

## POLICY and PROCEDURE

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|--------------------------------------------------------------------------|-----------------------------------------------------|-------------------------------------------|----------------------------------------|
| <b>TITLE: CP 5004 Reporting Compliance Issues</b>                        |                                                     |                                           |                                        |
| <b>Version:</b> 11                                                       | <b>Responsible Position:</b> Director of Compliance | <b>Responsible Department:</b> Compliance |                                        |
| <b>Origination Date:</b><br>02/01/2011                                   | <b>Last Review Date:</b><br>05/13/2020              | <b>Approval Date:</b><br>06/05/2020       | <b>Next Review Date:</b><br>06/15/2021 |
| <b>Organization:</b> Banner University Health Plan, BUHP Compliance (CP) |                                                     |                                           |                                        |
| <b>Population (Define):</b> This policy applies to all lines of business |                                                     |                                           |                                        |
| <b>Policy Replaces:</b> AD 604; CP 604, CP 6004                          |                                                     |                                           |                                        |

### I. Purpose/Expected Outcome:

- A. The Health Plan is committed to a proactive approach to ensuring and maintaining ethical and lawful conduct and a zero tolerance for fraud, waste and abuse. This policy addresses the Health Plan’s expectations of Employees and FDRs to report suspected violations of the Compliance Program, Code of Conduct, Protective Health Information (PHI), and Breaches and the Health Plan’s response to such reports.

### II. Definitions:

- A. Please refer to the link below for full definitions for the following terms:  
<http://sharepoint/sites/hppandp/new/Lists/Definitions/PP%20Definitions.aspx>

### III. Policy:

- A. The Health Plan Employees and FDRs are responsible for reporting suspected violations of the Compliance Program thereby assisting the Health Plan in its efforts to detect and prevent issues of non-compliance. Reports of suspected non-compliance and/or communications of compliance concerns will be documented in writing. The information received will be used to review and verify whether or not improper activity has occurred or a potential for a credible allegation exists. The ComplyLine may be used to report potential compliance issues if the reporting party wants to remain anonymous. Reporting parties may report potential compliance issues in good faith without fear of retribution and retaliation. Any employee who commits or condones any form of intimidation or retaliation will be subject to discipline up to and including termination.

### IV. Procedure/Interventions:

- A. Reporting Suspected Violations of the Compliance Program – Open discussion of ethical and legal issues is vital to the effectiveness of the Compliance Program. The process by which Employees and FDRs are able to raise questions concerning the Compliance Program or to make reports of potential violations include several options outlined below:

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1. Discuss the concern with a supervisor or manager. These individuals are the most knowledgeable about the issues in the immediate work area and have access to a variety of resources. Supervisors or Managers should document these discussions.
  - a. If the suspected violation involves the supervisor and/or manager or there is any need to escalate the suspected violation, the Employee and/or FDR may also feel free to discuss the concern with the department director, CEO or Compliance Officers.
  - b. Reports of suspected non-compliance or compliance concerns will be documented in the Compliance Department tracking system.
  - c. Supporting documentation for suspected non-compliance or compliance concerns will be housed in the Compliance SharePoint Site.
2. Contact the Compliance Officers via their direct lines. The Compliance Officers maintain a confidential voice mailbox for Employees and FDRs seeking to report a suspected or observed violation.
3. The Health Plans has a toll-free Compliance Hotline (ComplyLine) for individuals to ask questions or raise concerns in a confidential manner that is available 24 hours a day, 7 days a week. (This service is provided by an outside agency and no caller ID is used.) These calls can be conducted anonymously.
  - a. Each call received by the Compliance Hotline is prioritized according to the severity of the allegation made by the caller.
  - b. A "Priority A" call is one that requires the Health Plan's immediate action due to an allegation of immediate threat to person, property or environment or potential sentinel event situations. Priority A calls are escalated to the VP of Ethics and Compliance or alternate via a telephone call directly from the operator. The VP of Ethics and Compliance contacts appropriate HR, Security, the Health Plan Compliance Officer or other Facility personnel including the Administrator on Duty for immediate review and determines necessary action.
  - c. A "Priority B" call is one that requires verbal notification to the Compliance Officers and will be reported during normal business hours.
  - d. A "Priority C" call is any other type of call that does not require an immediate response.
4. The Health Plan offers a Designated Compliance and FWA E-mail Mailbox as an avenue for anyone to report suspected or observed violations.
5. The Health Plan has a secured fax for confidential reporting of suspected or observed violations.
6. Individuals seeking to contact the Compliance Department to report suspected or observed violations, have the option to remain anonymous and all inquiries are confidential subject to the limitations imposed by law. The Compliance Department can be contacted using one of the following methods:

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- a. U.S. Postal Service: Address mail to The Health Plans Compliance Dept.
- b. Interoffice Mail: Address sealed envelopes to "Compliance Dept. Elvira Road".
7. Health Plan Employees and FDRs may make a report without fear of retaliation. Retaliation is prohibited against those who, in Good Faith, report inappropriate activities.
8. Individuals who intentionally make a false report or who have knowledge of a possible violation of a law or regulation and do not appropriately report shall be subject to disciplinary action up to and including termination
- B. Compliance Department/Compliance Officers Response to Reports of Suspected Non-Compliance - The Compliance Officers or the Compliance Department Representative will review all reports of suspected non-compliance. The following procedure is to be followed:
  1. In responding to an individual who has made a report, ask if the individual wishes to maintain anonymity.
  2. Discuss the fact that the organization may not be able to address the concern unless sufficient information is provided.
  3. If possible, and without pressure, obtain identification of an Employee's Department or FDR's company.
  4. If the individual is willing, obtain a phone number where the individual can be reached if additional information is needed.
  5. Obtain as much detailed information as possible from the reporting individual regarding the suspected improper/illegal activity and/or conduct, including the following:
    - a. The name of the person(s) involved and their department/company.
    - b. The type of improper or illegal activity.
    - c. The date(s) of each suspected improper or illegal activity and/or conduct.
    - d. The names of any other persons who may have knowledge of the suspected improper or illegal activity and/or conduct.
    - e. Did the caller report the suspected improper or illegal activity and/or conduct to a supervisor or anyone else? If yes, obtain the following:
      - i. The name of the person(s) to whom the caller previously reported the suspected improper or illegal activity;
      - ii. The date(s) the report was made, and;
      - iii. The response given, if any, and whether or not it was oral or written.
  6. Ask the individual making the report if he/she can provide any documentation for purposes of reviewing the complaint.
  7. Request that the individual making the report call or meet again if any additional questions or concerns arise.
  8. Determine whether or not the individual making the report is willing to meet with the Compliance Officers or the In-House Counsel.

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9. Assure the individual that the reports will be properly and fully reviewed.
  10. If the individual wants confidential follow-up, the individual will be supplied with a case number and a time will be arranged for the individual to call the hotline for follow-up on the case.
- C. Discipline - Employees and FDRs may be subject to discipline in accordance with policy BH Policy 262 Compliance Program Obligations, BH Policy 264 Compliance Reporting and Investigating Potential Compliance Issues , BH Policy 418 Corrective Action, BH Policy 2284 HIPAA Sanctions Policy, BH Policy 437 Prohibition Against Retaliation for Protected Activities and Health Plan Policy CP 5014 First Tier, Downstream and Related Entity Oversight for failing to participate in organizational compliance efforts, including, but not limited to:
1. The failure of an Employee to perform any obligation required of an Employee relating to compliance with the program or applicable laws or regulations.
  2. The failure to report suspected violations of the Health Plan Compliance Program or applicable laws or regulations to an appropriate person.
  3. The failure on the part of supervisory or managerial staff to implement and maintain policies and procedures reasonably to ensure compliance with the terms of the program or applicable laws and regulations.
- D. Corporate Integrity Agreement (CIA) Reporting Requirements
1. Disclosures must be reported to the Health Plan Compliance Director within 2 business days. A disclosure is an issue or question:
    - a. Reported by an individual to Compliance from outside of the department, generally through 1) the ComplyLine; 2) a phone call; 3) an email; or 4) a walk-in visit.,
    - b. Associated with Banner's policies, conduct, practices, or procedures,
    - c. With respect to a Federal Health Care Program; and which are,
    - d. Believed by the individual or a Compliance team member to be a potential violation of criminal, civil or administrative law.
  2. Reportable Events - Any event or series of events that involves:
    - a. A Substantial Overpayment;
    - b. A matter that a reasonable person would consider a probable violation of criminal, civil, or administrative laws applicable to any Federal Health Care Program for which penalties or exclusion may be authorized, including, but not limited to, the False Claims Act, Stark law, Anti-Kickback Statute, Emergency Medical Treatment and Labor Act (EMTALA), and Health Insurance Portability and Accountability Act (HIPAA);
    - c. The employment of or contracting with an Ineligible Person; or
    - d. The filing of a bankruptcy petition by Banner.
  3. Investigating Reportable Events.

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- a. The Banner Health Ethics & Compliance Department will lead or coordinate the investigation of any potential Reportable Events.
- b. The investigation of a potential Reportable Event will be conducted in a similar manner as a Potential Compliance Issue, which includes reviewing documents, conducting interviews, and/or performing other activities as appropriate.
- c. If it appears that a Reportable Event may have occurred, the issue will be referred to the Banner Health Reportable Events Committee (REC).
- d. The Banner Health Ethics & Compliance Department will continue to provide monthly updates to the OIG on the Reportable Event until it is fully resolved.
- e. The investigative file related to the Reportable Event will be maintained by the Banner Health Ethics & Compliance Department or will be made available to the Banner Health Ethics & Compliance Department upon request.
- f. In the event, an employee is involved in a reportable event circumstance, the employee will work with the Health Plan Compliance Director and the Insurance Division Sr. Director of Compliance to complete the report.

**V. Performance and Outcome Measures:**

- A. Reports for suspected non-compliance can be successfully made to the Compliance Department 100% of the time.
- B. All Employees and FDRs are aware of and understand how to report suspected non-compliance to the Compliance Department.

**VI. References:**

- A. 42 CFR §422.503(b)(4)(vi)(D)(E)(G) and 42 CFR § 423.504(b)(4)(vi)(D)(E)(G)
- B. Medicare Managed Care Manual Chapter 21 and 9 – Section 50.7.1

**VII. Related Policies/Procedures:**

- A. Banner Health Policy - BH 262 Compliance Program Obligations
- B. Banner Health Policy - BH 264 Compliance Reporting and Investigating Potential Compliance Issues
- C. Banner Health Policy - BH 418 Corrective Action
- D. Banner Health Policy - BH 2284 HIPAA Sanctions Policy
- E. Banner Health Policy - BH 437 Prohibition Against Retaliation for Protected Activities
- F. Banner Health Policy BH 5668 Corporate Integrity Agreement Notification Requirement
- G. Health Plan Policy - CP 5108 - Compliance Actions
- H. Health Plan Policy - CP 5015 – Compliance Process for Researching Allegations of Non-Compliance

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- I. Health Plan Policy - CP 5221 - Compliance Officer Responsibilities
- J. Health Plan Policy - CP 5014 - First Tier, Downstream, and Related Entity Oversight
- K. Health Plan Policy - CP 5023 Code of Conduct

**VIII. Keywords and Keyword Phrases:**

- A. Compliance Issues
- B. Reporting to Compliance
- C. ComplyLine
- D. CIA