



**Title: Compliance Helpline**

**1.CE.05**

Effective Date: 02/00; Rev. 02/02, 08/04; 03/07, 09/09

**POLICY:** An effective Compliance Program provides individuals with a means for reporting concerns or suspected violations of law or policy while protecting those who make good faith reports.

IHS has established a Compliance Helpline: **1-800-548-8778**

which is available at any time to any individual to report actual or potential compliance violations or workplace safety concerns. All reports made to the Helpline will be investigated in a prompt and reasonable manner by the IHS Compliance Officer or IHS Internal Audit Services. Individuals shall not be subject to retaliation on the part of any person affiliated with IHS based on reports that are submitted in good faith. Any such retaliation is a violation of the IHS Compliance Program, should be reported immediately to the IHS or affiliate Compliance Officer and may result in disciplinary action against the individual retaliating against the person making a report.

**SCOPE:** IHS system wide. All IHS and affiliate facilities including, but not limited to, hospitals, ambulatory surgery centers, home care programs, physician practices, and all IHS and affiliate departments.

**BACKGROUND:** Every employee of IHS has a duty to report wrongdoing. Reports to management will be handled in a prompt and professional manner. There are times when an employee may feel uncomfortable making a report to management. An integral component of an effective compliance program is the establishment of a reporting mechanism that provides employees with a means by which to voice concerns on compliance, other regulatory issues or workplace safety without fear of retribution. Workplace safety can include employee or patient safety, staffing, or other topics or concerns that will make the workplace safer or more compliant. IHS has contracted with an outside resource to ensure calls remain completely anonymous if so requested.

**PROCEDURES:**

1. Availability.

1.1 24 hours a day

1.2 7 days a week

2. Reporting Assurance.

2.1 The identity of callers to the IHS Compliance Helpline or through other means will be kept in strict confidence unless specifically noted as otherwise.

2.2 Individuals shall not be subject to retaliation by any person affiliated with IHS based on reports that are submitted in good faith.

2.3 “Good faith” means that you reasonably believe that wrongdoing may have occurred.

2.4 Any such retaliation is a violation of the IHS Compliance Program and should be reported immediately to the affiliate or IHS Compliance Officer.

2.5 If an IHS employee retaliates against an individual who submits a report in good faith, the employee who retaliates may be subject to immediate discipline, up to and including termination.

2.6 Federal and state laws provide civil remedies to employees who have been unlawfully retaliated against. In addition, some federal laws, applicable to both IHS and to individuals who retaliate, define unlawful retaliation as a felony with penalties of potential prison time or large fines.

2.7 All reports will be investigated promptly.

2.8 If wrongdoing is discovered, IHS will take appropriate action.

3. Call Guidelines.

3.1 General compliance questions and issues should be handled on a local level. Individuals are encouraged to speak with their local management first to try to resolve any issues.

3.2 To get help with an ethics or compliance concern, to report a potential violation of the IHS Compliance Program, Policies or the Code of Conduct, or to report a workplace safety concern, contact any of the following:

3.2.1 Your supervisor or local management

3.2.2 Your affiliate or IHS Compliance Officer

3.2.3 IHS Law Department or Internal Audit Services

3.2.4 IHS Compliance Helpline

#### 4. Helpline Service Answering Calls.

- 4.1 IHS has contracted with an outside resource (helpline service) to ensure anonymity of callers.
- 4.2 The helpline service will record information received on an intake form. The following information will be recorded by the person receiving the call:
  - 4.2.1 Facility
  - 4.2.2 Date and time of the call
  - 4.2.3 Any relevant information concerning the allegations
  - 4.2.4 Name of caller (unless anonymous)
  - 4.2.5 Contact phone number for caller (unless anonymous)
- 4.3 The caller will be provided a case number to reference and a call back time of no greater than 14 days later. The preference of callers to remain anonymous will be respected.
- 4.4 The helpline service will categorize calls by the following types:
  - 4.4.1 Inquiry
  - 4.4.2 Referral
  - 4.4.3 Compliance Concern
  - 4.4.4 Follow-Up
- 4.5 The helpline service will give a Priority Ranking to all calls.
  - 4.5.1 Priority “A” is one that requires immediate action involving an allegation of threat to person, place or environment. Verbal notification will be made to the IHS Compliance Officer regardless of time of day.
  - 4.5.2 Priority “B” is an ongoing issue that will be reported to the IHS Compliance Officer or IHS Internal Audit Services within normal business hours.
  - 4.5.3 Priority “C” is for all other types of calls that do not require immediate response.

- 4.6 All calls will be documented by the helpline service on a Work Place Alert Report and sent by the helpline service via e-mail or fax to the Director of IHS Internal Audit Services.
5. Responding to Calls/Reports.
    - 5.1 IHS Internal Audit Services will send a copy of the Work Place Alert Report along with the Case Disposition Log to the appropriate affiliate Compliance Officer for resolution.
    - 5.2 The affiliate Compliance Officer will work with appropriate staff to resolve any issues, inquiries, etc. Resolution will be documented on the Case Disposition Log.
    - 5.3 The caller may only be contacted directly if he/she has given permission for such contact or if the information provided by the caller leads an investigator to attempt to call the individual for more information or for additional context to the report.
    - 5.4 Case Disposition Logs must be returned to IHS Internal Audit Services by the requested date indicated on the log. The information in this log will be *read* to the caller by the helpline service as follow-up.
    - 5.5 IHS Internal Audit Services will follow up with the affiliate Compliance Officer to ensure completion of the Case Disposition Log and forward the Case Disposition Log to the helpline service and the IHS Compliance Officer, where appropriate.
  6. Investigations and Follow-Up.
    - 6.1 If it is determined from the responses that a formal investigation should be conducted, the IHS Compliance Officer will contact the IHS Law Department for a determination as to whether the investigation should be conducted under attorney-client privilege.
    - 6.2 If the investigation is to be conducted under attorney-client privilege, the IHS Law Department will determine the scope of the investigation and select an investigator.
    - 6.3 If the investigation will not be conducted under attorney-client privilege, the IHS Compliance Officer will assign the investigation to IHS Internal Audit Services staff.

- 6.4 Results of the investigation should be documented and reviewed by the Director of Internal Audit Services and, if requested, the IHS Compliance Officer.
- 6.5 Based on the review, the IHS Compliance Officer, or if the investigation of the case has been assigned to the Director of Internal Audit Services, then the Director of IHS Internal Audit Services should make a recommendation as to whether the case is substantiated or unsubstantiated.
  - 6.5.1 If misconduct was detected during the investigation, the affiliate CEO and affiliate Compliance Officer will be notified.
    - 6.5.1.1 For substantiated cases, management will be advised of the results of the investigation with a request for the development of a corrective action plan.
    - 6.5.1.2 Action plans will be developed and forwarded to the Director of IHS Internal Audit Services within 21 days of the request. Status of all action plans will be updated to the Director of Internal Audit Services on a monthly basis and will be maintained in the case file until the action plan is deemed to be complete.
  - 6.5.2 For unsubstantiated cases, the Director of IHS Internal Audit Services will contact the appropriate management personnel to communicate the close-out of the case.
    - 6.5.2.1 The fact that the case was found to be unsubstantiated will be communicated but the identity of the caller will not be disclosed and the specific comments of identified individuals will not be disclosed.
- 6.6 Once the corrective action, if appropriate, has occurred, or for all unsubstantiated cases, a close-out memorandum will be generated that describes the allegations and facts of the case, investigative approach and result, conclusions, and disciplinary or corrective action as appropriate.
- 6.7 A case file will be maintained which contains the close-out memorandum, investigation report, action plan, Work Place Alert Reports, Case Disposition Logs, and any other case-related documents.
7. Information Retention.
  - 7.1 The Helpline Service will retain files for 24 months and destroy only after receiving IHS Compliance Officer approval.

- 7.2 IHS and the applicable affiliate will retain files pursuant to Policy 1.AD.03, Record Retention.
- 8. Summary Reporting.
  - 8.1 The IHS Compliance Committee will review Compliance Helpline activity on a regular basis.
  - 8.2 Periodic reports will be provided to the Audit and Compliance Committee of the IHS Board and to the IHS Core Management Team.
  - 8.3 Reporting will include a summary of calls received by type and area of concern in addition to a status update of any specific compliance concern.
  - 8.4 A more detailed reporting may be given on specific compliance concerns as appropriate.

*/s/ William B. Leaver*

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IHS President