



Policy /Procedure Document	
Category/Source:	Compliance
Origination Date:	June 2014
Policy Number:	COMP 400
Last Review Date:	March 2018
Last Revised Date:	March 2018
Next Review Due:	March 2021
Policy Owner:	Compliance Officer
Required Approvals:	Beacon Health System Compliance Committee Beacon Health System Management as Documented at Signatures of Approval

TITLE:	<i>Reporting Compliance Related Concerns</i>
SCOPE:	This policy applies to all directors, exempt and non-exempt associates (employees), contracted personnel, employed physicians, Medical Staff members, volunteers, students, and other agents of the Beacon Health System. This policy also provides issue and question reporting options to Beacon Health System’s patients, patient families, and community members. This policy does not replace Beacon Health System policies addressing patient complaints, patient occurrences, sentinel events, and peer review.
PURPOSE:	The purpose of this policy is to provide guidelines for reporting, investigating, and resolving compliance questions and potential issues.
POLICY/PROCEDURE:	

A. **Policy:** Beacon Health System will maintain open and effective lines of communication with respect to compliance questions and issues¹. Beacon Personnel are required to report putative compliance violations or other wrongful acts and to seek appropriate answers to any compliance questions.

Neither Beacon Health System nor any Beacon Personnel will retaliate against any person who, in good faith, reports putative compliance violations or other wrongful acts, who cooperates with an investigation of allegations of such, or who inquires about any compliance matter.

B. **Internal Reporting, Investigation, and Resolution:** Beacon Health System requires its Personnel to report and its supervisors and managers to investigate and address compliance questions and issues.

1. **Reporting:** Beacon Health System encourages its Personnel to report compliance concerns and ask questions using the SHOP method. Beacon personnel may use any of the following elements at any time (i.e., Beacon personnel do not have to follow the steps sequentially):

a. **Supervisor:** Beacon Health System encourages its Personnel to discuss compliance concerns with the appropriate supervisor (or, for Medical Staff members, volunteers, and students, the member of Beacon Health System management who acts as coordinator and/or liaison). The Beacon Health System supervisor is in the best position to understand the unique circumstances, such as the specific regulatory requirements and operating environment, applicable to the concern.

¹ Here and throughout this policy, the term issue or issues includes both circumstances determined upon investigation to be actual compliance issues and circumstances alleged to be compliance issues but, upon investigation, determined to be compliant, unless context indicates otherwise.

- b. **H**igher-Up: Beacon Personnel who are not comfortable discussing a compliance question or issue with their supervisor, or who are not satisfied with their supervisor's response, may discuss the question or issue with someone higher-up the chain of command.
- c. **C**ompliance **O**fficer: Beacon Personnel may discuss their compliance concerns with the Beacon Health System Compliance Officer (here and hereinafter to include anyone working under his director). Beacon Personnel may contact the compliance officer by:
 - i. e-mail at wmattson@beaconhealthsystem.org.
 - ii. telephone at (574) 647 – 3309 .
 - iii. mail at 615 N. Michigan St., South Bend, IN 46601.
- d. **P**hone: Beacon Personnel may call Beacon Health System's confidential compliance hotline at 1 (833) 389 - 5505. Calls to the confidential hotline will be processed by the Compliance Officer. A caller will not be required to provide his or her name or telephone number. Calls outside of normal business hours and on weekends and holidays may be routed to a voice-mail system

2. **Investigation** – When Beacon Personnel report compliance questions or issues, the following guidelines will apply:

- a. Supervisors and higher-up the chain of command members of management will fully investigate compliance concerns reported directly to them. The investigation will include developing an appropriate understanding of applicable laws and guidance and collecting adequate evidence as to factual matters. Supervisors and higher-up managers will involve subject matter experts, including the Compliance Officer, in the investigation as necessary. Supervisors and higher-up managers will exercise objective judgment while conducting the investigation and drawing conclusions.

If a supervisor's or higher-up manager's investigation validates the existence of a compliance issue, the supervisor or manager will inform the Compliance Officer of his or her conclusion by no later than the end of the next business day.

- b. The Compliance Officer will ensure appropriate investigation of all matters reported to him (whether reported directly to him or upon consultation by management or validation of a compliance issue per above item B-2-a) or to the confidential hotline. The Compliance Officer may consult with subject matter experts when conducting an investigation and may, if appropriate, refer a question or issue (in whole or in part) to a subject matter expert for investigation (if, in the Compliance Officer's opinion, the question or issue is properly completely or partially within the subject matter expert's bailiwick).

The Compliance Officer will exercise objective judgment with respect to all aspects of an investigation. Except when he has referred a question or issue to a subject matter expert for investigation, the Compliance Officer will develop an appropriate understanding of applicable laws and guidance and will collect adequate evidence as to factual matters. The extent of investigatory procedures is a matter of professional judgment vested in the Compliance Officer. The Compliance Officer will complete investigations promptly, given the specific circumstances of a particular question or issue.

The Compliance Officer will attempt to protect the identity of confidential hotline callers and, when requested, of persons who report questions and potential issues directly to him. Although the anonymity of neither group can be guaranteed, the safeguards documented at below item D, Non-Retaliation, will apply.

The Compliance Officer will maintain a log of all questions and issues communicated to him, whether directly, upon consultation by management or validation of a compliance issue per above item B-2-a, or through the confidential hotline. This log will provide sufficient information to analyze reported questions and issues for trends (e.g., tracking issues and questions by entity and specific compliance issue) and to make periodic reports to the Audit and Compliance Committee of the Beacon Health System Board of Directors. The Compliance Officer will also maintain records, appropriate in his professional judgment, of investigations, including procedures performed, evidence collected, and conclusions drawn.

3. **Resolution:** Supervisors and higher-up the chain of command managers who address a compliance question or invalidated issue without reference to the Compliance Officer must ensure that the person asking the question or raising the putative issue receives adequate, accurate guidance addressing the inquiry.

The Compliance Officer will ensure that all questions and issues communicated to him directly, by management in accordance with above item B-2-a, or through the confidential hotline, are adequately resolved. The Compliance Officer will respond to each person asking a question or raising a putative issue that investigation invalidates with adequate, accurate guidance addressing the inquiry. The Compliance Officer will maintain appropriate records of the resolution, including communications with the inquirer, with the other records of the investigation per above item B-2-b.

Management will develop an action plan to address any validated compliance issue, with the Compliance Officer providing counsel. Management is responsible for implementing the action plan. The Compliance Officer will monitor implementation to ensure that the risk associated with the issue is, in fact, appropriately mitigated and will maintain records of the monitoring with the other records of the investigation.

If management disagrees with the Compliance Officer's determination that a compliance issue exists, or with his determination that an action plan will not sufficiently mitigate the risks associated with a compliance issue, the Compliance Officer will escalate the issue to an appropriate level of management. This escalation must be to at least one level above the management level with operational responsibility for the issue. If management at an appropriate level determines that Beacon Health System will not implement further procedures to mitigate a compliance risk, the Compliance Officer will defer to that judgment, subject to communication per the following paragraph. The Compliance Officer will document management's determination with the other records of the investigation per above item B-2-b.

In addition to the preceding provisions for addressing and escalating issues, the Compliance Officer will communicate significant validated issues, management's action plans to address those issues, and management determinations not to implement additional procedures to mitigate the risks associated with significant issues to Beacon Health System executive management and the Audit & Compliance Committee of the Beacon Health System Board of Directors.

- C. **External Reporting, Investigation, and Resolution:** Non-Beacon personnel, e.g., Beacon Health System patients, family members of patients, and vendors and other persons in the organization's community, may contact the Compliance Officer or call the confidential hotline. When this happens, the Compliance Officer will investigate and resolve the question or issue in accordance with above sections B-2-b and B-3, i.e., as though the question or issue had been raised by Beacon Personnel.
- D. **Non-Retaliation:** Beacon Health System and its Personnel will not retaliate against anyone who, in good faith, reports a compliance question or concern or any wrongful act or who cooperates or assists in the investigation of such. This prohibition applies to retaliation against both Beacon Personnel and non-Beacon personnel (please see section C). This prohibition protects persons using any or all of the SHOP method elements, including the use of additional elements after an initial report (e.g., escalating a question or issue

higher-up the chain of command after initialing communicating it to a supervisor), or any other communication methodology. The prohibition applies to all forms of retaliation, both formal (e.g., employment termination, workplace discipline, or unfavorable scheduling) and informal (e.g., ostracism, gossip, or verbal abuse).

Good faith means that the person making the report honestly believes it to be factually accurate and is not motivated by malice or hope for personal gain. The prohibition applies even if investigation reveals that no compliance violation or other violation actually occurred, provided that the report was made in good faith.

Beacon Personnel who violate the organization’s prohibition of retaliation will be disciplined in accordance with Beacon Health System policies. Anyone who believes the he or she is being retaliated against because of his or her good faith reporting of a compliance issue or concern or any wrongful act or for his or her cooperation with an investigation of such should contact the Compliance Officer.

DEFINITIONS:	<p>Beacon Health System: Beacon Health System, Inc., and its subsidiaries, including Community Hospital of Bremen, Beacon Medical Group, Elkhart General Hospital, Memorial Hospital of South Bend, and any future wholly owned subsidiaries.</p> <p>Beacon Personnel: All directors, exempt and non-exempt associates (employees), contracted personnel, employed physicians, Medical Staff members, volunteers, students, and other agents of the Beacon Health System. Physicians who provide administrative or management services to Beacon Health System in return for compensation are considered employees for purposes of this policy, even if their compensation for such services is not paid directly from Beacon Health System.</p>
REFERENCES:	<p><i>COMP 100_ Code of Business Conduct</i></p> <p><i>COMP 110_ Compliance Policy</i></p>

Document Revision History:			
Review Date:	Revised Date:	Reviewed/Revised By:	Summary of Changes:
6/2014	6/2014	Warren R. Mattson, Compliance Officer	Original Document; replaces Elkhart General Hospital policies <i>Corporate Compliance Hotline</i> and <i>Corporate Compliance Non-Retaliatory Reporting Process</i>
June 2016	June 2016	Warren R. Mattson Compliance Officer	Completed periodic review. Switched from two year to three year periodic review. Made other minor changes to reflect current circumstances. Updated Signatures of Approval to reflect current executive leadership.
March 2018	March 2018	Warren R. Mattson Compliance Officer	Updated for replacement of CALL line with internal confidential hotline. Completed comprehensive review and extended next review date to three years from March 2018.

SIGNATURES OF APPROVAL:

Date Signed	Signature	Name	Title
_____	See electronic approvals.	Kreg Gruber	Chief Executive Officer Beacon Health System
_____	See electronic approvals.	Diane Maas	Chief Strategy and Growth Officer Beacon Health System
_____	See electronic approvals.	Dave Bailey	President Community Hospital of Bremen
_____	See electronic approvals.	Jeff Costello	Chief Financial Officer Beacon Health System
_____	See electronic approvals.	Vincent Henderson	President Beacon Medical Group
_____	See electronic approvals.	Carl Risk, II	President Elkhart General Hospital
_____	See electronic approvals.	Larry Tracy	President Memorial Hospital of South Bend
_____	See electronic approvals.	Warren R. Mattson	Compliance Officer Beacon Health System