

 HAWAII HEALTH SYSTEMS CORPORATION <i>"Touching Lives Everyday"</i> PROCEDURES	Quality Through Compliance	Policy No.: CMP 004B
		Revision No.: N/A
Subject: Compliance Hotline and Other Internal Methods of Reporting Noncompliance	Issued by: Chief Compliance and Privacy Officer	Effective Date: October 13, 2011
	Approved by:  Bruce S. Anderson HHSC PCEO	Supersedes Policy: N/A Page: 1 of 3

I. **PURPOSE:** To establish methods to implement ways by which HHSC employees, contracted providers and agents may report suspected fraud, abuse, waste, or other legal violations, as well as obtain answers to compliance-related questions and discuss compliance-related concerns as stated in Policy CMP 004A.

II. PROCEDURES:

A. **Internal Reporting Mechanisms:** All HHSC employees, contracted providers and agents shall be encouraged to use the various reporting methods without fear of retaliation, even if they wish to remain anonymous. HHSC employees, contracted providers, medical staff members, and agents may also receive written materials periodically to remind them of the various reporting methods available.

The following is a description of the various reporting methods available:

1. **Hotline:** HHSC will establish and maintain a telephone "hotline" that HHSC employees, medical staff, contracted providers and agents may use seven days per week, 24 hours per day on a confidential basis without fear of retaliation. The HHSC toll free hotline telephone number shall be prominently posted throughout each HHSC facility. All hotline calls will be answered by the Chief Compliance and Privacy Officer ("CCPO") or a voicemail answering system dedicated to receiving compliance-related calls.

Posters and flyers informing HHSC employees, contracted providers and agents about HHSC's hotline and other internal reporting methods shall be prominently posted throughout the HHSC facilities.

2. **In-Person reporting:** HHSC employees, contracted providers, medical staff members, and agents shall be encouraged to report suspected noncompliance to, or ask compliance-related questions of, the Chief Compliance and Privacy Officer, Regional Chief Executive Officers, Hospital Administrators, or Regional Compliance Officers without fear of retaliation or retribution.

3. Website Posting: HHSC shall establish intranet access to compliance information for agents, business associates, and other contractors.
4. E-mail or Other Written Communication: HHSC employees, contracted providers, medical staff members, and agents also may send compliance-related reports or inquiries to the CCPO or Regional Compliance Officers via e-mail or regular mail. The CCPO's e-mail and regular mailing addresses shall be made readily available.

B. Internet and Intranet posting: Information about the HHSC's Hotline and other reporting mechanisms shall be posted prominently on the HHSC's intranet and Internet websites. Compliance training materials for agents, business associates, and other vendors shall be posted on the HHSC website.

C. Reporting Suspected Noncompliance: All HHSC employees, contracted providers, medical staff members, and, in some cases, agents of HHSC shall be educated on how to recognize and report cases of suspected violations of the HHSC Code of Conduct.

The following are examples of the types of activities that should be reported:

1. Any instances of HHSC employees, contracted providers, medical staff members, or agents delivering poor quality treatment to patients, violating patient rights, or otherwise failing to treat patients with dignity.
2. Any instances of suspected patient "dumping" (e.g., patient does not receive a proper medical screening in the emergency room).
3. Suspected use of inaccurate billing codes, or billing for services not rendered.
4. Suspected mishandling or misuse of equipment or other HHSC property.

D. Anonymous/Confidential Reporting: HHSC will attempt to maintain the anonymity and confidentiality of any HHSC employee, contracted provider, medical staff member, or agent who reports a suspected non-compliance issue. However, in some instances it will not be possible to fully investigate a matter without divulging the reporter's identity. Additionally, in some instances disclosure may be required by law. HHSC prohibits retaliation against any reporting person because that person made a good faith report concerning compliance-related issues.

E. Assessment/Investigations: The CCPO, or designee, shall make an initial assessment of each compliance-related report to the fullest extent possible within 72 hours of receipt of the report. Reports concerning regional issues may be directed to the Regional Compliance Officers if appropriate. Reports or complaints that are not compliance-related shall promptly be directed to the appropriate department (i.e., Human Resources, Medical Staff, etc.). Reports which are deemed compliance-related shall be investigated. All assessments and investigations shall be conducted in accordance with HHSC's current policy.

F. Methods to Prevent Remedy or Eliminate Any Problems: The CCPO may employ various methods to prevent, remedy or eliminate any problems, including: (i) implementing and/or revising compliance education programs, (ii) revising the Corporate Compliance program, (iii) recommending the disciplining of employees, (iv) recommending the altering of or terminating relationships with contracted providers or agents, and (v) conducting further investigations and audits. All such remedial or disciplinary actions shall be in accordance with the respective collective bargaining agreements.

G. Maintenance of Confidential Hotline and Internal Reporting Records:

1. Confidentiality: All compliance reports and all written investigation materials are confidential and every effort should be made to keep such materials confidential.
2. Duplication: No person other than the CCPO, Regional Compliance Officer, or designee, shall make or retain copies of any Compliance Reports or other written investigation materials, unless authorized by the CCPO or the General Counsel.
3. Organization: All original Compliance Reports and internal investigation materials shall be kept in a well-organized manner to be determined by the CCO.
4. Retention: The CCO shall retain all original Compliance Reports and other internal investigation materials (including the disposition of the matter), and photocopies of all reports referred to other departments. At the end of each year, the CCO may elect to store the records for the previous year in a secure off-site storage facility.

H. Evaluation: To ensure the ongoing effectiveness of Policy CMP004A, the CCPO shall continually monitor and evaluate the use and effectiveness of the procedures set forth herein and make whatever recommendations to the Corporate Compliance Committee and/or Audit and Compliance Committee of the HHSC Board of Directors that the CCPO deems necessary or appropriate. Specifically, the CCPO shall identify areas that the CCPO believes should be addressed as part of ongoing Corporate Compliance education and training.

III. APPLICABILITY: These procedures shall apply to all the committees and positions referenced herein.

IV. REFERENCE: HHSC POLICY CMP 004A.