct, however, are not to be considered all inclusive.

As part of the Putnam County Memorial Hospital (PCMH) Compliance Program, this Code of Conduct has been approved and adopted by the Board of Trustees to provide standards by which all PCMH Associates (including members of the Board of Trustees, Medical Staff, employees, volunteers, students, trainees, and other persons whose conduct, in the performance of work for PCMH, is under the direct control of PCMH, whether or not they are compensated by PCMH for such services) shall conduct themselves to protect and promote the organization's integrity and enhance PCMH's ability to achieve its mission.

Adherence to this Code of Conduct is a condition of continued employment for all employees. An employee's failure to abide by this Code of Conduct may lead to disciplinary action. For alleged violations of the Code of Conduct, PCMH shall weigh relevant facts and circumstances including, but not limited to, the extent to which the behavior was contrary to the expressed language or general intent of the Code of Conduct, the egregiousness of the behavior, the employee's history with the organization, and other factors which PCMH deems relevant. Discipline for failure to abide by the Code of Conduct may, in PCMH's sole discretion, range from oral correction to termination.

With respect to those Associates who are not employees, adherence to this Code of Conduct is a condition of such persons' continued relationship with PCMH. Such persons' failure to abide by this Code of Conduct may, in PCMH's sole discretion, lead to an alteration of the terms or discontinuation of such relationship.

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Associates are expected to be knowledgeable of and comply with the various policies and procedures adopted by PCMH including this Corporate Compliance Plan and Code of Conduct. To the extent that any policy or procedure is inconsistent with the principals and standards contained herein, that policy or procedure is superseded by this Plan and Code of Conduct.

Nothing in this Code of Conduct is intended to nor shall be construed as providing any additional employment or contract rights to any Associate or other person.

CORPORATE COMPLIANCE STANDARDS AND PERSONNEL CONDUCT

The leaders of this organization have made the commitment to provide a corporate culture promoting high moral and ethical business practices. Personnel and appointed agents of the organization are expected to comply with all applicable state, federal and local laws as well as the policies and procedures of this facility.

Expected standards of conduct are included in the terms and conditions of employment as well as the yearly performance appraisals of each officer and staff member of the organization. Should staff, appointed agents, physicians or others question the business integrity of any individual or department of this organization, they are expected to report their concerns, anonymously if so desired, through the Corporate Compliance & Ethics Committee Chair Member, the Corporate Compliance Officer without fear of retribution from any level of personnel and/or administration.

Putnam County Memorial Hospital strongly believes in the Code of Conduct and Ethics. All violations directly reflect on the integrity of this institution. Therefore every employee bears the responsibility to report violations in the code of conduct, unethical acts, or any other criminal actions they may witness or hear of as described in this Corporate Compliance Plan. All reporters shall be free of retribution or retaliation. Anyone acting in retribution or retaliation against an employee, agent, or associate who inquired or reported inappropriate conduct shall be subject to disciplinary action up to and including termination.

Principle 1 -Personal Behavior

Every employee, agent, or associate of Putnam County Memorial Hospital shall have the self-discipline with respect to behavior towards patients, community, co-workers, working environment and self. An employee's appearance, communication, and actions made; directly affect persons around them. All attire, communications, and actions by employees, agents, or associates shall uphold the integrity of the institution and shall always reflect high moral standards and ethics.

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Employees, agents and associates are a representative of Putnam County Memorial Hospital whether on duty or off. PCMH encourages all personnel to observe the highest standards of personal and professional behavior at all times. Personal behavior is particularly important to remember when wearing PCMH attire or ID badge. All personnel have the right to privacy outside the work environment, however all personnel should be cognizant of the possibility that inappropriate behavior of any nature could jeopardize the public's trust in our institution, particularly if one is wearing PCMH attire, ID Badge or operating a PCMH vehicle.

It is the intent of PCMH to provide a pleasant and helpful environment to those who enter our facility, including patients, visitors, guest, co-workers, etc. Every person is to be acknowledged and treated with respect and dignity.

Harassment or discrimination of any form will not be tolerated at PCMH, and should be reported immediately without retribution or retaliation.

All employees, agents, or associates shall only engage in activities or perform jobs that are outlined in their job description or as requested by their immediate supervisor or hospital administration. No employee shall perform any job or procedure that he/she is not legally qualified to perform. Current qualification, licenses and certificates are maintained by the HR department.

Principle 2 -Patient Care and Treatment

PCMH is committed to providing the highest quality patient care and protecting patient safety. All Associates shall treat patients in a manner that preserves their dignity, autonomy, self-esteem, civil rights, and involvement in their own care.

Quality of Care & Patient Safety

PCMH's strives to provide the best in compassionate care. A commitment to quality of care and patient safety is an obligation shared by all Associates. PCMH shall strive for compliance with various standards relating to quality of care and patient safety.

Patient Rights

Upon admission, all PCMH patients shall receive a copy of PCMH' s Statement of Patient Rights and Responsibilities. Patients have the right to make informed decisions regarding their medical care and the right to refuse or accept treatment.

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PCMH shall provide care and treatment to patients without regard to the race, color, religion, creed, sex, national origin, age, or disability of such person, or any other classification prohibited by law. Associates shall respect each patient's cultural heritage and needs.

Patients and their representatives shall be accorded appropriate confidentiality, privacy, security, protective services, and pastoral counseling. PCMH shall maintain appropriate processes for prompt resolution of patient grievances.

Medical Decision Making

Medical Providers shall use standard clinical criteria to determine whether to treat an individual with specific interventions. Clinical decisions, including tests, treatments, and other interventions, shall be based on identified patient needs and medical necessity, and shall not in any way be based on the manner in which PCMH compensates or shares financial risk with its leaders, managers, clinical staff, or licensed practitioners.

Principle 3 – Compliance with Laws & Business Ethics

Every PCMH Associate is expected to comply with state and federal law in all activities related to PCMH operations. The following sections describe commonly encountered laws and regulations affecting the business operations of PCMH. This list is not intended to be exhaustive. The absence of a law or regulation from inclusion in this Corporate Compliance Plan does not relieve any PCMH Associate from his or her obligation to comply with such law or regulation.

Fraud and Abuse

Putnam County Memorial Hospital employee, agents, or associates (via written or verbal contract and/or agreement, or otherwise viewed through consensual collaboration), shall not knowingly and willfully make or cause to be made, any false statement or representation of material fact in any claim or application for benefits under any federal or state healthcare program or healthcare benefit program. Putnam County Memorial Hospital personnel and agents shall not, with knowledge and fraudulent intent, retain federal or state healthcare program or healthcare benefit program funds, which have not been properly paid. Prohibited conduct includes, but may not be limited to:

- Billing for services not actually rendered;
- Misrepresenting services which were rendered;
- Making false statements to governmental agencies about the organization's compliance with any state or federal rules;
- Falsely certifying that services were medically necessary;

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- Charging rates in excess of applicable federal or state healthcare program established rates;
- "Upcoding" -utilizing a code to bill for a higher level of service or procedure, thus resulting in an increase in reimbursement rate;
- Failure to refund overpayments made by a federal or state healthcare program;
- Violating the terms of a participating physician agreement on a willful and consistent basis.

Anti- Kickback Regulations:

Putnam County Memorial Hospital personnel, agents, or associates shall not knowingly and willfully solicit, offer to pay, actually pay or receive, any remuneration, directly, indirectly, overtly, covertly, in cash and/or in return for:

- Referring an individual to a person for the furnishing, or arranging for the furnishing, of any item or service for which payment may be made, in whole or in part, under any state or federal healthcare program;
- Purchasing, leasing, ordering, or arranging for, or recommending the purchasing, leasing, or ordering of any good(s), facility, service or item for which payment may be made in whole or in part, under any federal or state healthcare program;
- Specific "safe harbors" are excluded from this prohibition. An example of a "safe harbor" agreement would be a volume purchasing and/or group purchasing discount agreement.

Remuneration may include, however is not limited to:

- Bribes
- Rebates
- Kickback payments
- Gifts in lieu of payments, given expressly for the reasons listed above

Ethical Patient Referrals

Federal law limits the ability of physicians to refer patients for designated health services reimbursed by Medicare to an entity with which the physician has a financial relationship. Where a direct or indirect financial relationship with a physician does not comply with certain requirements under the law, PCMH may be prohibited from submitting a claim for service to Medicare. PCMH Associates are responsible for notifying the Compliance Officer or PCMH administration of any financial relationships with physicians so that the relationship may be reviewed for compliance. PCMH personnel or agents shall not enter into any financial

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relationship, directly or indirectly, with any physician without prior written approval of PCMH Administration.

Civil Monetary Penalties:

- Putnam County Memorial Hospital personnel or agents shall not knowingly present a claim to any federal or state healthcare program or healthcare benefit program for an item or service the person knows or should know, was not provided, was fraudulent, or was not medically necessary. No claim for an item or service shall be submitted that is based on a code that the person knows, or should know, will result in greater payment than the code the person knows, or should know, is applicable to the item or service actually provided. Personnel or agents shall not give, or cause to be given; any information with respect to coverage of inpatient services which that person knows is false and could influence the decision regarding when to discharge an individual from any healthcare facility.
- Putnam County Memorial Hospital personnel or agents shall not offer to transfer, or actually transfer, any remuneration to a beneficiary under a federal or state healthcare program, that the person knows, or should know, is likely to influence the beneficiary to order or receive any item or service from a particular provider, practitioner, or supplier, for which payment may be made, in whole or in part, under a federal or state healthcare program. Remuneration includes the waiver of coinsurance and deductible amounts except as otherwise provided, and transfers of items or services for free or for less than fair market value.

Healthcare Fraud:

Putnam County Memorial Hospital personnel and agents shall not knowingly or willfully execute, or attempt to execute, a scheme or tactic to:

- Defraud any healthcare benefit program, or
- Obtain, by means of false or fraudulent pretense, representation or promise any of the money or property owned by or under the custody or control of, any healthcare benefit program, in connection with the delivery of, or payment for, healthcare benefits, items, or services.

False Statement and False Claims:

- Criminal False Statements Related to Healthcare:
 - o Putnam County Memorial Hospital personnel or agents shall not knowingly and willfully make or use any false, fictitious, or fraudulent statements,

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representations, writings or documents, regarding a material fact in connection with the delivery of, or payment for, healthcare benefits, items or services. Personnel or agents shall not knowingly and willfully falsify, conceal or cover up a material fact by deception, scheme or device.

- Civil False Claims:
 - o Putnam County Memorial Hospital personnel or agents shall not perform or conduct any of the following acts:
 - Knowingly file a false or fraudulent claim for payments to a governmental agency, or healthcare benefit program,
 - Knowingly use a false record or statement to obtain payment on a false or fraudulent claim from a governmental agency or healthcare benefit program, and/or
 - Conspire to defraud a governmental agency or healthcare benefit program by attempting to have a false or fraudulent claim paid.
 - o Examples of false or fraudulent claims include, but are not limited to:
 - Double billing;
 - Upcoding
 - Unbundling;
 - Submitting or processing claims for items or services not provided;
 - Submitting or processing claims for items or services not medically necessary;
 - Billing for non-covered services.
- Criminal False Statement
 - o Putnam County Memorial Hospital personnel or agents shall not knowingly and willfully falsify or make any fraudulent, false or fictitious statements against a governmental agency or healthcare benefit program.
- Theft or Embezzlement in Connection with Healthcare
 - o Putnam County Memorial Hospital personnel or agents shall not embezzle, steal or otherwise, without authority, covert to the benefit of another person or intentionally misapply money, funds, securities, premiums, credits, property or other assets of a healthcare benefit program.

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- Criminal Wire and Mail Fraud:
 - o Putnam County Memorial Hospital personnel or agents shall not devise a scheme to defraud a governmental agency or healthcare benefit program, which uses the United States Postal Service, private postal carriers or telephone lines to perpetrate the fraud.
- Obstruction of Criminal Investigations of Healthcare Offenses
 - o Putnam County Memorial Hospital personnel or agents shall not interfere with or obstruct any criminal investigation by a state or federal agent. Personnel and agents are expected to cooperate with all investigations to the extent required by law.

Conspiracy:

- Criminal Conspiracy:
 - o Putnam County Memorial Hospital personnel or agents shall not conspire to defraud any governmental agency or healthcare benefit program in any manner or for any purpose.
- Money Laundering:
 - o Putnam County Memorial Hospital personnel or agents shall not use any income obtained from mail, wire, or computer fraud to operate any enterprise. Personnel and agents shall not use the proceeds of wire, mail or computer fraud in financial transactions, which promote the underlying fraud.

Patient Inducements:

Federal law also prohibits PCMH from offering or transferring anything of value to any person eligible for federal health care benefits if PCMH knows or should know such inducement would cause the eligible person to choose to receive federally reimbursable items or services from PCMH except as specifically permitted by law. In light of this prohibition, no Associate acting on behalf of PCMH shall give anything of value to any patient or prospective patient unless such gift has been reviewed and approved in writing by PCMH Administration.

PCMH shall not waive deductibles, co-payments, or otherwise provide financial benefits to patient in return for business. PCMH shall not permit professional discounts, and courtesy discounts are permitted only in limited circumstances. Under certain circumstances, PCMH may

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provide appropriate financial accommodations to patients (e.g., permitting monthly payments over time) based solely on the financial needs of the patient. All patient account balances shall be resolved using PCMH documented collections policy and procedures.

HIPAA

PCMH shall devote necessary resources to ensure compliance with the federal regulations concerning the security and privacy of protected health information. Associates shall receive appropriate training to enable them to perform their job duties in compliance with these legal requirements, policies and procedures.

Controlled Substance

Some Associates have access to prescription drugs, controlled substances, and other medical supplies. The use of these items is governed by governmental regulations and must be administered pursuant to a physician's order. It is extremely important that items be handled properly by authorized individuals to minimize risk to patients and PCMH. If an Associate becomes aware of the diversion of drugs from PCMH, the Associate shall report the matter immediately to the Corporate Compliance Officer.

Safe Medical Devices Act

PCMH is committed to participation in this governmental program to prevent patient injury from medical devices by reporting appropriate events to the device manufacturer and/or the Food and Drug Administration. Any event in which a patient is injured by a device, the event shall be reported to PCMH's Risk Manager, and such reports shall be handled pursuant to established policies and procedures.

EMTALA Compliance:

Putnam County Memorial Hospital personnel or agents shall comply with all federal and state regulations and laws regarding the evaluation, admission, and treatment of patients with emergency medical conditions and/or women in labor, regardless of the nature of the medical condition. Personnel and agents shall utilize and follow all policies regarding medical screening examinations and treatment of patients with emergency medical conditions, including women in labor, policies regarding transfers or referrals of patients to other facilities or physicians for appropriate treatment. Personnel and agents shall provide initial medical screening examinations to all potential patients presenting themselves to the hospital for examination and/or treatment without regard as to financial or insurance status.

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Clinical Laboratory Compliance:

The Clinical Laboratory operated under the license of Putnam County Memorial Hospital shall operate in accordance with the standards set forth under the Clinical Laboratory Improvement Act (CLIA) and all regulations established therewith. All personnel and agents under the auspices of the clinical laboratory shall follow all elements of the organizational corporate compliance program plan, policies, and procedures.

Mandatory Reporting Obligations

Numerous federal and state laws and regulations require PCMH and/or Associates to disclose certain information to specified governmental officials. Any Associate with a legal obligation to report certain information to a government agency shall do so in a timely and complete manner.

Government Inquiries and Investigations

Health care providers often are the subjects of government investigations targeting alleged billing improprieties or violations of the aforementioned laws. The mere fact a government agent makes inquiries concerning PCMH's practices does not mean PCMH has engaged in any wrongdoing. PCMH shall respond to all inquiries with openness and accurate information. All Associates shall be familiar with and comply with PCMH's policy and procedures concerning the proper handling of government inquiries and investigations.

Health & Safety

Associates shall be familiar with all applicable health and safety laws and regulations, and shall act in compliance with the letter and spirit of those requirements at all times. An Associate shall immediately advise his or her supervisor or the Safety Officer of any serious workplace injury or any situation presenting a danger of injury so timely corrective action may be taken to resolve the issue.

Environmental Compliance

PCMH shall operate its facilities with the necessary permits, approvals, and controls. All Associates shall adhere to all requirements for the proper handling of hazardous substance, improper disposal of hazardous and medical waste, or any other situation which may be potentially damaging to the environment. Associates shall strive to utilize resources appropriately and efficiently and to recycle where possible.

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Weapons, Illegal Drugs, and Alcohol

No Associate shall bring any weapon of any kind into the workplace. PCMH prohibits the use, sale, dispensing, or possession of illegal drugs by its Associates, whether on or off the premises of PCMH. Illegal drugs include prescription drugs used in a manner inconsistent with package directions. No Associate shall report to work under the influence of illegal drugs or alcohol, nor shall any Associate report to work with an impairment resulting from the use of over-the-counter or prescription drugs. An Associate may be asked to submit to a drug test at any time deemed appropriate by PCMH and permitted by law.

Equal Employment Opportunity

PCMH believes that the fair and equitable treatment of Associates is critical to fulfilling its vision and goals. It is a policy of PCMH to recruit, hire, and train, promote, assign, transfer, lay off, recall, and terminate Associates based on their own ability, achievement, experience, and conduct without regard to race, color, religion, creed, sex, national origin, age disability, or any other classification prohibited by law.

No form of harassment or discrimination on the basis of sex, race, color, age, religion, creed, national origin, disability, or any other classification prohibited by law shall be permitted. Associates shall not engage in inappropriate conduct or disruptive conduct in the workplace. Associates shall report any harassment, discrimination, inappropriate conduct, or disruptive conduct in the workplace or which they are aware pursuant to the reporting methods outlined within this plan. Allegations of harassment, discrimination, inappropriate conduct, or disruptive conduct shall be investigated promptly pursuant to applicable policies and procedures.

Accuracy and Retention of Records

Each Associate shall be responsible for the accuracy and integrity of all records (both paper and electronic) prepared by the Associate in the course of performing his/her job duties. No Associate may falsify, alter, or purposefully omit information from any record for any reason. Such records shall be retained in accordance with the law and PCMH record retention policies. Any Associate with a question concerning record retention requirements shall communicate with the Ethics and Compliance Officer concerning such matter. Records shall never be destroyed in an effort to deny governmental authorities information which may be relevant to a government investigation or to avoid liability in a civil lawsuit.

When litigation against PCMH or its employees is filed or threatened, the law imposes a duty upon PCMH to preserve all documents and records that pertain to the issues. As soon as PCMH is made aware of pending or threatened litigation, a litigation hold directive will be issued. Such directive overrides any records retention schedule that may have otherwise called for the transfer,

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disposal, or destruction of the relevant documents. No Associate who has been made aware of a litigation hold directive may alter, destroy or delete a paper or electronic record that falls within the scope of that hold. Violation of such directive may subject the Associate to disciplinary action, up to and including dismissal, as well as personal liability for civil and/or criminal sanctions by the courts or law enforcement agencies.

Antitrust

Federal and state antitrust laws are designed to create a level playing field in the marketplace and to promote fair competition. Discussions with competitors concerning PCMH's business can violate these laws. Prohibited subjects of conversation include any aspect of pricing, terms of supplier relationships, PCMH's services in the market, key costs such as labor costs, and marketing plans. No Associate shall discuss with any competitor market allocation or refusals to deal with certain suppliers.

In general, Associates shall avoid discussing sensitive topics with competitors or suppliers, unless proceeding with the advice of the Ethics and Compliance Officer. Associates shall not provide any information in response to oral or written inquiries concerning antitrust matters without first consulting the Ethics and Compliance Officer.

Copyright

Copyrighted materials such as books, magazines, computer software, and recordings are protected by federal law. Unauthorized copying may constitute copyright violations. Copying is allowed for educational and research purposes. An Associate who desires to reproduce copyrighted material should receive permission from his/her supervisor prior to doing so. Use of any computer software without an appropriate license is strictly prohibited.

Honest Communications

PCMH requires candor and honesty from Associates in the performance of their responsibilities. No Associate shall make false or misleading statements to any person or entity, including other Associates, concerning any aspect of PCMH's operations.

Advertising and Marketing

PCMH shall market and advertise its services fairly, honestly, and in a non-deceptive manner, stressing their value and merits. Associates shall not use tactics that misrepresent PCMH or that unfairly undermine the products and services of a competitor. This includes the use of disparaging comments or innuendoes.

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Relationships with Vendors

The selection of vendors, suppliers, contractors, and consultants shall be made on the basis of objective criteria including quality, technical excellence, price, delivery, adherence to schedules, service, and maintenance of adequate sources of supply. PCMH shall promote competitive procurement to the fullest extent possible. Business transactions with such persons or entities shall be transacted free from offers or solicitations of gifts and favors or other improper inducements in exchange for influence or assistance in a transaction.

Associate Relationships

No Associate should be made to feel compelled to give gifts to any co-worker and/or supervisor. Any gifts offered and received should be appropriate to the circumstances. For example, an Associate should not give a lavish gift to his or her supervisor. No Associate should be made to feel compelled to participate in any fundraising activity or contribute to any charitable organization.

Nepotism

PCMH will make every attempt not to hire any individual who is related to any employee or Associate or contractor of PCMH if, in the position being applied for, the applicant will supervise, or be supervised by, the related employee, associate, or contractor.

Labor

Putnam County Memorial Hospital will assure that all applicable Labor Laws and Standards are followed in a fair, ethical way for all associates. Periodic monitoring by the Corporate Compliance Officer or designee with full cooperation of the HR Director will assure such ethical practice.

**CORPORATE COMPLIANCE PROGRAM PLAN,
POLICIES AND PROCEDURES**

This organization has established compliance standards and procedures to be followed by its employees and agents that are reasonably capable of reducing the prospect of criminal conduct. The corporate compliance program plan and related policies and procedures are specific to the mission and vision, organizational history, lines of business and corporate culture of Putnam County Memorial Hospital.

The corporate compliance program plan and related policies and procedures are developed in a collaborative fashion, incorporating all legal requirements with the business methodology

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embraced by Putnam County Memorial Hospital. The plan and related policies and procedures are developed by the Corporate Compliance & Ethics Committee and reviewed and approved by the Governing Body.

Copies of the corporate compliance plan, policies, and procedures are available in each department throughout the facility. Additionally, upon acceptance of a position at Putnam County Memorial Hospital, newly hired personnel receive corporate compliance training. Policies and procedures will, at a minimum, address specific areas of potential fraud, such as billing, marketing, and claims processing, etc.

Policies and procedures will be periodically reviewed by the Corporate Compliance & Ethics Committee to ensure they reflect current law and PCMH operations. Documents may be revised as determined necessary by the Corporate Compliance & Ethics Committee and approved by the Governing Body. Any revisions in, or development and approval of, corporate policies and procedures shall be disseminated to all staff members whose job functions are affected by the policy, procedure, or change in policy or procedure. Revisions in existing policies and procedures will be brought to the attention of each affected staff member by their direct supervisor within two weeks of revision approval. New policies and procedures will be distributed to each affected staff member by their direct supervisor.

It is the responsibility of the staff member's supervisor to determine the level of understanding on behalf of the staff member of any corporate compliance program policy and procedure revision or newly approved policy and procedure. Policies and procedures will be made available to all staff upon request.

CORPORATE COMPLIANCE & ETHICS COMMITTEE

The corporate compliance program plan shall be implemented under the guidance and supervision of the Corporate Compliance & Ethics Committee. The Corporate Compliance & Ethics Committee has the responsibility to coordinate compliance efforts and implement any and all compliance policies and procedures, including, but not limited to:

- Establish, maintain, and oversee the Corporate Compliance Plan and related policies and procedures.
- Develop a strategy to promote compliance throughout PCMH.
- Coordinate with hospital departments for the development and revision of policies and procedures.

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- Implement a training program to educate PCMH staff and Associates regarding the Corporate Compliance Plan.
- Establish, maintain and oversee a process of auditing PCMH operations as they impact the Corporate Compliance Plan, including, but not limited to, identification and oversight of outside consultants and development of internal auditing processes.
- Review all complaints and potential violations, including oversight of investigation and development of resolution strategy.
- Develop recommendations for resolution of violations including corrective actions for individuals involved.

The Corporate Compliance & Ethics Committee membership shall consist of the following:

- One member of the Governing Body, Chair
- Corporate Compliance Officer
- CEO
- COO
- CNO
- Chief of Medical Staff or designee
- Quality & Risk Management Director
- Attorney, when applicable
- Business Office Manager

Meetings shall be held on a regular basis as needed to address the above objectives, at least quarterly. All members of the committee are eligible to vote. A quorum of four members is required to conduct a business meeting. Minutes of the meeting will be written and forwarded to the Governing Body for final approval.

The Committee will appoint a designee to take minutes of meetings.

CORPORATE COMPLIANCE OFFICER

The Corporate Compliance Officer has the responsibility to administrate and manage all tasks related to the corporate compliance program as assigned by the Corporate Compliance & Ethics Committee and PCMH administration. Specifically, the Corporate Compliance Officer has the responsibility to:

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- Review the Corporate Compliance Plan and related policies and procedures and make recommendations of revisions to the Corporate Compliance & Ethics Committee.
- Coordinate all training sessions for staff and Associates related to the Corporate Compliance Plan at the direction of the Corporate Compliance & Ethics Committee.
- Receive questions from staff and Associates regarding Corporate Compliance Plan requirements and related policies and procedures. Obtain additional information from Corporate Compliance & Ethics Committee regarding these questions as needed and provide response to the requesting individual.
- Receive complaints related to the Corporate Compliance Plan from staff and department managers and forward the information to the Chief Executive Officer and Corporate Compliance & Ethics Committee. To the extent a complaint received relates to the Human Resource or Risk Management policies, forward complaints to appropriate persons for investigation under those policies.
- Coordinate all internal and external compliance audits under this Corporate Compliance Plan as directed by the Corporate Compliance & Ethics Committee.
- Investigate complaints, potential violations, and audit reports as instructed by the Corporate Compliance & Ethics Committee or Chief Executive Officer.
- Coordinate communication between the Corporate Compliance & Ethics Committee, PCMH departments, and the Board of Trustees.
- Maintain all documentation required by this Corporate Compliance Plan.

PERSONNEL EDUCATION AND TRAINING:

Putnam County Memorial Hospital communicates effectively its standards and procedures to all personnel and agents. Education is provided through mandatory training programs and by disseminating publications that explain in a practical manner, the requirements of corporate compliance.

Corporate Compliance training is a component of the Personnel Orientation Program as well as yearly training. Training is also performed during Governing Body and Medical Staff Orientation. All agents are required to participate at one of the orientation programs.

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Training is modified to reflect the level of risk a staff member or agent possesses, or may encounter, with additional training for physicians, managers, supervisors, Governing Body members and those individuals working with billing and accounting processes.

Evaluation of managers and supervisor's promotion and adherence to the corporate compliance program plan and any other compliance issues, will be a component of the individuals annual performance appraisal.

Questions and concerns regarding compliance with any of the directives set forth within this plan should be directed to the Corporate Compliance Officer or a member of the Corporate Compliance & Ethics Committee. All personnel and agents are required to fully cooperate and assist the Corporate Compliance & Ethics Committee as outlined in the performance of his or her duties. Any uncertainty regarding compliance issues on behalf of personnel or agents should be brought to the attention of the Corporate Compliance Officer for assistance and direction.

AUDITING, MONITORING AND REPORTING SYSTEMS:

This organization has taken reasonable steps to achieve compliance with its standards, i.e., by utilizing monitoring and auditing systems reasonably designed to detect criminal conduct by its personnel or agents, and by having in place and publicizing a reporting system whereby staff and agents can report criminal conduct by others within the organization without fear of retribution. All auditing and monitoring will be conducted at the direction of the Corporate Compliance & Ethics Committee.

Auditing

- Coding and billing audits will be conducted at least annually and as frequently as monthly.
- The following coding types will be validated on a quarterly basis:
 - o Inpatient Coding
 - o Outpatient Surgery Coding
 - o Emergency Department Coding
 - o Charge master content
 - o Clinic /Laboratory Coding
- Assessments and changes must be documented clearly. Documentation must be consistent, timely and authenticated.
- Periodic audits of the organization's functions, Auditors will:
 - o Not be performed by the CEO or the CFO;
 - o Have access to all existing corporate audit resources.

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- o Have access to relevant information and knowledgeable personnel.
 - o Be permitted to review all relevant areas or corporate business operations and personnel operations including personnel files and payroll.
 - o Have access to, and support from, the CEO, CFO and Governing Body.
- Should instance of potentially improper code assignments be identified, all pertinent policies and procedures, including official coding guidelines and billing manuals will be reviewed.
 - Serious violations or recurring trends found during an audit may result in a more detailed audit to be performed, focusing on the area of concern. Where a pattern or practice of errors makes individual review of documents and charts impracticable, a statistically valid, random sample audit may be performed utilizing RAT-STAT methodology to estimate the damages for reporting purposes.
 - Staff will be interviewed to obtain more information on how the particular billing or coding practice in question was started.
 - Claims denials from federal and state healthcare benefit programs are reviewed for appropriateness and medical necessity.
 - All denials with which PCMH disagrees, even if only small amounts of money are involved, will be appealed.
 - Audits will be conducted under the direction of legal counsel so that findings are protected under the attorney-client privilege.

Monitoring

- Provides an ongoing system of internal coding, billing, marketing and sale practices review.
- Is conducted on a regular basis.
- Focuses on compliance to the program and performance measures
- Is performed to assure that policy and procedures have been properly followed.
- Monitoring techniques may include, but are not limited to:
 - o On-site visits
 - o Interviewing staff members
 - o Interviewing management
 - o Review of business operations and personnel operations
 - o Reviewing written materials prepared by various divisions
 - o Trend analysis studies when applicable

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Reporting Structure

All employees, agents, and/or associates have the responsibility to be knowledgeable of this code of conduct and to report any misconduct or violations in regards to this code of conduct,

including violations of any other hospital policy and procedure. To report a violation or concern, or to inquire about appropriate action, personnel, agents, and/or associates shall:

- Phone in person or by message to the Corporate Compliance Officer
 - o Phone: 660-947-2411
- Mail drop (confidential locked communication box) for confidential reporting of real or potential problems

All written and verbal reports will be documented, including how they were investigated, findings of investigation, and what actions were taken.

PCMH shall provide clear communication to all staff and agents that reporting is anonymous, and that there is to be no fear of retribution. The CEO and Corporate Compliance & Ethics Committee is responsible to assure that any retribution or retaliation against an employee for reporting misconduct by any other association of PCMH will be addressed immediately. Disciplinary action up to and including termination shall be taken for all acts of retribution and retaliation.

INVESTIGATION OF COMPLAINTS AND POTENTIAL VIOLATIONS

Upon receipt of audit results, reports or complaints suggesting possible noncompliance with the laws or rules of Medicare, Medicaid, other federal or state health care programs, or private health care plans or contracts, PCMH Corporate Compliance & Ethics Committee shall follow the investigation policies and procedures set forth below:

- Purpose of Investigation. The purpose of the investigation shall be to identify those situations in which the laws, rules or standards of Medicare, Medicaid, other federal or state health care programs, or private health care plans or contracts may not have been followed; to identify individuals who may have knowingly or inadvertently caused claims to be submitted or processed in a manner which violates applicable laws, rules or standards; to facilitate the correction of any practices not in compliance with the applicable laws, rules or standards; to implement those procedures necessary to ensure future compliance; to protect PCMH in the event of civil or criminal enforcement actions and to preserve and protect the Hospital's assets.

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- Distinction for Risk Management. Some complaints or potential violations that may be received by the Corporate Compliance Officer or Corporate Compliance & Ethics Committee may involve adherence to standard of care or clinical-related issues. PCMH has an established Risk Management Plan and Medical Staff Bylaws that govern investigation and resolution of these matters. In the event such a complaint is received by the Corporate Compliance Officer or Corporate Compliance & Ethics Committee, the complaint shall be immediately forwarded to the Risk Manager for investigation and resolution.
- Control of Investigations. All complaints, potential violations, and audit reports received by the Corporate Compliance Officer shall be forwarded to the Corporate Compliance & Ethics Committee with notice provided to the Chief Executive Officer. The Corporate Compliance & Ethics Committee shall be responsible for directing the investigation of the alleged problem or incident. Except where potentially subject of an investigation, the Chief Executive Officer will be notified of any investigation and permitted to contribute information and resources as appropriate. Where the Chief Executive Officer is a potential subject, the Governing Body representative on the Corporate Compliance & Ethics Committee shall be notified.

Where a complaint or potential violation necessitates investigation prior to the next scheduled Corporate Compliance & Ethics Committee meeting, the investigation may be initiated at the approval of the Chief Executive Officer. The results of any such investigation will be forwarded to the Corporate Compliance & Ethics Committee for recommendations and resolution.

At the discretion of the Corporate Compliance & Ethics Committee or Chief Executive Officer, the initial complaint or report suggesting non-compliance may be forwarded to legal counsel for guidance. When directed by the Corporate Compliance & Ethics Committee or Chief Executive Officer, legal counsel may coordinate and direct the investigation and shall have such access to staff and information as necessary to provide legal advice to the Corporate Compliance & Ethics Committee and Governing Body.

- Investigative Process. The investigation process will vary depending on the nature of the specific complaint, but will typically involve interviews of individuals who may be involved or have information related to the alleged problem; a review of the related bills or claims submitted; research of the applicable Medicare or appropriate third party payer rules related to the complaint. The investigation may be conducted by the Corporate Compliance Officer, delegated staff, and legal counsel or outside third party, at the discretion of the Corporate Compliance & Ethics Committee.

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- Investigative Report. At the conclusion of the investigation process, the investigator shall report findings and recommendations to the Corporate Compliance & Ethics Committee. A formal written report may be prepared by the Corporate Compliance Officer. If legal counsel is involved, any reports created shall be at the discretion and instruction of legal counsel.
- Confidentiality. All information related to the investigation of a complaint will be maintained confidential to the extent possible. Approval of the Corporate Compliance & Ethics Committee must be obtained prior to disclosing information related to the investigation of a complaint. Employees and other individuals who improperly disclose information regarding the investigation of a complaint may be subject to disciplinary action.

This process is limited to investigations under the Corporate Compliance Plan. Investigations related to Human Resources or Risk Management are resolved following each of those respective policies. Nothing in this process is intended to affect the authority of the Chief Executive Officer or Governing Board of Trustees from assessing, negotiating or resolving any third party claim, complaint, or allegation against PCMH.

CORRECTIVE ACTION AND SELF-REPORTING

Where an improper billing practice or other violation is confirmed through the investigation process, the Corporate Compliance & Ethics Committee will develop a corrective action plan to address the practice or violation. Legal counsel may be consulted to assist in the development of the action plan. Each corrective action plan will be developed individually to address the specific facts of the situation, but will include:

- Discipline of Individuals Involved. If a Workforce member is found to be in violation of the Plan or to have participated in a violation, appropriate sanctions will be applied as discussed below in Consistent Enforcement and Discipline.
- Mitigation of Harm. Once an improper billing practice or violation is identified, appropriate steps will be taken to mitigate the harm to patients, the Hospital, third party payers, and the health care system.
- Policy and Procedure Modification. The corrective action plan will include a review of existing policies and procedure to determine what, if any, modifications should be made to prevent recurrence of the improper practice or violation.
- Self-Reporting. Where the identified violation or improper practice has resulted in the receipt of overpayments or other reimbursement to which Hospital is not entitled, the corrective action plan will include steps to self-report the improper practice or violation

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and timely return the overpayment. All overpayments received from federal healthcare programs will be refunded or payment plan developed within 60 days of the date of discovery.

Once a corrective action plan is developed by the Corporate Compliance & Ethics Committee, the plan will be submitted to the Chief Executive Officer and Board of Trustees for approval. The Board of Trustees will either: approve the plan, modify the plan, or return the plan to the Corporate Compliance & Ethics Committee for further consideration.

CONSISTENT ENFORCEMENT AND DISCIPLINE

Through its systematic reporting, monitoring and auditing systems, Putnam County Memorial Hospital will investigate and remediate identified systematic and personnel/agent problems.

Discipline of individuals responsible for the failure to detect a violation and/or individuals who commit a violation will be conducted.

Detection of Misconduct Procedures:

- Upon determination by the Corporate Compliance & Ethics Committee that a personnel member or agent has violated the conduct requirements as set forth in this plan, the Committee shall establish a disciplinary action recommendation.
- For all employees, the disciplinary action recommendation will be forwarded to the HR department for review with the employee's supervisor and implementation. If the HR department or supervisor disagrees with the Committee's recommendation, the HR representative, supervisor, and Committee will cooperate to determine an appropriate sanction. Where the parties cannot agree, the matter will be submitted to the CEO for final determination.
- Where the violation was committed by a medical staff member, executive staff member, Board Member, or outside contractor, the Corporate Compliance & Ethics Committee's recommendation will be submitted to the Board of Trustees for determination and execution. Any execution of enforcement or discipline against a member of the medical staff shall be done in accordance with the Medical Staff Bylaws and employment agreement, if applicable.
- Depending on the severity of the suspected violation, the responsible personnel member or agent may temporarily be suspended from their position with pay until the determination from the Corporate Compliance Committee has been rendered.
- Should the determination find the personnel member or agent did not violate any of the directives in the corporate compliance program plan, and did not act in a willingly unethical manner, the individual(s) will be reinstated immediately if suspension occurred.

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All committee deliberations and determinations will be confidential to the committee members and the organizational administrative team only.

- Should the determination find the individual guilty of violation, the disciplinary process as defined in this plan will be conducted.

Penalty Guidelines

- Management personnel are made aware of their responsibility for compliance training and for the misconduct of subordinates.
- All personnel and agents are informed that adherence to the compliance program will be an element of annual reappraisal evaluations and that willful violation or failure to comply with organizational policies/procedures and the corporate compliance program plan will be grounds for immediate termination.
- All disciplinary actions will be conducted in such a manner that affords the personnel member confidentiality and due process.
- Self-disclosure of misconduct is encouraged and personnel/agents are advised that while self-reporting will not result in immunity from discipline, it will be considered as a strong mitigating factor when corrective action is required.
 - o No individual who has engaged in illegal or unethical behavior and/or who has been convicted of healthcare related crimes will be allowed to occupy any position within the organization which involves the exercise of discretionary authority.
 - o Any individual applying for a position of discretionary authority will have a background evaluation performed prior to hire. Upon discovery of any state or federal sanctions, the potential staff member or agent will no longer be considered for hire.
- Any personnel member or agent in a position of discretionary authority, displaying evidence that he/she is unwilling to comply with the corporate compliance program plan will be removed from that position.
- Any personnel member or agent that has been under federal or state sanctioning will be immediately terminated.

RECORD CREATION AND RETENTION:

A permanent written record of any communication (verbal, written or electronic) reporting a real or potential noncompliance issue, will be generated.

All records regarding corporate compliance and any of the issues outlined in this plan will be kept in the Corporate Compliance Officer's office. All records will be kept in a locked file cabinet in a locked office. Records must be available upon request for any state or federal official requesting review. Therefore a second set of keys to the locked file cabinet and locked

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office will be provided to a designated individual. The individual will perform the duties of the Corporate Compliance Officer in his/her absence, and is subject to all responsibilities and confidentiality requirements pursuant to the directives of this plan.

Reports, as outlined earlier in this plan, will be forwarded to the Corporate Compliance Committee and the Governing Body. The Corporate Compliance Officer, as stated above will keep an original copy of any and all reports. All copies of reports disseminated for review will be collected and disposed of in a confidential manner.

All documentation related to the corporate compliance activity as outlined in this plan will be retained for a minimum period of 10 years or as further defined by the records management policy and procedure.

CORPORATE COMPLIANCE PLAN - GOVERNING BOARD RESOLUTION

WHEREAS, Putnam County Memorial Hospital is dedicated to the proposition that all business operation and code of conduct of all employees, agents and associates of the Putnam County Memorial Hospital is to be conducted ethically and in compliance with all state and federal laws and regulations; and

WHEREAS, the Governing Board of Trustees of the Putnam County Memorial Hospital wishes to communicate to employees, agents, and/or associates of the institution that compliance with the law and code of conduct is of the utmost importance to the Governing Board and to the integrity and well-being of Putnam County Memorial Hospital; and

WHEREAS, the Governing Board of Trustees wishes to ensure all employees, agents, and/or associates are given the appropriate information, education, and tools necessary to enable them to perform their job duties ethically and within legal and regulatory constraints;

NOW, THEREFORE, BE IT RESOLVED that the Corporate Compliance Officer in conjunction with the Corporate Compliance & Ethics Committee be directed to carry out this Corporate Compliance Plan and use any reasonably necessary resources to implement this plan at Putnam County Memorial Hospital, subject to the continuing involvement, review, and approval of this Governing Board.