

 HAWAII HEALTH SYSTEMS CORPORATION "Touching Lives Everyday" PROCEDURES	Quality Through Compliance	Policy No.: CMP 006B
		Revision No.: N/A
Subject: Compliance Disclosure Program	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 4

I. **PURPOSE:** To establish specific procedures for responding to compliance-related reports.

II. **PROCEDURES:**

A. **Compliance Complaints or Disclosures:**

1. Reporting Methods: HHSC has established various ways in which HHSC employees, contracted providers and agents may disclose incidents of suspected noncompliance, as well as get answers to questions they may have regarding compliance concerns. These reporting mechanisms are set forth in the policy relating to "Compliance Hotline and Other Internal Methods of Reporting Noncompliance" (HHSC Policy No. CMP 004A).
2. Authorized Individuals: The Chief Compliance and Privacy Officer (CCPO) and the Regional Compliance Officers are authorized to receive and investigate compliance-related concerns in accordance with the procedure set forth in CMP0006A "Compliance Disclosure Program" and these procedures. Additionally, the HHSC President and CEO, HHSC General Counsel, Regional CEOs, hospital administrators, and other senior level management personnel may receive compliance-related concerns or inquiries but generally will re-direct the person reporting the complaint to the appropriate level compliance professional.
 - a. Taking/Documenting Reports Received Via the HHSC Hotline or Other Internal Reporting Mechanisms: The following are suggested procedures when receiving a compliance-related complaint via one of the internal reporting mechanisms outlined in Policy CMP0006B:
 - b. Obtaining Information: The CCPO or Regional Compliance Officer receiving a compliance-related report or inquiry shall enter the complaint into the HHSC system compliance log. Information documented should include the following information:
 - Name and location of the HHSC facility(ies) affected by the alleged noncompliance, if pertinent;

- Date and time of the report;
 - Name of the reporting person, unless he or she has asked to remain anonymous (see "Anonymous Reporting Procedure" below);
 - Phone number or other means of contacting the reporting person, unless he or she has asked to remain anonymous (see "Anonymous Reporting Procedure" below);
 - Description or summary of the allegations or concern, and;
 - Name and title of person taking the report.
- c. Obtaining Documentation from the Reporting Person: The CCPO, Regional Compliance Officer, or designee, shall not request or direct any reporting person to make or deliver photocopies of any written materials in support of the alleged noncompliance. The CCPO, Regional Compliance Officer, or designee may, however, request or direct the reporting person to identify any such written materials of which he or she is aware, and the location of such materials.
- d. Thanking Reporter: After completing the Compliance Report, the person receiving the complaint should thank the reporting person and say that all compliance-related reports are taken seriously and that every effort will be made to initiate an assessment of the reported allegations within 72 hours, to the extent possible given the information provided.
- e. Anonymous Reporting Procedure: If the reporting person wishes to remain anonymous, the authorized individual receiving the report should assure the reporting person that his or her identity will remain confidential to the extent possible under the circumstances and as permitted by law. However, the person receiving the report should also explain that, in some circumstances, the alleged noncompliance may be difficult to fully investigate without divulging the identity of the reporting person. No blanket assurances should be given. Ultimately, it is more important to obtain information about the alleged violation(s) than the reporting person's identity. To this end, the person receiving the report should encourage the reporting person to use the hotline and other reporting mechanisms without fear of retaliation. If the reporting person does not want to give his or her name, the authorized person receiving the report should ask the reporting person to follow up within a given period of time (i.e., one week) so that more information may be obtained, if necessary.
3. Reports Taken By Regional CEOs, Hospital Administrators, and Other Senior Management Staff.
- a. Initial Action: Upon receiving a compliance-related report, a Regional CEO, hospital administrator, or other Senior Manager should take action that will achieve satisfactory or temporary resolution of the compliance issue so long as any action taken is within the scope of his/her job description. If possible action is outside of the scope of the job description, the person receiving the complaint should immediately contact the CCPO or Regional Compliance Officer for further direction.

- b. Report to Compliance Officer: Staff receiving reports of suspected noncompliance must report the issue by the next business day to the CCPO, Regional Compliance Officer, or designee regardless of whether any action was taken to achieve satisfactory or temporary resolution of the problem so that the issue can be entered into the HHSC system compliance log and followed-up as necessary.
 - c. Conduct Investigation: If deemed necessary, an investigation should be initiated following Policy CMP 009A and Procedures in CMP 009B.
 - d. Forward Report: Any and all original documentation should be confidentially transmitted to the CCPO, Regional Compliance Officer, or designee. Any action taken shall also be described in the report.
4. Reports Taken By Or Forwarded To Regional Compliance Officers
- a. Initial Action: Upon receiving a compliance-related report, the Regional Compliance Officer should take action necessary to achieve satisfactory or temporary resolution of the problem, so long as any action taken is within the scope of his/her job description.
 - b. Enter Issue in HHSC system compliance log: Upon receiving a report or complaint of suspected noncompliance, the Regional Compliance Officer, shall enter the issue into the HHSC system compliance log. Any action taken or recommended shall be included on this log along with other data to complete the compliance report.
 - c. Contact CCPO for Initial Assessment: If necessary or deemed helpful, upon receiving a report of suspected noncompliance, the Regional Compliance Officer may consult with the CCPO on appropriate action, follow-up. Issues raised or complaints lodged with high risk or serious financial, quality, or fraud implications shall be reported to the CCPO by the next working weekday to the CCPO. The CCPO may elect to work on assessment of the matter with the Regional Compliance Officer or may seek advice from the General Counsel.
 - d. Conduct Investigation: If deemed necessary, an investigation should be initiated following Policy CMP 009A and Procedures in CMP 009B.
 - e. Maintenance of Reports: Any and all original reports, documentation, and other necessary files should be maintained and organized by the lead compliance officer investigating and following up on a report. Any action taken shall also be described in the report and included in the HHSC system compliance log.
5. Reports Taken or Referred to CCPO
- a. Initiate Assessment: Upon receipt of a compliance-related concern, the CCPO, or designee, shall initiate an initial assessment to determine if further action is necessary. The CCPO will also determine if the report should be re-directed to the Regional Compliance Officer or other department (such as legal, human resources, IT/Security, etc.)

- b. Conduct Investigation: If deemed necessary, an investigation should be initiated following Policy CMP 009A and Procedures in CMP 009B.
 - c. Maintenance of Compliance Log: All calls received by the CCPO or referred to the CCPO shall be entered in the HHSC system compliance log. The CCPO shall keep a written record of the subsequent assessment or investigation.
 - d. Maintenance of Reports: Any and all original reports, documentation, and other necessary files should be maintained and organized by the lead compliance officer investigating and following up on a report. Any action taken shall also be described in the report and included in the HHSC system compliance log.
6. Thank You. The CCPO, Regional Compliance Officer, or designee, may send an email or letter to thank the reporting person for their question, concern, or complaint, and to assure him or her that the CCPO has initiated an assessment of the alleged noncompliance and will take all appropriate steps to correct any problems discovered. No person conducting an investigation shall send any other written correspondence to a reporting person unless approved in advance by the CCPO and General Counsel.

B. Reporting of Compliance-related Concerns and Disclosures: The CCPO shall report on the status of material compliance-related concerns and disclosures to the Audit and Compliance Committee of the HHSC Board of Directors and the HHSC Board of Directors regularly and as necessary.

C. Evaluation: In order to ensure the ongoing effectiveness of this policy, the CCPO shall continually monitor and evaluate the use and effectiveness of the procedures set forth herein and make whatever recommendations to the Compliance Committee that the CCO deems necessary or appropriate.

The Corporate Compliance Committee and the Audit and Compliance Committee of the HHSC Board of Directors shall routinely review the effectiveness of this policy and recommend changes to the HHSC Board of Directors.

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

IV. REFERENCE: HHSC POLICY CMP 006A.