

COMPLIANCE 11.0

COMPLIANCE REMEDIAL ACTION

Scope: All subsidiaries of Universal Health Services, Inc., including Acute and Behavioral Division facilities, Independence Physician Management (IPM), Prominence Health Plan and UHS of Delaware Inc. and their personnel.

Purpose: Development and implementation of Compliance Program remedial action.

Policy: The Chief Compliance Officer, Division Compliance Officer and the Facility Compliance Officers (“FCO”), in consultation with other departments relevant to the compliance matter being considered (e.g., the Office of General Counsel), are responsible for determining whether remedial action is required when a gap in the Compliance Program has been identified or a compliance violation is detected. Remedial action shall be designed to prevent a recurrence of the compliance violation in the organization. Remedial action is a key factor in the success of the Compliance Program.

Procedure:

1. The Chief Compliance Officer, the applicable Division Compliance Officer and/or FCO, in consultation with affected departments (and the Office of General Counsel where appropriate), shall determine the remedial action required on a case-by-case basis and shall be responsible for the supervision of implementation and any necessary follow up.

Remedial action may include, among other elements:

- a. Additional or modified education and training.
 - b. Corrective action.
 - c. Development of new policies and procedures or review and revision of existing policies and procedures.
 - d. Revision to the Compliance Program.
 - e. Additional monitoring and auditing.
 - f. In consultation with the Office of General Counsel, reporting to outside agencies as required (see Item #2, below).
2. Reporting a compliance violation to an outside agency or regulatory body *must* be coordinated through the Office of General Counsel prior to reporting.

3. Remedial action, including any reporting to an external agency, shall be documented by the Chief Compliance Officer.
4. Remedial action that requires further monitoring are considered "open" until the monitoring period is successfully completed showing the requisite corrections have been made. Once complete, all documentation related to the investigation and remediation of a compliance concern shall be filed for a minimum of seven (7) years and are subject to the requirements of Compliance Policy 12.0 Compliance Document Retention.

Revision Dates:

7-27-2020; 10-12-2017; 10-01-2015; 10-26-2012

Implementation Date: 10-21-2010

Reviewed and Approved by:

UHS Compliance Committee