

MEDICAL STAFF COMPLIANCE RESOURCE GUIDE

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MISSION

To improve the health and well-being of those we serve.

VISION

To be the partner of choice as we transform healthcare for our communities.

VALUES

Innovation

ICARE about keeping an open mind, embracing change, taking risks and maintaining a creative mindset as we work to continuously improve the care we provide.

Collaboration

ICARE about building trust and partnering with others, within and across boundaries, so we can offer best care and drive excellent outcomes.

Accountability

ICARE about driving a spirit of excellence, stewardship and integrity in all that I do for others.

Respect

ICARE about treating others the way I want to be treated.

Empathy

ICARE about being vulnerable and seeking first to understand others so I can best meet their needs.

GO BEYOND

(OUR BRAND MANTRA)



INTRODUCTION

The purpose of this Medical Staff Compliance Resource Guide (“Resource Guide”) is to provide physicians of HonorHealth’s Medical Staff with information necessary to perform their role within HonorHealth’s hospitals and outpatient centers in a manner that supports HonorHealth’s mission, vision, values and **Code of Conduct**. All members of HonorHealth’s Medical Staff should be familiar with the contents of this Resource Guide. If members have questions or concerns, they are encouraged to seek answers and solutions through the resources described herein.

This Resource Guide applies to all practitioners credentialed by the Medical Staff, including physicians, physician residents, dentists, oral surgeons and podiatrists.

A partnership of caring

At HonorHealth, we value the partnership we have with our physicians and other allied health professionals. We’re engaged in work that transcends the simple provision of a product or service. We partner with you to provide healing and hope to those who come within our sphere of responsibility. As healthcare professionals, members of the Medical Staff provide the expertise and knowledge – based on their training and experience – to guide a patient’s course towards the most optimal outcome. As a healthcare institution, HonorHealth provides the facilities, nursing care and support services to assist our physicians in treating our patients. This partnership of knowledge and resources allows us to accomplish our mission of improving the health and well-being of those we serve.

A relationship of accountability

Physicians and hospitals are governed by a complex set of laws and regulations, which are frequently modified and amended. Over the past few decades, government regulators have increased their focus on the relationships between physicians and the hospitals with which they are affiliated. The topics in this Resource Guide describe areas in which physicians and hospitals should be knowledgeable to sustain our relationship of accountability.

HonorHealth’s Compliance Program

HonorHealth’s Compliance Program is designed to establish a culture within the organization that promotes prevention, detection and resolution of situations that are not consistent with federal and state healthcare programs, and private payer health insurance requirements.

HonorHealth's Compliance Program is built upon the United States Sentencing Guidelines Seven Elements of an Effective Compliance Program, which include:

- 1. Written standards of conduct and policies and procedures**
- 2. Compliance oversight, including a compliance officer and committee**
- 3. Conducting effective education and training**
- 4. Developing effective lines of communication**
- 5. Enforcing standards**
- 6. Auditing and monitoring**
- 7. Responding to identified concerns and developing corrective action plans**

HonorHealth's Compliance Program is a resource for all members of the Medical Staff when questions arise about compliance topics or where concerns exist that may need to be addressed.



KEY COMPLIANCE TOPICS

Fraud, waste and abuse

Over the past three decades, government enforcement agencies have focused their efforts on eliminating fraud, waste and abuse in the healthcare industry. These situations place government dollars at risk and represent one of the government's highest enforcement priorities. Billions of dollars have been refunded back to the government by healthcare providers as a result.

Fraud is defined as an intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to themselves or some other person. Examples of fraud in a healthcare environment include, but are not limited to, billing for services that were never provided, documenting for services that are not consistent with the actual service provided or submitting claims to the government that are not accurate or complete.

Waste is defined as the overutilization of services, or other practices that directly or indirectly result in unnecessary costs. Waste is generally not considered to be caused by criminally negligent actions, but rather the misuse of resources. Examples of waste in the healthcare industry might include a physician ordering excessive diagnostic tests, or prescribing medication or supplies that are not needed for a patient. Any medical service provided to a patient that is not medically necessary could be considered waste from a compliance standpoint.

Abuse involves payment for items or services when there is no legal entitlement to that payment. Examples of abuse may include a physician providing treatment to a patient that is inconsistent with the diagnosis, or misusing codes or modifiers on a claim, such as upcoding or unbundling codes, that should otherwise be paid for together.

Key points:

- ✔ Make sure that documentation of patient care is complete and accurate to support the services provided.
- ✔ Never bill a patient for a service or product they did not receive.
- ✔ All care provided to a patient must be medically necessary.
- ✔ Order, prescribe or provide only the amount of services or products necessary for a patient's care.

The False Claims Act

Activities related to fraud, waste and abuse could trigger the False Claims Act. A false claim represents any attempt to obtain money from the government by knowingly presenting false or misleading information that may result in payment to the individual receiving such payment. A physician should never submit a claim for payment to the government that is not accurate, complete and truthful. The False Claims Act was originally enacted during the Civil War and has become one of the government's most powerful tools in enforcing healthcare fraud, waste and abuse. Violations of the False Claims Act come with significant fines and penalties for each false claim submitted. The False Claims Act includes provisions whereby individuals can report fraud, waste and abuse to the government directly as a whistleblower who may be paid a percentage of the recovery for providing the information.

Key points:

- ✔ Never submit a claim for payment to the government that you know is false, inaccurate, or cannot be supported by appropriate documentation and recognized standards of care.
- ✔ Never be a party to an activity where a claim submitted to the government is in question.

The Stark Law and Anti-Kickback Statute

The Stark Law and Anti-Kickback Statute provide legal guidelines regarding appropriate relations between physicians and the healthcare providers to whom they refer patients.

The Stark Law prohibits a physician from referring patients to hospitals, or other entities with which they have an ownership or financial relationship for the provision of hospital and certain ancillary services.

The Stark Law provides several exceptions to the prohibitions which permit different kinds of hospital-to-physician financial relationships that meet the elements of each exception. Most exceptions include requirements that the agreement be in writing, have a duration of at least one year, and have financial terms and conditions which are at fair market value and do not vary with, or otherwise contemplate, the volume or value of the physician's referrals to the hospital. The Anti-Kickback Statute prohibits the exchange of anything of value for referrals for services that are payable by a federal healthcare payer.

One provision of the Stark Law includes limitations on healthcare providers from giving non-monetary items, such as gifts, awards, entertainment, off-site meals, etc. to physicians, which might otherwise be deemed as incentives to refer patients to them. The federal government places a nominal annual dollar value limit on the provision of these items.

The violation of the Stark Law and Anti-Kickback Statute can result in serious penalties, including monetary fines, submission of false claims, and civil or criminal judgments against both the hospital and physicians.

Key points:

- ✔ All relations between a physician and HonorHealth must fall within the bounds of the Stark Law and Anti-Kickback Statute.
- ✔ Minimize the receipt of gifts or other non-monetary items from HonorHealth management or employees.

Quality patient care

HonorHealth's top priority is to provide safe, quality care for our patients. Our physicians are committed to fulfilling our mission of improving the health and well-being of those we serve by providing excellent care. HonorHealth values its partnership with physicians to transform healthcare for our communities.

When patients come to the hospital, they expect to receive the highest quality of care we can provide. Several areas pertaining to the provision of high-quality care have been a focus of regulatory enforcement agencies. Regulators are now prosecuting healthcare providers for rendering care that does not meet generally recognized quality standards. Additionally, the spotlight has been placed on services performed, which are not clinically or medically necessary. Providers are at risk for not receiving payment for items or services rendered that are determined to be medically unnecessary or below acceptable standards of quality. HonorHealth's mission, values and Code of Conduct support a commitment to providing high-quality care. Numerous programs and activities are performed within the hospital to promote activities that meet or exceed generally accepted quality of care practices.

Medicare Conditions of Participation require that HonorHealth provides care in a safe and effective manner. Our commitment to quality healthcare involves ensuring that all services are delivered safely and provided by duly licensed professionals.

Patient rights: HonorHealth strives to recognize, respect and support each patient’s human, civil, constitutional, ethical, and statutory rights and to foster positive communication between and among patients and members of the healthcare team. HonorHealth does not discriminate against any person on the grounds of race, color, national origin, sex, age, disability, sexual orientation or gender identity. HonorHealth’s goal is to individualize and personalize patient care, and improve patient outcomes by respecting each patient’s rights and conducting business with patients in an ethical manner.

Patient freedom of choice: Patients have the right to choose their healthcare providers without undue influence from HonorHealth or other caregivers. Patients may select the provider of their choice for their appropriate follow-up care.

Patient safety: HonorHealth is committed to continuously improving the safety and quality of care provided to patients by implementing and maintaining a process for the identification, reporting, analysis and presentation of events that may cause harm or have the potential to cause harm. When actual or potential harm events are identified, HonorHealth completes a thorough investigation and analysis, and appropriately implements improvements to reduce risk and monitor the effectiveness of those improvements.

Key points:

- ✔ Provide the highest quality patient care possible.
- ✔ Provide care in the safest manner possible to promote safety to patients, team members and others.
- ✔ Allow patients the freedom to choose their healthcare providers for the care they receive.
- ✔ Seek assistance from HonorHealth’s Quality Department to identify opportunities for improving the quality of patient care.

Billing and coding integrity

When a patient is discharged from HonorHealth, the Coding Department reviews information about the patient’s visit and assigns clinical codes based on the services the patient received and the documentation entered into the medical record. The Coding Department sends this information, along with the charges for products and services provided, to the Billing Department, which produces a bill for the patient and their insurance to pay. HonorHealth maintains strict compliance with all coding and

billing requirements. Team members handle the billing of patient care with the highest integrity and in compliance with all federal, state and private health plan requirements.

Key points:

- ✔ Medical billing codes should be consistent with the care provided. Always assign the most appropriate code pursuant to the care rendered to a patient.
- ✔ Documentation in a patient's medical record should be comprehensive, accurate and truthful. Never document care in a record, or assign a code to a patient record, that is incorrect, vague, demeaning or misleading.

Antitrust

HonorHealth abides by all antitrust laws. HonorHealth does not engage in business conduct that interferes with competition, price fixing, divisions of geographic markets or any other activities intended to restrict competition.

Emergency Medical Treatment and Labor Act

The Emergency Medical Treatment and Labor Act (EMTALA) ensures that patients coming to the hospital's emergency department receive appropriate care regardless of their ability to pay. All patients have the right to receive a medical screening examination, which determines whether the patient has an emergency medical condition or is in active labor. If an emergency medical condition exists, the patient has the right to receive stabilizing treatment within the capability of the hospital. HonorHealth will not delay the medical screening and necessary stabilizing treatment to seek financial and personal information. EMTALA extends to patients being transferred from other hospitals. The hospital maintains a call coverage schedule representing key physician specialties who provide professional treatment for patients who come to the hospital or are transferred to the hospital.

Key points:

- ✔ On-call physicians must respond whether or not the patient belongs to an insurance plan in which the physician participates, or the patient has insurance.
- ✔ Physicians who are on call are not representing their office practice. They are representing the hospital.
- ✔ Physicians scheduled to be on-call are responsible for finding a suitable replacement if they cannot be available for duty and for updating the on-call list with the Medical Staff Office in a timely manner.

- ✔ On-call physicians are charged with the duty to accept patients transferred from other facilities, including non-HonorHealth facilities, and may not refuse a transfer as long as the receiving hospital has the capacity to accept the patient (except as described below).
- ✔ It is not acceptable to send patients in the emergency department to outpatient offices for an exam and the treatment of an emergency medical condition.
- ✔ Physicians, who may be on-call at another hospital, simultaneously, may not request that a patient be transferred to a second hospital for the physician's convenience.
- ✔ A physician may not decline a patient because they think the sending hospital has the capability to care for the patient. Only the sending physician and hospital can make that determination.
- ✔ A physician may not recommend that the transferring patient be sent to a hospital closer to the sending facility.
- ✔ A physician may not request that a patient be sent to a facility where they have received care in the past to preserve the continuum of care (e.g., recent surgery).
- ✔ A physician may not claim a patient's condition is out of their scope if the physician is privileged to care for that condition or perform a related procedure in the hospital.
- ✔ CMS will rely on the sending physician's judgment as to whether a patient is unstable for transfer.
- ✔ A physician may decline a transfer only if they are:
 - Not privileged to perform the procedure that the transferring patient needs.
 - Currently performing a clinical procedure and would not otherwise be available by the time the patient arrives at the hospital.

For more information related to compliance with the EMTALA regulations, please see [HonorHealth's EMTALA Policy](#).

Conflicts of interest

A conflict of interest may arise any time a physician's personal interests conflict, or may appear to conflict, with the best interests of HonorHealth. As members of HonorHealth's Medical Staff, physicians have a duty of loyalty to HonorHealth. Physicians must be able to make decisions that are free from bias, personal interests, and actual or perceived conflicts of interest. The following are some examples of potential conflicts of interest:

Relations with vendors, suppliers and consultants: HonorHealth works with many vendors, suppliers and consultants. Sometimes these outside organizations will offer gifts or other incentives to physicians as a means of promoting their business with HonorHealth. Providing gifts to a physician could potentially influence a physician's practices in a manner that is not in the patient's or HonorHealth's best interest. Avoid accepting gifts or payment from vendors, suppliers and consultants to avoid the appearance of a conflict. Accepting anything of value that results in payment for services by the

government could potentially violate the Anti-Kickback Statute. Federal law requires vendors and suppliers to record all non-monetary items given to physicians in a national government database for tracking.

Relations with post-acute care providers: When patients leave the care of HonorHealth, they are sometimes referred to post-acute care providers, such as home health, hospice, skilled nursing or ambulance transport. Physicians should not accept gifts from post-acute care providers to avoid the appearance of inappropriately referring patients to these providers. Patients have the right to choose their healthcare provider without undue influence from HonorHealth or other providers. Receipt of gifts that generate referrals of services paid for by the federal government could violate the Anti-Kickback Statute.

Physician investments in healthcare business ventures: If a physician decides to invest in a healthcare business venture with outside parties (e.g., imaging centers, labs, equipment vendors, post-acute care facilities, physical therapy clinics, etc.), such relationships could pose a conflict. These business relationships may unduly influence a physician's clinical decision making and result in the improper steering of a patient to a particular service in which the physician has a financial interest. Many of these investment relationships have serious legal risks under the Anti-Kickback Statute and Stark Law. Consider seeking legal advice before entering into these kinds of arrangements.

Self-treatment and treatment of family members: Physicians may not perform invasive procedures on members of their own immediate family. Physicians are strongly discouraged from treating themselves, except in an emergency or where no viable alternative treatment is available. Physicians should not, under any circumstances, write prescriptions for controlled substances for themselves or family members.

Key points:

- ✔ Avoid accepting gifts or entering into business relations with vendors, suppliers, consultants, post-acute care providers or other business ventures that could create the appearance of a conflict between your role with HonorHealth and your personal interests.
- ✔ Never perform a procedure on an immediate family member or prescribe services or medications for yourself.

Privacy of patient information

HonorHealth believes the privacy of our patient's information is a critical aspect of the care we provide. At the heart of a patient's trust with their physician is an understanding that their physician will keep their medical information confidential. HonorHealth provides physicians with access to the electronic medical record (EMR) system to fulfill their role of providing high-quality care.

HonorHealth is committed to maintaining the privacy and security of patient information. Such information should only be accessed by those who have the right to obtain it and should only be accessed, used or disclosed to perform one's job duties. Any other access to patient information may be deemed a violation of HonorHealth policy and the requirements of the Privacy Rule of the Health Insurance Portability and Accountability Act (HIPAA). Access, use or disclosure of patient information for any purpose other than to fulfill one's job duties warrants strict disciplinary action.

Providing information to patients: Care should be taken whenever patient information is given to someone whether in person, by mail, fax or email. Patient information is protected and may only be given to the patient or those they have allowed access to that information. If a physician believes patient information may have been given or sent to the wrong person, they must contact the Compliance Services Department or call the Compliance Line immediately to address the concern. It is possible a breach of the patient's privacy has occurred, and may need to be reported to the affected patient or appropriate government authorities pursuant to federal law.

Disposing of patient information: When disposing of patient information, physicians should place documents in a confidential shredding bin, and not in a recycle or trash bin. Patient information must be protected even when it is discarded.

Verbal communications: The protection of patient information extends to verbal communications. Verbal communication about patient information in public areas should be limited. Physicians should lower their voices or find a quiet place to discuss patient information. Physicians should not assume just because friends or family are at the bedside that the patient wants their information verbally disclosed. Physicians should confirm with the patient before discussing diagnoses, treatment plans, test results, prognosis, past treatment, etc.

Key points:

- ✔ Patient information may be accessed, used or disclosed for purposes of treating a patient, securing payment for treatment provided or for other defined healthcare operation needs. Access may only be made if the physician has an established patient-physician relationship or a referral to consult.
- ✔ Access to patient information may only be made to fulfill one's specific job responsibilities. Accessing patient information for personal reasons or to satisfy one's curiosity are grounds for disciplinary action.
- ✔ Avoid using a personal cell phone to take a picture of a patient, or any part of a patient, unless using an HonorHealth approved device or a secure application. Personal cell phones are not secure and can be compromised.
- ✔ Never send text messages containing patient information unless using an approved device or application. A physician order can never be accepted via text per federal law.

- ✔ Never access the patient record of a family member, friend, co-worker or other individual for whom you are not a duly assigned caregiver, or for whom you do not have an established patient-physician relationship. Be aware of HonorHealth guidelines, Medical Staff bylaws and the American Medical Association (AMA) guidelines related to the ethical limitations of a physician's ability to care for their own family members.
- ✔ Physicians may not access their own medical information by directly accessing the EMR. Such information should be obtained through the patient portal site (MyChart) or by requesting such information from the Health Information Management (HIM) Department.
- ✔ Dispose of patient information in a shredding bin, not in a trash or recycle bin.
- ✔ When verbally disclosing patient information, lower your voice or find a quiet place to talk, where possible, to protect patient privacy.
- ✔ If patient information has been emailed, faxed or given to the wrong person, report the matter immediately to the Compliance Services Department or call the Compliance Line.
- ✔ Non-compliance with HonorHealth policy or the HIPAA regulations could result in disciplinary action, including loss of Medical Staff privileges. HIPAA violations carry monetary fines and penalties, including personal liability for inappropriate access, use or disclosure of patient information.

For more information, please see [HonorHealth's Allowable Access, Use and Disclosure of Protected Health Information policy](#).

Security of patient information

In our technologically advanced world, we rely on information to fulfill our job duties. Most of this information is stored in computer systems. Certain laws exist to protect patient information. In particular, the HIPAA Security Rule provides the regulatory requirements for technical and physical safeguards of patient information.

Username and passwords: Physicians are given a username to access patient information in HonorHealth's computer systems. Physicians must never disclose their username or password to anyone, including their office team. Physicians are responsible for any access made using their username and password. If a physician believes someone else may know their password, they should change it immediately.

Logging off workstations: When logging into HonorHealth computers or systems, physicians should always log off the program or computer terminal before leaving. This will keep others from potentially accessing information and websites under their username and password. Physicians are accountable for anyone who accesses patient information while the physician is still logged in.

Emailing patient information: Patient information should not be sent to a personal email address or an email address from a publicly available email service (e.g., Yahoo!, Gmail, Hotmail) as these email service providers are not secure. Patient information sent by email outside HonorHealth should always be encrypted by typing the word “encrypt” anywhere in the subject line of the email. Encrypted email containing patient information may be sent to an outside corporate email address.

Phishing attacks: In recent years, cyber-criminals have sought to obtain passwords from users of systems containing patient information through a process called “phishing.” Phishing is a form of fraud where an attacker tries to obtain the username or password by appearing to be a legitimate person or organization. Phishing attacks normally come in the form of an email sent to a user asking them to provide personal information, such as their username and password. Physicians should never provide their personal information, including their username or password, in response to an email communication. Providing this information gives the attacker the ability to access HonorHealth’s computer systems, and cause significant damage or disruption to HonorHealth operations. If a physician receives an email that appears to be a phishing attempt, they should contact the Information Security Department immediately.

Computer and workstation use: Physicians should be cautious when using the Internet on HonorHealth computers. Physicians should not download unauthorized software and should be aware that websites can be falsified just like emails. HonorHealth computers should be used for appropriate work-related reasons only and not for personal use.

Key points:

- ✔ Never share your username or password with anyone, including physician office team members. Physicians are responsible for any access to patient information made using their username and password.
- ✔ Always log off your computer when leaving it (hold down the Windows key and type “L” to lock the computer).
- ✔ Do not send patient information to mainstream email addresses (e.g., Yahoo!, Gmail, Hotmail) as they are not secure.
- ✔ Do not download unauthorized software to an HonorHealth computer.
- ✔ Report any suspicious activity or phishing attempts to the Information Security Department immediately.

Professional behavior

HonorHealth strives to create an atmosphere of respect, empathy, understanding and professionalism. As trained professionals and recognized leaders in our nation's society, physicians are expected to uphold the highest degree of interpersonal and professional behavior.

Maintaining a respectful work environment: Everyone has the right to work in an environment that is productive and free from harassment, violence or extreme interpersonal behavior. HonorHealth does not tolerate violence or threats of violence in any form. Behavior that creates an intimidating, hostile, or offensive work environment or that is harassing, including comments or actions of a sexual nature, are not acceptable. For more information related to maintaining a respectful work environment, please see [HonorHealth's Harassment in the Workplace Policy](#).

Commitment to professionalism: HonorHealth is committed to fulfilling its mission in an ethical, professional and respectful manner. Collegiality, collaboration, effective communication and teamwork are essential for the provision of safe and competent patient care, and the creation of a culture of safety. All physicians are expected to treat others with respect, courtesy and dignity, and to always conduct themselves in a professional and cooperative manner.

Use and management of controlled substances: HonorHealth operates drug- and alcohol-free facilities. The use of illegal drugs and abuse of controlled substances is not allowed. As a condition of Medical Staff privileges, any involvement in the unlawful use, sale, manufacture, distribution or possession of controlled substances, illicit drugs or alcohol in the facilities, or working under the influence of such substances, is not allowed and could result in disciplinary action, including termination of Medical Staff privileges. In addition, many physicians have access to prescription drugs and controlled substances. Prescriptions and controlled substances must be handled properly and only by authorized individuals. If a physician becomes aware of inadequate security or unlawful behavior, they should report it immediately. HonorHealth strictly enforces the reporting of any misuse of medications by team members or privileged practitioners. For more information related to the use of substances while in the workplace, please refer to [HonorHealth's Substance Abuse Policy](#).

Maintaining a safe work environment: HonorHealth strives to promote a work environment free from health or safety hazards. This includes providing physicians with training, education and information to prevent injury or illness. Physicians should immediately notify Risk Management about any workplace injury, or risk of injury, so timely action may be taken to resolve the issue. For more information related to maintaining a safe work environment, please refer to [HonorHealth's Safety Management System Policy](#).



KEY RESOURCES FOR MEDICAL STAFF MEMBERS

HonorHealth's Compliance Program

HonorHealth is committed to maintaining compliance with all laws and regulations that govern the operation of its business. As a means of ensuring compliance, HonorHealth has instituted a Compliance Program which is designed to establish a culture within the organization that promotes prevention, detection and resolution of instances of conduct that do not conform with Federal or State laws, and private payer requirements. The Compliance Program is overseen by a chief compliance officer who is charged with ensuring that the Compliance Program operates in a manner that is effective in meeting its intended purposes based on the recommendations of the Office of Inspector General (OIG) of the Department of Health and Human Services (HHS).

Asking questions and reporting concerns

If members of the Medical Staff have questions about a potential legal or regulatory concern, or if they have observed something that they believe may place them or HonorHealth at risk for a compliance concern, there are a number of avenues available to have questions answered or concerns addressed.

Chief medical officers and compliance officers: Physicians are encouraged to contact the chief medical officer or their designated compliance officer regarding any questions, or suspected violations of legal or regulatory requirements. A dedicated compliance officer is assigned to each hospital, physician office, or outpatient location to answer questions or address concerns. For more information on reporting concerns, please refer to [HonorHealth's Reporting Compliance Concerns \(Compliance Line Operation\) Policy](#).

Compliance Line: HonorHealth maintains a Compliance Line as an alternative reporting mechanism when reporting situations that are not consistent with the [Code of Conduct](#) or applicable rules and regulations. The Compliance Line is available 24 hours a day, 365 days a year, and is managed by an external company.

HonorHealth Compliance Line

844-732-6241 or online at

[HonorHealth.EthicsPoint.com](https://www.honorhealth.com/ethicspoint)

Click on the **"Make a Report"** button.

You may also submit an anonymous call or report, which means you do not have to disclose your identity. All reports made using the Compliance Line are forwarded to HonorHealth's Compliance Services Department for review and investigation, where appropriate.

Non-retaliation policy: All physicians have the responsibility to report concerns that may not be consistent with HonorHealth's Code of Conduct or other rules and regulations. On occasion, a physician may hesitate to report suspicious activity for fear of being retaliated against. HonorHealth prohibits any form of retaliation against a physician who reports concerns in good faith. Retaliating against someone for expressing a concern may be grounds for disciplinary action. For more information, please refer to [HonorHealth's Non-Retaliation Policy](#).

Other available resources

Physicians are encouraged to address concerns directly with HonorHealth management or with a member of the Compliance Services Department. If, however, a physician believes that their concerns have not been addressed after bringing them to the organization's attention, listed below are some additional resources.

Before using any of these additional resources, it's important to consider that most external government or accrediting bodies expect individuals to bring their concerns to the organization first, before contacting the government agency, to allow the organization the opportunity to address the issue and resolve any concerns.

Office of Inspector General (OIG) Department of Health and Human Services (DHHS): The OIG Hotline accepts tips and complaints from all sources about potential fraud, waste, abuse and mismanagement in Department of Health and Human Services' programs. The OIG hotline number is 800-HHS-TIPS or 800-447-8477. For more information refer to [OIG.HHS.gov/fraud/report-fraud](https://oig.hhs.gov/fraud/report-fraud).

Office for Civil Rights (OCR) Department of Health and Human Services: The OCR accepts complaints if individuals believe a covered entity or business associate violated their (or someone else's) health information privacy rights or committed another violation of the Privacy, Security or Breach Notification Rules. OCR privacy or security concerns can be reported via mail, email, fax or electronically at [OCRPortal.HHS.gov/ocr/smartscreen/main.jsf](https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf). For more information visit [HHS.gov/civil-rights/filing-a-complaint/complaint-process](https://www.hhs.gov/civil-rights/filing-a-complaint/complaint-process).