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| Title: Compliance: ComplyLine | | |
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| Approved by: Administrative Policy Committee, Chief Legal Officer/General Counsel, PolicyTech Administrators | | |
| Discrete Operating Unit/Facility: Banner Baywood Medical Center Banner Behavioral Health Hospital 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 North Colorado Medical Center Banner North Colorado Medical Center - Loveland Campus Banner Ocotillo 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 East Morgan County Hospital Ogallala Community Hospital Page Hospital Platte County Hospital Sterling Regional Medical Center Torrington Community Hospital Washakie Medical Center Wyoming Medical Center | | Banner Corporate Ambulatory (Outpatient) Services Banner Health Clinics Banner Imaging Services Banner Imaging Services Colorado Banner MD Anderson Cancer Center Banner Sleep Center Banner Surgery Centers Banner Urgent Care Services Occupational Health/Employee Health Services Rural Health Clinics Banner Home Care and Hospice (BHCH) Banner Plans & Networks Banner Health Network Banner Health Plans Banner Plan Administration Banner Pharmacy Services Post Acute Services (PAC) Research |

I. Purpose/Population:

A. Purpose:

1. To ensure that Banner Health (Banner) allows Covered Persons and others to anonymously report Potential Compliance Issues and violations of any laws or regulations, without fear of retaliation.
2. To satisfy the requirement in Banner's Corporate Integrity Agreement (CIA) that Banner provide a reporting mechanism for Covered Persons to disclose Potential Compliance issues outside their chain of command.

B. Population: All Banner Reporters

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 Covered Persons, physicians and non-physician practitioners credentialed at any Banner hospital or doing business with Banner, patients, beneficiaries, and other interested persons.
- C. **Corporate Integrity Agreement (CIA):** A five-year agreement that Banner entered into on April 9, 2018 with the U.S. Department of Health and Human Services Office of Inspector General (OIG) as part of a settlement with the Department of Justice.
- D. **ComplyLine:** Banner's confidential compliance hotline, which is available 24 hours a day, 7 days a week and can be accessed by:
 1. Phone Call: 1-888-747-7989;
 2. Web: online at bannerhealthcomplyline.ethicspoint.com; or
 3. Mobile Device: at bannerhealthcomplylinemobile.ethicspoint.com.
- E. **Covered Persons:** Includes:
 1. Banner Board of Directors;
 2. All full-time and part-time employees and volunteers of Banner and of any discrete operating unit owned, operated, or controlled by Banner except those subsidiaries, affiliates or units owned, operated, or controlled by Banner where the compliance function has been assigned to another entity (Employees);
 3. 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 those subsidiaries, affiliates or units owned, operated, or controlled by Banner where the compliance function has been assigned to another entity (Vendors);
 4. All physicians and other non-physician practitioners who are credentialed providers at the 12 hospitals named in the CIA. (Providers)¹;

¹ The 12 hospitals are Banner Baywood Medical Center, Banner Heart Hospital, Banner Boswell Medical Center, Banner Del. E. Webb Medical Center, Banner Desert Medical Center, Banner Estrella Medical Center, Banner Gateway Medical Center, Banner University Medical Center Phoenix, Banner Ironwood Medical Center, Banner Thunderbird Medical Center, North Colorado Medical Center, and McKee Medical Center.

5. Notwithstanding the above, this term does not include part-time or per diem employees, contractors, subcontractors, agents, and other persons who are not reasonably expected to work more than 160 hours during a Reporting Period (April 9 – April 8), except that any such individuals shall become “Covered Persons” at the point when they work more than 160 hours; and
 6. Other categories as required by the Ethics & Compliance Department or by law or regulation.
- F. Disclosure: An issue or question:
1. Reported by an individual to Compliance from outside of the department, generally through (a) the ComplyLine, (b) a phone call, (c) an email, or (d) a walk-in visit;
 2. associated with Banner’s policies, conduct, practices, or procedures;
 3. with respect to a Federal health care program; AND which are
 4. believed by the individual or a Compliance team member to be a potential violation of criminal, civil, or administrative law.
- G. 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.
- H. 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.
- I. 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 OIG’s 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)² but has not yet been excluded, debarred, suspended, or otherwise declared ineligible.
- J. Navex Global: An external vendor that is contracted to handle Banner’s ComplyLine call center and online website.
- K. Overpayment: Any funds that Banner has received in excess of the amount due and payable under Federal Health Care Program requirements.
- L. 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

² 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.

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.

M. 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 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);
3. The employment of or contracting with an Ineligible Person; or
4. The filing of a bankruptcy petition by Banner.

N. 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).

O. 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 to be caused by 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. The ComplyLine is available 24 hours a day, 7 days a week if Banner Reporters want to report anonymously, or are uncomfortable 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 may 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 Ethics & Compliance Department will initially receive all ComplyLine case reports from Navex Global.
 - a. 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. These individuals or departments will coordinate their investigations to minimize redundancies in interviews and document requests to the extent possible.
 - i. 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 them to stop. The Ethics & Compliance Department

- will investigate the documentation issue and the Human Resources Department will investigate the harassment issue.
2. The Ethics & Compliance Department will maintain a log of all ComplyLine cases as required by law.

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 the individuals identified in the ComplyLine case report. If appropriate, the investigator(s) will involve the Legal Department and/or outside legal counsel in the investigation.
 - b. If an investigation reveals that the ComplyLine case may be a potential Reportable Event, the investigator(s) will immediately contact the Ethics & Compliance Department in accordance with the [Compliance: Reporting and Investigating Potential Compliance Issues policy](#).
 - c. Investigations of ComplyLine cases will be completed as soon as reasonably possible, but the time spent on each investigation may vary depending on the nature and complexity of the issue(s). For example, investigations that involve credible information related to a potential Overpayment will generally be completed within six (6) months , except in extraordinary circumstances.
2. Once an investigation is completed, the investigator(s) will, if necessary, work with appropriate departments to implement a corrective action plan (CAP) in accordance with the [Compliance: Reporting and Investigating Potential Compliance Issues policy](#).
3. The investigator(s) will maintain an electronic and/or paper investigative file for each ComplyLine case, which includes, at a minimum, a description of the issue(s), investigative notes, and any actions taken as a result of the investigation (such as a CAP). As a general rule, these investigative files are confidential and will not be shared with third parties or other departments absent approval 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)

- B. Contact the ComplyLine by:
 1. Phone Call: calling 1-888-747-7989;
 2. Web: online at bannerhealthcomplyline.ethicspoint.com; or
 3. Mobile Device: at bannerhealthcomplylinemobile.ethicspoint.com.
 4. Request anonymity, if desired.
 5. Identify the applicable facility, clinic, business area, or insurance division.
 6. Provide as much information as possible about the Potential Compliance Issue or violation of law or regulation.
 - a. If the issue poses an immediate or imminent threat to person or property or is related to a natural disaster or event that may require immediate evacuation, the case will be immediately assigned by Navex Global to an emergency contact in the Ethics & Compliance Department who will promptly begin the investigation.
 7. Record the ComplyLine case number and personal identification number (PIN) to permit later inquiries about the status of the investigation.
 8. Re-contact the ComplyLine if new information related to the issue or violation becomes available or if additional information is requested.

9. Prepare for the issue or violation to be investigated, which may include receiving calls from or interviews with the investigator(s).
 - a. **Example:** If a ComplyLine case involves a human resources issue, the Human Resources Department will usually interview individuals in the identified location.

C. Assigning ComplyLine Cases (ETHICS & COMPLIANCE DEPARTMENT)

1. Assign the ComplyLine case to the appropriate department/individual based on the type of issue(s) in the report:
 - a. **Privacy:** ComplyLine cases involving patient privacy issues are referred to the HIPAA Privacy Office.
 - b. **Human Resources:** ComplyLine cases involving human resources issues (e.g., hostile work environment, employee relations, and staffing/scheduling issues) are referred to the Human Resources Department.
 - c. **Clinical Risk Management / Patient Relations Service Center:** ComplyLine cases involving clinical risk management issues (e.g., patient safety issues, clinical care concerns, and potential or actual litigation matters) are referred to the Business Health Department (Clinical Risk Management and/or Patient Relations Service Center).
 - d. **Ethics & Compliance:** ComplyLine cases involving Potential Compliance Issues are retained in the Ethics & Compliance Department.
 - i. If it meets the definition of a Disclosure, the applicable Compliance contact must log the Disclosure within 2 business days of the receipt of the Disclosure.
 - e. **Other:**
 - i. Issues involving other business areas not previously specified are investigated by those areas in conjunction with the Ethics & Compliance Department.
 - f. **Special Handling:** ComplyLine cases associated with individuals/positions that may pose a risk due to concerns regarding conflicts of interest and/or biased investigations may require special handling.
 - i. If special handling is indicated, the Ethics & Compliance Department will review the case to determine the appropriate designated contact(s). The designated contact(s) will then review the case and determine which business area(s)/investigator the case should be assigned to for investigation and closure.
 - ii. Depending on the sensitivity of the case, the Ethics & Compliance Department, at the direction of the designated contact(s), may place additional restrictions to the case within the Navex Global (ComplyLine) system.
 - iii. A Potential Compliance Issue that involves or is related to a Banner Board Member or the Banner President/CEO, regardless of how the matter is brought forth, will be handled as follows:
 - (a) The Vice President of Ethics & Compliance, in consultation with Banner's General Counsel, will notify the Chair of the Board's Audit Committee of the allegations. The Chair will decide whether the Audit Committee will oversee the investigation into the allegations and, if it does, will use any internal and/or external resources deemed appropriate.
2. Maintain a log of ComplyLine cases.

D. Investigating ComplyLine Cases (INVESTIGATOR(S))

1. Timely review the ComplyLine case.
2. Investigate the issue discussed in the ComplyLine case. This may include:
 - a. Obtaining relevant documents from the identified department, clinic, business area, or insurance division;
 - b. Interviewing individuals identified in the ComplyLine case;
 - c. Speaking with other individuals who may have relevant information; and/or

- d. Performing other activities as appropriate, which may include involving the Legal Department or outside legal counsel.
3. Contact the Ethics & Compliance Department if the investigation reveals that the ComplyLine case is a potential Reportable Event. See [Compliance: Reporting and Investigating Potential Compliance Issues](#).
4. Once the investigation is completed, provide a response to the Banner Reporter and close the ComplyLine case.
5. Maintain an electronic or paper file that includes the documentation related to the ComplyLine case, including, but not limited to, the case report, investigative notes, and, if applicable, any corrective actions that were taken.
6. 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 corrective (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 & 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](#)
- F. [Corrective Action Policy](#)

IX. Keywords and Keyword Phrases:

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

X. Appendix:

- A. Appendix A: ComplyLine Process Flow Chart

APPENDIX A
ComplyLine Process Flow Chart

