

Title: Compliance: ComplyLine	
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Discrete Operating Unit/Facility: Banner Baywood Medical Center Banner Behavioral Health Banner Boswell Medical Center Banner Casa Grande Medical Center Banner Churchill Community Hospital Banner Del E Webb Medical Center Banner Desert Medical Center Banner Estrella Medical Center Banner Fort Collins Medical Center Banner Gateway Medical Center Banner Goldfield Medical Center Banner Heart Hospital Banner Ironwood Medical Center Banner Lassen Medical Center Banner Payson Medical Center Banner Thunderbird Medical Center Banner—University Medical Center Phoenix Banner—University Medical Center South Banner—University Medical Center Tucson Community Hospital East Morgan County Hospital McKee Medical Center North Colorado Medical Center Ogallala Community Hospital Page Hospital Platte County Memorial Hospital Sterling Regional MedCenter Washakie Medical Center	Banner Corporate Banner Health Clinics Banner MD Anderson Cancer Center Banner Health Network Banner Home Care and Hospice Banner Plan Administration Banner Pharmacy Services Banner Surgery Centers Banner Urgent Care Centers Occupational Health/Employee Services Post-Acute Care Services Research Rural Health Clinics University Physicians Health Plans

I. Purpose/Population:

- A. To ensure that Banner Health (Banner) provides a process that allows Banner Staff and others to anonymously report Potential Compliance Issues, violations of any laws or regulations, without fear of retaliation.
- B. To satisfy the condition in Banner's Corporate Integrity Agreement (CIA) that Banner provide a reporting mechanism for anonymous communications for which appropriate confidentiality will be maintained.
- C. This policy applies to all Banner Staff.

II. Definitions:

- A. **Abuse:** Includes actions that may, directly or indirectly, result in unnecessary costs to Federal Health Care Programs. Abuse involves paying for items or services when there is no legal entitlement to that payment, and the provider has not knowingly or intentionally misrepresented facts to obtain payment.
- B. **Banner Reporter:** Includes Banner Staff, patients, beneficiaries, and any other interested persons.
- C. **Banner Staff:** Includes:
 - 1. All full-time and part-time employees and volunteers of Banner and of any discrete operating unit owned, operated, or controlled by Banner (except Sonora Quest Laboratories and other entities approved by the Chief Legal Officer/General Counsel);
 - 2. All contractors, subcontractors, agents, and other persons/entities who provide patient care items or services or who perform billing or coding functions on behalf of Banner or of any discrete operating unit owned, operated, or controlled by Banner (except Sonora Quest Laboratories and other entities approved by the Chief Legal Officer/General Counsel); and
 - 3. All physicians and non-physician practitioners who are members of Banner's active medical staff.
- D. **ComplyLine:** Banner's confidential compliance hotline available 24 hours a day, 7 days a week and can be accessed by calling 888-747-7989 or through <https://bannerhealthcomplyline.alertline.com>.
- E. **Federal Health Care Program:** Any plan or program that provides health benefits, whether directly, through insurance, or otherwise, which is funded in whole or in part by the United States Government (other than the Federal Employees Health Benefit Program) or any State health care program (as defined in 42 U.S.C. § 1320a-7(h)). Federal Health Care Programs include, but are not limited to, Medicare, Medicaid, Indian Health Service, TRICARE/CHAMPUS/Department of Defense health care programs, and Veterans Administration.
- F. **Fraud:** Knowingly and willfully executing, or attempting to execute, a scheme or artifice to defraud any Federal Health Care Program or to obtain, by means of false or fraudulent pretenses, representations, or promises, any of the money or property owned by, or under the custody or control of, any Federal Health Care Program.
- G. **Ineligible Person:** An individual or entity who:
 - 1. Is currently excluded, debarred, suspended, or otherwise ineligible to participate in Federal Health Care Programs or in federal procurement or non-procurement programs, as evidenced by the individual's or entity's inclusion on the Department of Health and Human Services Office of Inspector General's (OIG) List of Excluded Individuals/Entities (LEIE), General Services Administration's System for Award Management, State Medicaid Exclusion Lists, and any other lists required by the OIG or Centers for Medicare and Medicaid Services; or

2. Has been convicted of a criminal offense that falls within the scope of 42 U.S.C. § 1320a-7(a)¹¹ but has not yet been excluded, debarred, suspended, or otherwise declared ineligible.
- H. Navex Global: An external vendor that is contracted to handle Banner's ComplyLine call center and online website.
- I. Overpayment: Any funds received in excess of the amount due and payable under Federal Health Care Program requirements.
- J. Potential Compliance Issue: Any suspected violation of Banner's Code of Conduct or policies and procedures and/or any suspected violation of any laws or regulations relating to a Federal Health Care Program, including, but not limited to, the False Claims Act, the Physician Self-Referral (Stark) Law, and the Anti-Kickback Statute. Potential Compliance Issues include, but are not limited to, Fraud, Waste, and Abuse.
- K. Reportable Event: Any event or series of events that involves:
 1. A Substantial Overpayment;
 2. A matter that a reasonable person would consider a probable violation of any 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 Stark law, Anti-Kickback Statute, False Claims Act, Emergency Medical Treatment and Labor Act (EMTALA), and Health Insurance Portability and Accountability Act (HIPAA);
 3. The employment of, contracting with, or granting privileges to an Ineligible Person; or
 4. The filing of a bankruptcy petition by Banner.
- L. Substantial Overpayment: For purposes of this policy, a "Substantial Overpayment" is defined as a single Overpayment or a series of Overpayments that (1) meets a threshold amount of \$100,000 and (2) is considered substantial based on several factors, including, but not limited to, the number of affected claims, the time period over which the Overpayment(s) occurred, the dollar amount involved, and the nature of the error that led to the Overpayment(s).
- M. Waste: The overutilization of services or other practices that, directly or indirectly, result in unnecessary costs to Federal Health Care Programs. Waste is generally considered the misuse of resources.

III. Policy:

A. Reporting Potential Compliance Issues

1. Banner Reporters may contact the ComplyLine at any time to report Potential Compliance Issues or suspected or actual violations of any laws or regulations.
 - a. Although following the chain of command is encouraged, Banner Staff may use the ComplyLine whenever they want to report anonymously or are uncomfortable for any reason reporting directly to their supervisor, department manager or director, Compliance Officer, or the Ethics & Compliance Department
2. Banner Reporters who contact the ComplyLine may request anonymity, and, if requested, anonymity will be maintained to the extent possible and in accordance with applicable laws.
3. Banner Reporters are free to report Potential Compliance Issues in good faith without fear of retribution or retaliation. See Prohibition Against Retaliation for Protected Activities.

B. Assigning ComplyLine Cases

¹ The statute provides for mandatory exclusion from participating in any Federal Health Care Program for individuals and entities convicted of (1) program-related crimes, (2) patient abuse, (3) felonies relating to health care fraud, and (4) felonies relating to controlled substances.

1. The Ethics & Compliance Department will maintain the ComplyLine and will initially receive all ComplyLine case reports from Navex Global.
2. The Ethics & Compliance Department will review each ComplyLine case report and will assign investigative responsibility based on the type of issue addressed in the report. **See Appendix A**. If a ComplyLine case report involves more than one type of issue, the Ethics & Compliance Department may assign investigative responsibility to more than one individual and/or department.
 - a. Example: A Banner employee contacts the ComplyLine to report that a coworker is falsifying documentation in patient's medical records and harassing other employees who have asked him to stop. The Ethics & Compliance Department will investigate the documentation issue, and the Human Resources Department will investigate the harassment issue. The departments will coordinate their investigations to minimize redundancies in interviews and document requests to the extent possible.
3. The Ethics & Compliance Department will maintain a log of ComplyLine cases.

C. Investigating ComplyLine Cases

1. The assigned investigator(s) will investigate the ComplyLine case and will involve other departments and/or individuals as needed.
 - a. The investigation may include obtaining documents, conducting interviews, and/or performing other activities as appropriate. The investigator(s) will decide whether it is necessary to interview some or all individuals identified in the ComplyLine case report. If appropriate, the investigator(s) will involve the Legal Department and/or outside legal counsel.
 - b. If an investigation reveals that the ComplyLine case may be a potential Reportable Event, the investigator(s) will immediately contact and/or forward additional information about the case to the Ethics & Compliance Department in accordance with the policy entitled Compliance: Reporting and Investigating Potential Compliance Issues.
 - c. Investigations of ComplyLine cases will be completed as soon as reasonably possible, but the amount of time spent on each investigation may vary depending on the nature and complexity of the issue(s). However, investigations will generally be completed within six (6) months of receipt of credible information of a case involving a potential Overpayment, except in extraordinary circumstances.
2. Once an investigation is completed, the investigator(s) will implement any necessary corrective actions, provide a response to the Banner Reporter, and close the ComplyLine case.
3. The investigator(s) will document and maintain an electronic or paper investigative file for each ComplyLine case, which includes, at a minimum, a description of the issue(s), the investigation, and any actions taken as a result of the findings (such as corrective action). As a general rule, these investigative files are confidential and will not be shared with third parties or other departments absent approved from the Ethics & Compliance Department or the Legal Department. Any files maintained by other departments will be provided to the Ethics & Compliance Department upon request.

IV. Procedure/Interventions:

A. Reporting Potential Compliance Issues (BANNER REPORTER)

1. Contact the ComplyLine at 888-747-7989 or <https://bannerhealthcomplyline.alertline.com>.
2. Request anonymity, if desired.
3. Identify the applicable facility, clinic, or business area.

4. Provide as much information as possible about the Potential Compliance Issue.
5. Record the ComplyLine case number and personal identification number (PIN) to permit later inquiries about the status of the investigation.
6. Re-contact the ComplyLine, if new information related to the issue becomes available.
7. Understand that the issue will be investigated, which may include calls from or interviews with the investigator(s).
 - a. For example, if the matter is a human resources issue, personnel from the relevant facility's Human Resources Department may call to request interviews with individuals in the identified location.

B. Assigning ComplyLine Cases (ETHICS & COMPLIANCE DEPARTMENT)

1. Assign the ComplyLine case to the appropriate department/individual based on the type of issue in the report:
 - a. **HIPAA:** ComplyLine case reports involving patient privacy issues are referred to the HIPAA Privacy Office.
 - b. **Human Resources:** ComplyLine case reports involving human resources issues (such as hostile work environment, employee relations, and staffing/scheduling issues) are referred to the Human Resources Department.
 - c. **Risk Management:** ComplyLine cases involving risk management issues (such as certain patient safety issues and issues that may result in litigation) are referred to the Business Health (risk management/loss control) Department.
 - d. **Compliance:** ComplyLine cases involving Potential Compliance Issues or any other type of issue not previously specified are retained in the Ethics & Compliance Department.
2. Maintain a log of ComplyLine cases.

C. Investigating ComplyLine Cases (INVESTIGATOR(S))

1. Timely review the ComplyLine case report received from Navex Global.
2. Investigate the issue discussed in the ComplyLine case report, which may include:
 - a. Obtaining relevant documents from the identified department, clinic, or business area;
 - b. Interviewing individuals identified in the ComplyLine case report;
 - c. Interviewing individuals who may have relevant information; and/or
 - d. Performing other activities as appropriate (including involving the Legal Department or outside legal counsel).
3. Contact or forward additional information to the Ethics & Compliance Department if the investigation reveals that the ComplyLine case is a potential Reportable Event. Determine whether any corrective action needs to be taken as a result of the investigation and, if so, ensure that it is implemented.
4. Report and return any Overpayments to the applicable Federal Health Care Program no later than sixty (60) days after they are identified in accordance with the Compliance: 60-Day Report/Repay Overpayments policy.
5. Provide a response to Navex Global for the Banner Reporter and close the ComplyLine case.
6. Maintain an electronic or paper file that includes all documentation related to the ComplyLine, including, but not limited to, the case report, investigative notes, and any actions taken as a result of the investigation.
7. Retain investigative files in accordance with the Records Retention and Destruction Policy or as required by the CIA, whichever is longer.

V. Procedural Documentation:

- A. Any disciplinary action must be documented in accordance with the Corrective Action Policy.

VI. Additional Information:

- A. N/A

VII. References:

- A. N/A

VIII. Other Related Policies/Procedures:

- A. Code of Conduct ([Ethics and Compliance Website](#))
- B. Prohibition Against Retaliation for Protected Activities
- C. Compliance: Reporting and Investigating Potential Compliance Issues
- D. Compliance: 60-Day Report/Repay Overpayments
- E. Records Retention and Destruction Policy
- F. Corrective Action Policy

IX. Keywords and Keyword Phrases:

- A. Compliance
- B. ComplyLine
- C. Potential Compliance Issue
- D. Non-Retaliation
- E. Hotline
- F. Reportable Event
- G. Overpayment

X. Appendix:

- A. Appendix A: ComplyLine Process Flow Chart

APPENDIX A ComplyLine Process Flow Chart

