Current Status: Active PolicyStat ID: 11114801

Hackensack Meridian *Health*

 Origination Date:
 07/1998

 Effective:
 01/2022

 Last Approved:
 01/2022

 Last Revised:
 01/2022

 Next Review:
 01/2025

Owner: Daniel McManus: Compliance

Officer North

Policy Area: Admin 500 Administrative &

Operations

Applies To: Hackensack Meridian Health

Network

Applicability: Hackensack Meridian Health

Network

ComplyLine Operations

Policy:

Hackensack Meridian *Health* ("HMH") is committed to operating in full compliance with all applicable laws, regulations, and policies. Accordingly, HMH has established a Compliance Hotline ("ComplyLine") to report actual or suspected compliance-related issues or concerns. The ComplyLine serves as a confidential and anonymous means of reporting for team members, medical staff, patients, visitors, contractors and vendors when normal reporting mechanisms are not available or appropriate.

Hackensack Meridian *Health* places an affirmative duty on all team members, medical staff, patients, visitors, and contractors/vendors to report any actual or suspected violations of applicable laws, regulations, issues related to research or scientific misconduct, ethical and legal concerns, possible breaches of patient privacy or confidentiality, diversity concerns, violations of policy, including the Code of Conduct. Reports may be made through the appropriate chain of command and the ComplyLine is designed to provide an additional means of reporting such violations. HMH has a strict policy of non-retaliation/retribution for all good faith reporting of issues and concerns.

The ComplyLine is available by phone (877-888-8030) or on-line (www.hackensackmeridian.alertline.com).

Scope:

Unless otherwise noted in the policy, applicability is to all Hackensack Meridian *Health* affiliated facilities and providers (collectively "Hackensack Meridian *Health*" or "HMH"), including but not limited to, hospitals, ambulatory surgery centers, outpatient imaging centers, home health agencies, long term care facilities, physician practices, and all Corporate and affiliated Departments.

Administration:

The Senior Vice President, Chief Compliance Officer is responsible for the administration and subsequent revisions to this policy.

Procedure:

1. The ComplyLine is available twenty-four (24) hours a day, seven (7) days per week and is operated by an

- independent third-party vendor. Callers will be asked a series of questions designed to elicit the most complete information regarding the reported issue or concern. If utilizing the on-line web reporting feature, the individual will be required to input the answers to the questions designed to obtain all pertinent information about the issue or concern.
- All reporters are not required to disclose his/her identity. All individuals who contact the ComplyLine shall be assured anonymity as allowed under the law or in the case where they identify themselves, confidentiality. No attempt will be made to trace the source of the call or identify the caller when anonymity is requested.
- 3. While reporters will not be asked to disclose their identity, in some circumstances it will not be possible to act on a caller's complaint without information that may disclose their identity or the caller's identity may become apparent during the call. In such circumstances, the caller's identity will be held in confidence to the fullest extent of the law.
- 4. All reporters are provided with an identifying Report Number and a Personal Identification Number (PIN) to be able to provide additional information or request a status on their respective report.
- 5. All ComplyLine reports are logged in a confidential incident management system with restricted access. Corporate Compliance will be responsible for the care and custody of all ComplyLine report documentation, maintaining all files in a secure fashion.
- 6. The Chief Compliance Officer or designee(s) will be notified of each ComplyLine report via email and the report will be evaluated and appropriate follow-up action will be taken. The report will include, but not be limited to, the following information:
 - a. Name or location of the facility or HMH Division
 - b. Date of the report
 - c. Report summary and details of the reported issue or concern
 - d. Name of the reporter and contact information (if provided)
 - e. Other individuals involved in the issue or concern or witnesses
 - f. Priority level assigned to the report (Priority A, B, or C)
 - i. Priority A An immediate or imminent threat to person, property or environment. The vendor will immediately notifiy Corporate Compliance via telephone followed by the standard written report notification via email.
 - ii. Priorty B A situation that requires prompt attention, but does not require immediate notification to HMH.
 - iii. Priority C Reports that do not require immediate action by HMH.
- 7. The Office of Corporate Compliance will ensure all reports received by the ComplyLine are investigated by team members having sufficient level of expertise/knowledge with regards to the issue or concern reported. the Office of Corporate Compliance will involve other departments as appropriate for advice or further investigation relating to ComplyLine reports. These other departments include, but are not limited to, Human Resources, Privacy, Audit Services, Research Integrity and Security.
- 8. ComplyLine reports naming a member of the Compliance Department will be referred to the Chief Compliance Officer for review. In the event the Chief Compliance Officer is named in a report; the Executive Vice President, Chief Legal Officer, Operations will be contacted to ensure appropriate review of the report.

9. The Chief Compliance Officer and/or Designee(s) will report periodically to the Compliance Operations Group and at least quarterly to the Audit and Compliance Committee of the Board of Trustees regarding ComplyLine activity. This report will include, but not be limited to, the total number of reports received, the general nature of the concern, anonymity, average time to close, and disposition. Should trends or opportunities for systemic improvements be identified, recommendations will be made to effect change.

Revised:10/05, 4/01, 8/10, 11/12, 5/13, 2/16

Attachments

No Attachments

Approval Signatures

Step Description	Approver	Date
	Thomas Flynn: SVP Chief Compliance Officer	01/2022
	Daniel McManus: Compliance Officer North	01/2022

Applicability

Bayshore Medical Center, Carrier Clinic, HMH Nursing & Rehabilitation, Hackensack Meridian Health Inc., Hackensack University Medical Center, Home Health and Hospice, JFK Medical Center, JFK Medical Center EMS, Jersey Shore University Medical Center, Legacy Meridian Health, Ocean University Medical Center, Old Bridge Medical Center, Palisades Medical Center, Physician Services Division, Raritan Bay Medical Center, Riverview Medical Center, Southern Ocean Medical Center, System Search Engine (All Sites)