
 <p>HAWAII HEALTH SYSTEMS CORPORATION "Touching Lives Everyday"</p>	<p>Quality Through Compliance</p>	<p>Policy No.:</p> <p>CMP 009B</p>
		<p>Revision No.:</p> <p>N/A</p>
<p>PROCEDURES</p>	<p>Issued by:</p> <p>Chief Compliance and Privacy Officer</p>	<p>Effective Date:</p> <p>October 13, 2011</p>
	<p>Subject:</p> <p>Compliance Investigations</p>	<p>Approved by:</p>  <p>Bruce S. Anderson HHSC PCEO</p>
		<p>Supersedes Policy:</p> <p>N/A</p>
		<p>Page:</p> <p>1 of 4</p>

I. **PURPOSE:** This protocol describes procedures by which Hawaii Health Systems Corporation ("HHSC") can swiftly and effectively investigate alleged issues which may arise in the corporate compliance program.

II. **PROCEDURE:**

A. HHSC shall inform all of its employees of the names and telephone numbers of Regional Compliance Officers and the Chief Compliance and Privacy Officer (the "CCPO").

B. HHSC shall instruct all employees to attempt to resolve at the local or regional level any issues of legal compliance. If unable to achieve satisfactory resolution at that level, employees should contact the CCPO with any questions, comments or concerns they may have regarding compliance-related issues.

C. Investigation Documentation:

1. The CCPO and Regional Compliance Officers shall maintain a confidential HHSC system compliance log of all compliance-related issues that are raised.
2. All significant or possibly significant issues brought to the attention of the CCPO or Regional Compliance Officer shall be entered and maintained in the HHSC system compliance log.

D. Investigation Protocol:

1. Initial Assessment: The CCPO, Regional Compliance Officer, or designee, shall make an initial assessment, when deemed appropriate, of all reports of alleged noncompliance to the fullest extent possible within 72 hours of receipt of the report.
 - a. Issue Relationship to Compliance: If the CCPO, Regional Compliance Officer, or designee, determines that the reported matter, even if true, pertains to an issue other than compliance with Federal or State healthcare regulations, he/she shall note such conclusion in the log and re-direct the issue to the appropriate department (e.g., Human Resources) and note such referral in the HHSC system

compliance log. Human Resources shall be notified of all personnel-related issues.

- b. Issue Pertains to Compliance: If the CCPO, Regional Compliance Officer, or designee, determines that the reported matter does pertain to compliance with Federal or State healthcare regulations, he/she shall conduct a preliminary assessment by contacting knowledgeable persons at the facility level and reviewing documents which are critical to the truth or falsity of the claim. The assessment, and any subsequent investigation, may consult as appropriate and necessary with the human resource department for compliance with applicable personnel rules, policies and collective bargaining agreements.
- c. If, after initial investigation, the CCPO, Regional Compliance Officer, or designee, determines that the factual basis for the reported matter may be true and requires investigation, he/she shall promptly contact the CCPO and/or HHSC General Counsel or other designated legal counsel concerning appropriate follow-up measures.
- d. If the CCPO, Regional Compliance Officer, or designee, determines that the factual basis for the reported matter is untrue, he/she shall note as such in HHSC System compliance log, including the reasons for this conclusion.

2. Conducting an Investigation

- a. Delegation: The CCPO may delegate the responsibility to investigate a reported regional matter to the Regional Compliance Officer or other designee chosen by the CCPO. Any such person who conducts an investigation must do so under the CCPO's direct supervision unless the CCPO has asked for the investigation to under the direction of legal counsel.

A Regional Compliance Officer may request that an investigation be taken over by the CCPO or legal counsel if it is determined to be in the best interest of the region or if the reported issue has system-wide implications.

- b. Access to Information/Documents: To conduct a thorough investigation, the CCPO, Regional Compliance Officer, or designee, shall have access to whatever materials, information, documents and/or individuals deemed appropriate.
- c. Protocol:
 - i. The investigation shall review all documents and policies necessary to ascertain the validity of the alleged compliance complaint.
 - ii. If necessary, personal interviews with the reporter and any other knowledgeable people may be conducted.
 - iii. Investigations shall be conduct in a timely manner recognizing that the complexity of the allegation is a major factor in determining the time sequence.

- iv. Records, as necessary, shall be kept of all steps in the investigation process.
 - v. At the conclusion of the investigation, the person leading the investigation shall write a final report to the RCEO, the CCPO, and/or legal counsel summarizing issue, process for investigation, facts reviewed, findings, and recommendations.
 - vi. Recognizing that it may not be possible to share the specific outcomes of investigations, all persons interviewed and the initial reporter should, in general and whenever possible, be notified of the conclusion of the investigation, that appropriate action has been taken, and asked to follow-up with any questions.
- d. Anonymous Reporter: If the reporting person has asked to remain anonymous the matter shall be investigated as thoroughly as possible without divulging the identity of the reporting person, to the extent permitted by law.
- e. Notification of Investigations:
- i. High Risk/Visibility Investigations: The CCPO and Regional Compliance Officers shall ensure that Regional CEOs, the President and CEO of HHSC, and the Board of Directors of HHSC are apprised of cases deemed by the CCPO to be appropriate for their immediate attention.
 - ii. Routine Investigations: On a regular basis, the CCPO shall determine matters noted on the HHSC system compliance log that should be reviewed by the Corporate Compliance Committee and/or the Audit and Compliance Committee of the HHSC Board of Directors. Criteria shall include overall significance of the matter in controversy as measured by large dollar value of reported matter; executive-level status of involved employees; "high risk" product lines or marketing techniques; and inclusion of reported matter as part of broader pattern of conduct.
- D. Investigation Outcomes - Remedial or Disciplinary Action: Following an investigation, various methods may be used to prevent, remedy or eliminate any suspected or actual future or current compliance-related problems.
- 1. Implement and/or Revise Education Programs: The CCPO and Regional Compliance Officer shall work closely with the facility administrators to provide to all HHSC employees, contracted providers and agents, as the case may be, appropriate compliance-related education programs. The CCPO shall routinely evaluate the effectiveness of the HHSC compliance-related education programs and recommend education programs deemed appropriate to alleviate possible compliance issues or as the result of an investigation. .
 - 2. Review and Revise Policy: The CCPO shall continually evaluate the effectiveness of the Corporate Compliance program and make whatever recommendations to the Corporate Compliance Committee, Audit and Compliance Committee of the HHSC Board of Directors, and the HHSC Board of Directors that are deemed appropriate. Any new policies, or revisions to existing policies, shall be adopted in accordance with the appropriate Corporate Policy.

3. Discipline: If the CCPO or Regional Compliance Officer believes after due investigation that a violation of the Code of Conduct or compliance law or regulation has occurred, the following actions should be taken:
 - a. Employee: Meet and confer with the Regional Human Resources Director, Vice President of Human Resources, Vice President and General Counsel, and the Regional CEO as necessary regarding appropriate disciplinary action. Any disciplinary action taken shall be in accordance with the appropriate Corporate Policy and the collective bargaining agreement in place for such employee.
 - b. Contractual or Agency Relationships: Meet and confer with the Vice President and General Counsel and Director of Corporate Procurement to determine the appropriate corrective actions in accordance with HHSC Policy.
 - c. Medical Staff Members: Meet and confer with the Vice President and General Counsel, Regional CEO, and appropriate medical directors, in addition to the appropriate medical staff bylaws, to determine the appropriate corrective actions.
4. Further Investigations and Audits: Based on his or her findings at a particular HHSC facility, the CCO or Compliance Committee may recommend an investigation or audit of other HHSC facilities. All such investigations or audits, and any resulting preventive or remedial actions taken, shall be in accordance with the appropriate Corporate Policy.

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

IV. REFERENCE: HHSC POLICY CMP 009A.