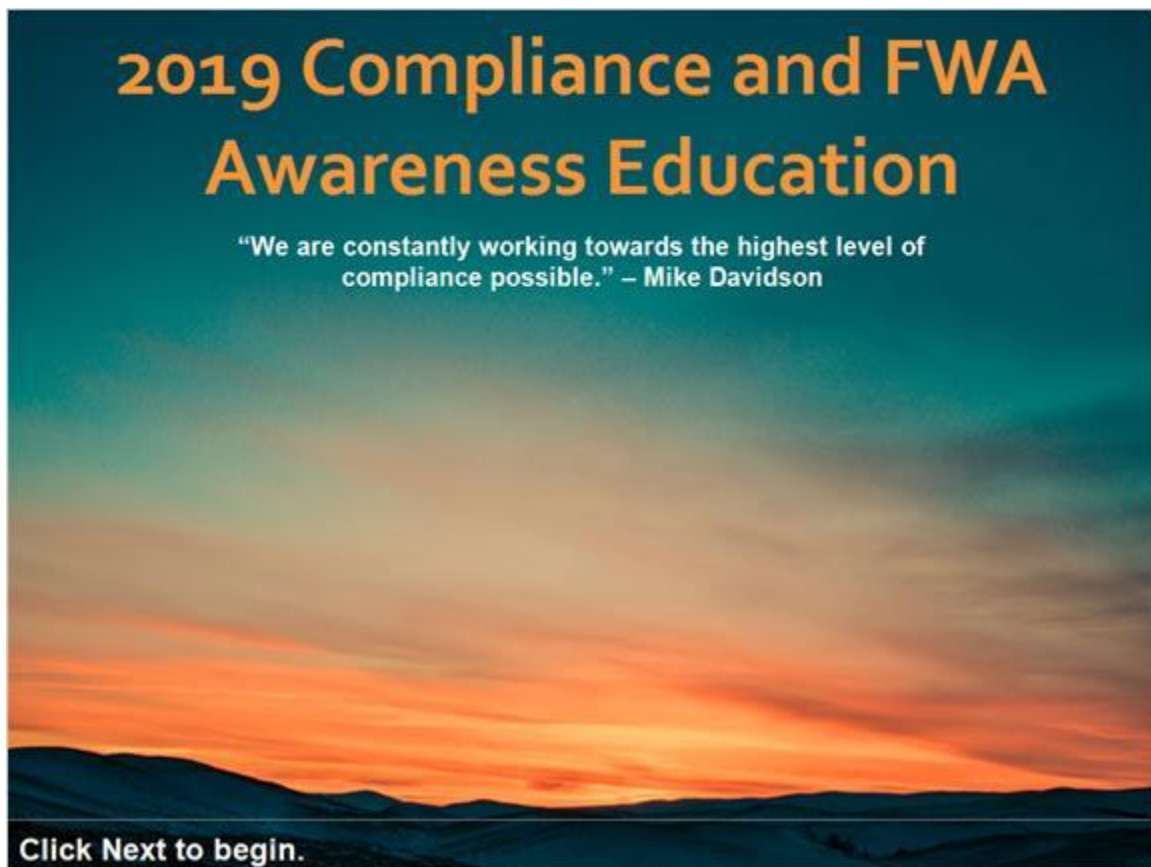


2019 Compliance and FWA Awareness Education



Background and Purpose

The Office of the Inspector General (OIG) for the United States Department of Health and Human Services (HHS) is charged with identifying and combating fraud, waste and abuse.

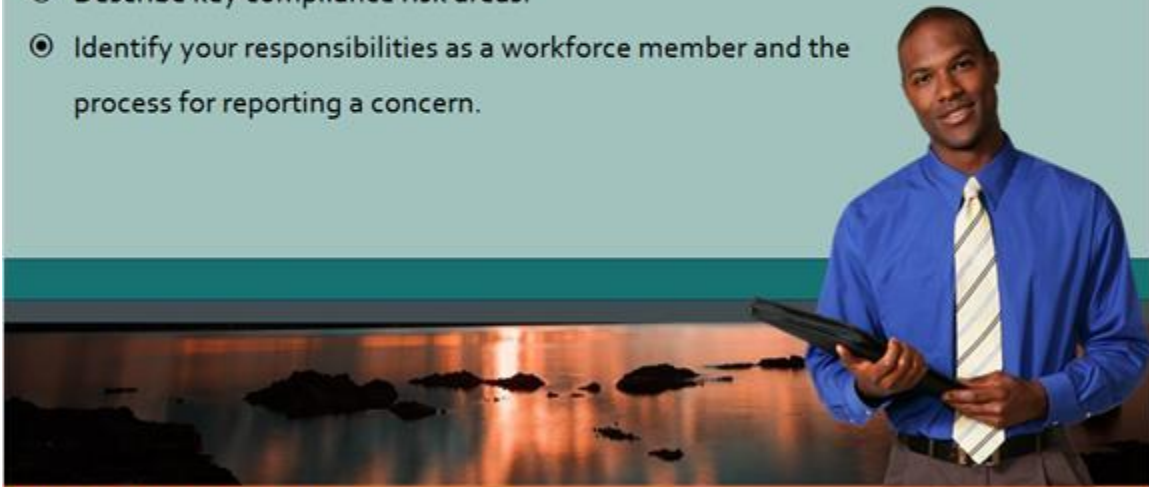
According to the OIG, one [element of an effective compliance program](#) is appropriate training and education. This course was developed to support the implementation of an effective compliance program and limit the risks and liabilities associated with healthcare fraud, waste and abuse.

In the event that our organization is investigated for wrongdoing, the fines and penalties can be greatly reduced or eliminated if the organization has proof of an effective compliance program.

Click Next to continue.

Objectives

- Understand the Compliance Program.
- Identify acceptable behaviors set forth by the Code of Conduct.
- Understand Healthcare laws.
- Describe key compliance risk areas.
- Identify your responsibilities as a workforce member and the process for reporting a concern.



Click Next to continue.

Providence St. Joseph Health (PSJH) Compliance Program

Our program serves as the foundation for our commitment to an ethical organizational culture and compliance with laws and regulations. This program is intended to provide reasonable assurance that PSJH:

- Establishes, monitors and supports high professional and ethical standards.
- Supports initial and continuing compliance education and training.
- Complies in all material respects with federal, state and local laws and regulations that are applicable in our operations.
- Maintains a mechanism (**through the Integrity Hotline at 888-294-8455**) for reporting integrity, compliance or legal concerns.
- Satisfies the conditions of participation in health care programs funded by the federal and state governments.
- Promotes self-monitoring and provides for, in appropriate circumstances, voluntary disclosure of violations of laws and regulations.
- Reviews, investigates and acts on allegations of violations and misconduct

Click Next to continue.

Code of Conduct (COC)



If you are using Chrome as your browser, please [review this document](#). It will help you move forward *AFTER* you review the Code of Conduct.

Please Note: The COC link will take you to the *providence.org* website. Please review your specific organization's COC. Do not leave feedback about this course on the external page that houses the COCs. *Thank you!*

Continue

Click "Continue" to move on then click Next to continue.



Code of Conduct

The Integrity and Compliance program promotes compliance with all relevant laws, regulations, policies and standards. The Code of Conduct applies to:

- Providence St. Joseph Health (PSJH) and their workforce members
- Employees of affiliated organizations, volunteers and others who are in the direct control of PSJH
- Members of the PSJH System Board; Community Boards; and Foundation Boards (all collectively referred to as workforce members)

Please take a moment and review the organization's [Code of Conduct](#) before moving on.

Review your organization's Code of Conduct then click Next to continue.

Your 2019 Commitment



As workforce members of our communities, the people we serve place an enormous amount of trust in us. The Code of Conduct is an important part of how we serve and represent our core values in action.

Maintaining the *integrity, heritage and tradition* of the organization is each individual's responsibility. The PSJH Integrity and Compliance Program helps ensure that we follow the ethical commitments, laws, rules and regulations which govern our business conduct. The Program also helps discourage, prevent and identify violations.

By clicking "Submit" below, I, , reaffirm my commitment to the organization's [Code of Conduct](#).

If you feel you cannot reaffirm your commitment, please start a conversation with your manager.

Submit

Enter your name above then click Submit to reaffirm.

Submission (Slide Layer)

A man in a blue shirt and tie is standing on a beach, celebrating with his fist raised. The background is a sunset over the ocean. The text "Your 2019 Commitment" is at the top left, and "Thank You" is written in large cursive at the bottom right. A red banner at the bottom says "Click Next to continue."

Your 2019 Commitment

Thank you %textentry%! Your continued efforts in supporting our organization to fulfill our commitments to the patients and communities we serve is greatly appreciated.

Thank You

Click Next to continue.

Acceptable Behavior

Our value of compassion leads us to nurture the spiritual, and emotional well-being of those we serve. We apply this value to our work with each other and to the care and service we provide to those we serve. Expected behaviors that contribute to a positive patient care and work environment include:

- Promoting a professional and healing environment.
- Avoiding behavior that is disruptive to maintaining a safe, healing and educational environment.
- Responding to requests for information in a timely and supportive manner.
- Offering constructive feedback to improve patient care and operations.
- Practicing a manner consistent with medical staff bylaws and regulations.

Click Next to continue.

Harassment in the Workplace

PSJH is committed to maintaining a workplace free of discrimination, harassment, violence, bullying and other abusive conduct.



- ◉ Harassment includes unsolicited remarks, gestures or physical contact, displays or circulation of written materials or pictures derogatory to any protected group (i.e. based on gender, race, ethnicity, religion, sexual orientation, disability, etc.). This list is **NOT** all-inclusive.
- ◉ PSJH has a “zero-tolerance” policy towards discrimination, harassment, violence, bullying and other abusive conduct.
- ◉ Report this type of behavior by or against individuals regardless of their role.
- ◉ PSJH prohibits any action against any workforce member for reporting concerns in good faith or who assists in the investigation of a concern.

Click Next to continue.

Test Your Knowledge

Providence St. Joseph Health (PSJH) prohibits any action against any workforce member for reporting a concern in good faith or who assists in the investigation of a concern.

☒ True

☐ False

You must answer correctly before you are able to move on.

Americans With Disabilities Act (ADA)

Requires healthcare facilities to make public accommodations to effectively communicate with patients, family members/companions and visitors with vision, hearing and speech disabilities wherever and whenever they are interacting with staff (Title III).

Title III:

Protects

Prohibits

Ensures

Review the buttons above by hovering over each one then click Next to continue.

Protects (Slide Layer)

Americans With Disabilities Act (ADA)

Requires healthcare facilities to make public accommodations to effectively communicate with patients, family members/companions and visitors with vision, hearing and speech disabilities wherever and whenever they are interacting with staff (Title III).

Title III:

Protects

Any Individual with a Disability in Three Broad Categories:

- 1) Individuals with a physical or mental impairment that substantially limits one or more major life activities.

Prohibits

- 2) Individuals with a record of a physical or mental impairment that substantially limited one or more major life activities.

Ensures

- 3) Individuals who are regarded as having such an impairment, whether they have the impairment or not.

Review the buttons above by hovering over each one then click Next to continue.

Prohibits (Slide Layer)

Americans With Disabilities Act (ADA)

Requires healthcare facilities to make public accommodations to effectively communicate with patients, family members/companions and visitors with vision, hearing and speech disabilities wherever and whenever they are interacting with staff (Title III).

Title III:

Protects

Prohibits

Ensures

Discrimination on the basis of disability in the activities of places of public accommodations (businesses that are generally open to the public such as restaurants, movie theatres, schools, day care facilities, recreation facilities, doctor's offices, hospitals, etc.) and requires newly constructed or altered places of public accommodation to comply with the ADA Standards.

Review the buttons above by hovering over each one then click Next to continue.

Ensures (Slide Layer)

Americans With Disabilities Act (ADA)

Requires healthcare facilities to make public accommodations to effectively communicate with patients, family members/companions and visitors with vision, hearing and speech disabilities wherever and whenever they are interacting with staff (Title III).

Title III:

Protects

Prohibits

Ensures

Equal opportunity to persons with disabilities in public accommodations to:

- Participate
- Benefit
- Receive benefits in the most integrated setting appropriate

Review the buttons above by hovering over each one then click Next to continue.

All People Are Different

I don't set out to be different, I set out to be ME. People think it's different.

- LGBTQ (lesbian, gay, bisexual, transgender and queer) patients are considered to be a population vulnerable to health disparities and certain diseases, in addition to other types of hardships due to discrimination. [Centers for Disease Control and Prevention (2014). Lesbian, gay, bisexual, and transgender health.]
- The government requires all healthcare systems to dedicate increased attention to health disparities in the LGBTQ population, and prohibits discrimination against LGBTQ patients. (Federal Mandate)
- Remember our Mission, Values, Vision and Promise.

Click Next to continue.

Test Your Knowledge

Which of the following statements are true?

- ☐ The government requires all healthcare systems to dedicate increased attention to health disparities in the LGBTQ population
- ☐ The government prohibits discrimination against LGBTQ patients
- ☐ The ADA requires healthcare facilities to make public accommodations to effectively communicate with patients, family members/companions and visitors with vision, hearing and speech disabilities wherever and whenever they are interacting with staff (Title III).
- ☒ All of the above

You must answer correctly before you are able to move on.

Want to Learn More?



Compliance has a few courses in HealthStream/NetLearning for you to learn more about our ADA and LGBTQ community.

- **PSJH: RIS Americans with Disabilities Act Education**
- **PSJH: RIS SOGI Education** (*SOGI: Sexual Orientation and Gender Identity*)

To find these courses, please type in the full name of the course in the learning management system's search bar.

Click Next to continue.

Select the appropriate Fraud, Waste and Abuse definition.

DEFINITIONS

Fraud

- Involves intentional deception or misrepresentation made by someone with knowledge that the deception will result in gain.

Waste

- Any practice that results in an unnecessary use or consumption of financial or medical resource.

Abuse

- A practice that is inconsistent with accepted business or medical practices or standards that results in unnecessary cost. Intent is either not there or is unclear.

Click Submit to continue.

Correct	Choice
Fraud	- Involves intentional deception or misrepresentation made by someone with knowledge that the deception will result in gain.
Waste	- Any practice that results in an unnecessary use or consumption of financial or medical resource.
Abuse	- A practice that is inconsistent with accepted business or medical practices or standards that results in unnecessary cost. Intent is either not there or is unclear.

Select which examples below would be considered violating the False Claims Act (FCA).

- ☒ Change a diagnosis to get a claim reimbursed without supporting documentation.
- ☒ Falsify statements in the medical record to receive payment.
- ☒ Bill for services not provided.
- ☐ Bill for medications documented in the medical record.
- ☐ Verify documentation in medical record is accurate before submitting for reimbursement.

Click Submit to continue.

This law prohibits giving or receiving anything of value in exchange for or to induce patient referrals for services or items payable by Medicare or Medicaid.

- ☐ Stark Law
- ☐ Fraud, Waste and Abuse (FWA)
- ☐ False Claims Act (FCA)
- ☒ Anti-Kickback Statute (AKS)

Click Submit to continue.

A physician can make referrals for specific types of services to entities/organizations if the physician or their immediate family has a financial interest such as ownership or compensation arrangements and not worry about violating the Stark Law.

☐ True

☒ False

Click Next to continue.

Fraud, Waste and Abuse

Fraud

Waste

Abuse

FWA Red Flags

- ◉ Duplicating or unbundling procedures to maximize payment
- ◉ Dates of service not recorded in medical records or that do not match billing dates
- ◉ Different names or addresses of dependents and primary covered person
- ◉ Duplicate requests for authorization of a service that has been denied
- ◉ Changing documentation during the appeals and grievance process to overturn a denied authorization
- ◉ Multiple claims submitted on different dates for the same member, each showing same dates of services or overlapping dates of service
- ◉ Significant "spike" in provider's claims activity or reimbursement in comparison to provider's historical activity

Click each button above then click Next to continue.

Fraud (Slide Layer)

Fraud, Waste and Abuse

Fraud

Waste

Abuse

Fraud is an intentional deception or misrepresentation made by someone with knowledge that the deception will result in benefit or financial gain.

The United States Department of Health and Human Services-Office of Inspector General ("HHS-OIG") conservatively estimates that *\$100 Billion* is lost to healthcare fraud each year.

- That is \$273 Million a day... and with healthcare costs escalating, this number is expected to rise.

Fraud can be committed by any person or entity in the healthcare delivery chain.

Click each button above then click Next to continue.

Waste (Slide Layer)

Fraud, Waste and Abuse

Fraud Waste Abuse

Waste includes any practice that results in an unnecessary use or consumption of financial or medical resource.

Click each button above then click Next to continue.

Abuse (Slide Layer)

Fraud, Waste and Abuse

Fraud

Waste

Abuse

Abuse is sometimes defined as a practice that is inconsistent with accepted business or medical practices or standards and that results in unnecessary cost.

Abuse can be thought of as potential fraud, where the provider's intent may have been unclear.

Click each button above then click Next to continue.

Abuse vs Fraud Examples



Abuse vs Fraud Examples:

Billing for a non-covered service

- **Fraud:** The provider knew that service was non-covered, but changed the ICD-10 diagnosis to obtain coverage
- **Abuse:** Provider suspected that service might not be covered, but figured that they would “test” and submit a claim anyway.

Misusing codes on the claim

- **Fraud:** Provider sat down with billing policies and deliberately identified loop-holes.
- **Abuse:** Provider assumed they must be billing correctly as long as the claims are paid.

Click Next to continue.

False Claims Act (FCA)

The FCA covers fraudulent claims paid by a government program such as Medicare or Medicaid. Submitting a claim for payment that contains false or fraudulent information could trigger the FCA. The organization only bills for services that were provided and documented in the medical record.

To avoid violating the FCA you should not:

- Change a diagnosis for the purpose of getting a claim reimbursed without supporting documentation
- Falsify statements in the medical record to receive payment
- Bill for services not provided

[FCA KEY POINTS](#)

Hover over “FCA KEY POINTS” then click Next to continue.

key Points (Slide Layer)

False Claims Act (FCA)

The FCA covers fraudulent claims paid by a government program such as Medicare or Medicaid. Submitting a claim for payment that contains false or fraudulent information could trigger the FCA. The organization only bills for services that were provided and documented in the medical record.

To avoid violating the FCA you should not:

- Change a diagnosis for the purpose of getting a claim reimbursed without supporting documentation
- Falsify statements in the medical record to receive payment
- Bill for services not provided

FCA Key Points

Documentation must:

- Be clear and legible
- Be present in the medical record
- Identify who requested and provided the services performed
- Support all services billed, including laboratory tests, medications and therapy sessions

Hover over "FCA KEY POINTS" then click Next to continue.

Test Your Knowledge

A patient comes in to the Emergency Room and states they think they may have broken their foot. The patient is taken to an exam room to receive an x-ray.

In the x-ray suite, the patient observes that the x-ray tech is taking an image of the ankle. The patient tells the tech that it is the foot that may be broken, not the ankle. The x-ray tech responds "*hmmm well, the order is for an x-ray of the ankle....*".

What should the technician do next?

- ☒ Contact the treating provider to evaluate and confirm the x-ray order.
- ☐ Take an x-ray of the ankle per the doctor's original order.
- ☐ Disregard the doctor's order and take an x-ray of the patient's foot at their request.
- ☐ None of the above.

You must answer correctly before you are able to move on.

Anti-Kickback Statute (AKS)

The AKS prohibits giving or receiving anything of value in exchange for or to induce patient referrals for services or items payable by Medicare or Medicaid, unless an exception (known as "Safe Harbor") is met.

The Anti-Kickback Statute is a federal statute that applies to physicians, facilities and others who are in a position to make or influence referrals and covers activities such as:

- ⦿ Discounts or Rebates
- ⦿ Kickbacks
- ⦿ Bribes

AKS KEY POINTS

Click Next to continue.

Key Points (Slide Layer)

Anti-Kickback Statute (AKS)

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The Anti-Kickback Statute is a federal statute that applies to physicians, facilities and others who are in a position to make or influence referrals and covers activities such as:

- ⦿ Discounts or Rebates
- ⦿ Kickbacks
- ⦿ Bribes

AKS Key Points

Examples of AKS violations include:

- ⦿ Payments to physicians or facilities for referrals
- ⦿ Reimbursing the cost of a physician's travel and expenses for a conference in exchange for referrals
- ⦿ Use of free or significantly discounted office space or equipment in exchange for referrals

Click Next to continue.

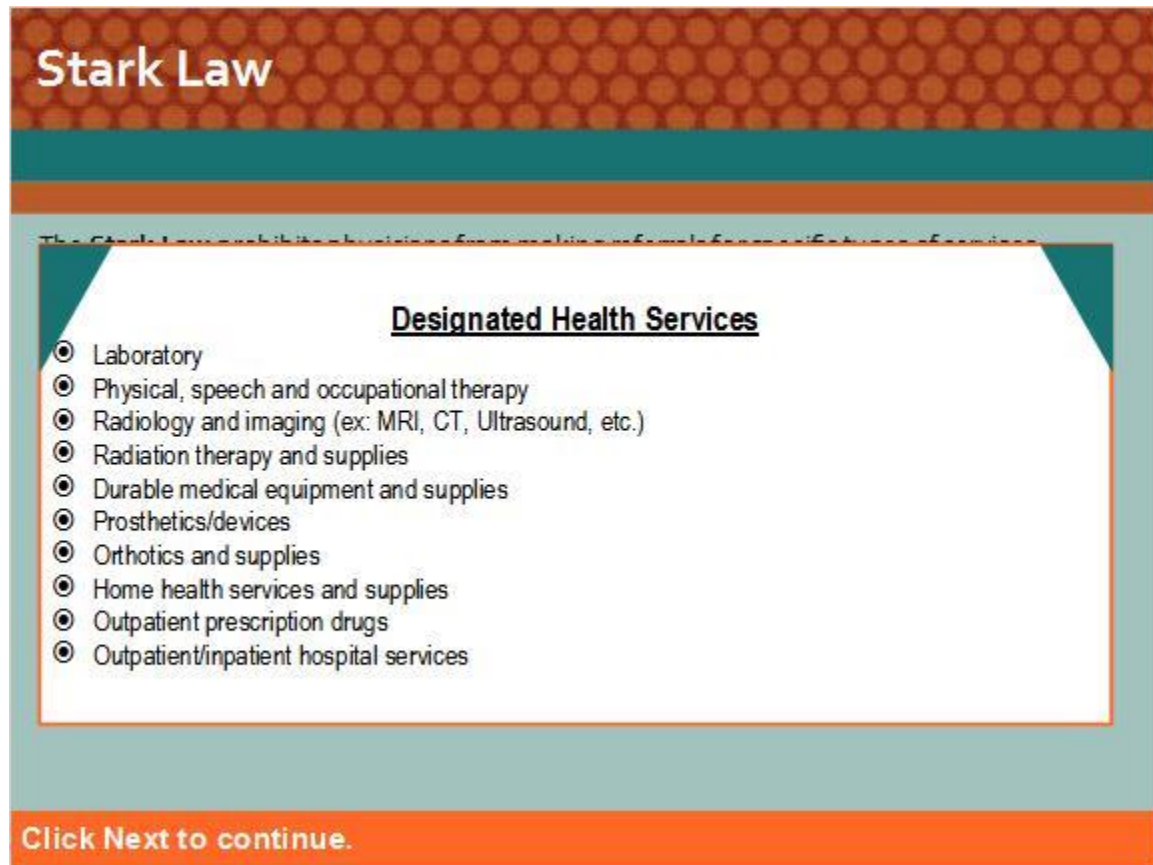
Stark Law

The **Stark Law** prohibits physicians from making referrals for specific types of services (called [Designated Health Services](#)) to entities with which the physician or their immediate family has a financial interest such as ownership or compensation arrangement.

Under the law, referrals are prohibited unless an exception is met; the intent of the parties involved is irrelevant. If you have questions about the exceptions, please contact your local compliance specialist.

Click Next to continue.

DHS (Slide Layer)

The slide features a decorative header with a red background and a pattern of small orange circles. Below this is a teal horizontal bar, followed by a thin orange bar. The main content area is a white rectangle with a thin orange border and teal corner accents. It contains a title and a bulleted list. At the bottom is an orange bar with white text.

Stark Law

The Stark Law prohibits business transactions between a physician and a designated health service if the physician has a financial interest in the service.

Designated Health Services

- ⦿ Laboratory
- ⦿ Physical, speech and occupational therapy
- ⦿ Radiology and imaging (ex: MRI, CT, Ultrasound, etc.)
- ⦿ Radiation therapy and supplies
- ⦿ Durable medical equipment and supplies
- ⦿ Prosthetics/devices
- ⦿ Orthotics and supplies
- ⦿ Home health services and supplies
- ⦿ Outpatient prescription drugs
- ⦿ Outpatient/inpatient hospital services

Click Next to continue.

EMTALA: Overview

Overview

Who does this apply to?

What is MY role?

Click each button above then click Next to continue.

Overview (Slide Layer)

EMTALA: Overview

[Overview](#)[Who does this apply to?](#)[What is MY role?](#)

EMTALA is the Emergency Medical Treatment and Active Labor Act (1986). EMTALA requires Medicare-participating hospitals (including Critical Access hospitals) to provide:

1. Medical screening examinations to any individual who (regardless of insurance or ability to pay):
 - Ⓐ Presents to the Emergency Department (ED), including Labor & Delivery and psychiatric-assessment areas
 - Ⓑ Is outside the ED but on hospital property
 - Ⓒ Is not on hospital property but in a hospital-owned and operated ambulance
 - Ⓓ Is in a non-hospital-owned ambulance that has arrived on campus
2. Stabilizing treatment for Emergency Medical Conditions (EMC).
3. Appropriate transfers to hospitals with specialized capabilities for stabilizing treatment.

When patients are on the hospital property (within 250 yards of the ED), ask for help and if it is evident that they need screening for an EMC, our obligation is to ensure that they arrive at our ED.

Never delay care to obtain insurance information and never answer insurance related questions unless trained to do so.

Click each button above then click Next to continue.

Apply to (Slide Layer)

EMTALA: Overview

[Overview](#)[Who does this apply to?](#)[What is MY role?](#)

- Any patient who comes to the ED requesting an examination or treatment for a medical condition must be provided with an appropriate medical screening exam to determine if the patient is suffering from an Emergency Medical Condition (EMC).
- Any individual who is on hospital property (within 250 yards of the ED) and a request is made by the individual or on the individual's behalf for medical care.
- Any individual who is unable to make a verbal request, but shows symptoms that indicate the possibility of an EMC.
- EMTALA **does not apply** to scheduled outpatients, or patients presenting at off campus outpatient clinics that do not routinely provide a Medical Screening Examination for EMCs.

Click each button above then click Next to continue.

My role (Slide Layer)

EMTALA: Overview

Overview Who does this apply to? What is MY role?

- **Assist** individuals to the ED when seeking care whether they are inside the hospital or on our property.
- **Never** delay medical screening exams or stabilizing care in order to request patient financial or insurance information.
- **Never** ask or **answer questions** relating to insurance coverage or financial information. These questions are to be asked and/or answered by an Emergency or Access Services caregiver or a Financial Counselor.
- If you see or hear an interaction where insurance is being discussed with a caregiver not from the ED or Access Services, **intervene** and ask the individual if they need emergency care; if yes, escort them to the ED.
- We transfer emergency patients *only* when they request a transfer or when we lack the capability or the capacity to provide appropriate treatment, and only after administering the appropriate stabilizing care.

Click each button above then click Next to continue.

Test Your Knowledge

A visitor approaches a housekeeper just outside the Emergency Room and asks if the housekeeper knows whether or not the hospital accepts a certain insurance. The housekeeper can tell the visitor is in need of medical care. What should the housekeeper's next steps be?

- ☐ View the insurance information and provide a best guess answer.
- ☒ Refer the visitor to Patient Registration and/or the Emergency Department.
- ☐ Tell the visitor, "I don't know" and continue with duties.
- ☐ None of the above.

You must answer correctly before you are able to move on.

Conflicts of Interest (COI)



- ⦿ Conflicts of Interest (COI) may occur when personal/outside interests or activities influence or appear to influence our actions and decisions regarding job-related duties.
- ⦿ Avoid activities and relationships that may impair our independent judgement and unbiased decision-making.
- ⦿ Information obtained from our jobs/positions are not to be used for personal gain or advantage, or to assist others, including family members, in profiting in any way at the expense of the organization.

Workforce Member
Responsibilities

Click the button above then click Next to continue.

Conflicts of Interest (COI)

- All workforce members have the responsibility to disclose a potential conflict of interest to their manager as soon as the situation arises.
- Employed physicians and roles that are directors and above are automatically assigned a COI Disclosure form online and are required to be completed annually.
- Be aware of our Conflicts of Interest policy and ***when in doubt, ASK!***



to be used for personal gain or advantage, or to assist others, including family members, in profiting in any way at the expense of the organization.

Workforce Member
Responsibilities

Click the button above then click Next to continue.

Conflicts of Interest (COI) Video Example



Should she accept the tickets to the event?

YES

NO

Click the video above to watch then choose your answer.

Correct Video (Slide Layer)

Conflicts of Interest (COI) Video Example



The correct answer is NO.

She should not accept these tickets from the vendor as it could be seen as a conflict of interest. Watch the video above to see how she handles this situation.

Watch the video above then click Next to move on.

Next

Test Your Knowledge

A caregiver in the Materials Management Department completes purchase orders for supplies. Materials Management has preferred suppliers; however the caregiver has been approached by a family member to order from their company, which is not a preferred supplier. The family member offers the supplies at a discounted rate.

What should the caregiver's next steps be?

- ☐ Report the issue to the Integrity Hotline.
- ☐ Complete a Conflict of Interest Disclosure form.
- ☒ Decline the offer as a potential conflict of interest and report the issue to a Supervisor and/or Manager in accordance with company policy.
- ☐ None of the above.

You must answer correctly before you are able to move on.

Gifts and Entertainment

PSJH workforce members are expected to keep relationships with vendors, patients and their families and non-employed physicians impartial and avoid accepting gifts or other items of value. Accepting gifts and offers of entertainment creates a risk that our judgment and decisions can be influenced.

- ◉ Accepting a very modest, perishable gift that may be shared among co-workers, like a fruit basket or a box of chocolates, is acceptable.
- ◉ Tickets to events, cash, gift cards and gift certificates may **only** be accepted when given to you by your organization or a fellow co-worker. You may **never** accept these items from anyone outside of PSJH for activities related to your work.
 - Gift certificates and gift cards are taxable income regardless of their cash value when paid for by the organization.
- ◉ You may direct anyone offering a gift to a PSJH foundation or contact your local Risk and Integrity Services-Compliance department.

Click Next to continue.

Test Your Knowledge

Which of the following statements is false?

- ☒ A workforce member may accept tickets to events, gift cards and gift certificates from a patient, patient's family or vendor.
- ☐ A workforce member may accept gift cards or gift certificates from the organization or a co-worker.
- ☐ A workforce member may accept a very modest, perishable gift that may be shared among co-workers, like a fruit basket or a box of chocolates.
- ☐ You may direct anyone offering a gift to a PSJH foundation.

You must answer correctly before you are able to move on.

Raffles and Drawings

- It is important to know that each state has laws surrounding our organizations hosting raffles and/or drawings to earn money that goes back to the organization in some way.
- Before moving forward in hosting a raffle and/or drawing, please check in with your local compliance department to understand your state law(s).
- Please visit our [PSJH page](#) to find your local compliance department contact information.



Click Next to continue.

Reporting a Concern



It is *everyone's* responsibility to report suspected non-compliance.

If you have or become aware of an integrity or compliance concern, you may discuss it with your:

- Immediate supervisor
- Department manager
- Compliance privacy representative

You may also call the 24/7 Integrity Hotline or use [Integrity Online](#), our Web-based reporting option. You may also use these options to report anonymously.

Examples of reportable non-compliance.

Click Next to continue.

Examples (Slide Layer)



Reporting a Concern

It is *everyone's* responsibility to report suspected non-compliance.

Examples of reportable non-compliance (not all inclusive):

- Inappropriate access or disclosure of protected health information.
- Code of Conduct or Compliance and Privacy Policy violations.
- Misuse of social media.
- Fraud and abuse concerns.
- Billing and coding errors.

Examples of reportable non-compliance.

Click Next to continue.

When a Report is Filed

To ensure a thorough investigation, reporters must provide enough detail in the report to ensure a proper investigation can occur. Important information to include in your report:

- Who the allegation is being made against
- Location of the alleged incident
- Nature of the alleged incident
- Any witnesses involved

When an Integrity Hotline report is filed, the concern is objectively reviewed and thoroughly investigated. The reporter will be notified when the investigation is closed, however confidentiality prohibits the disclosure of specific actions/details.



Please Note: The Integrity Hotline is a secure and safe database to include Confidential Information (CI) and Protected Health Information (PHI).

Click Next to continue.

Test Your Knowledge

What is the correct process for reporting an integrity or compliance concern?

- ☐ Discuss the matter or concern with your supervisor or manager
- ☐ Contact your local or regional compliance or privacy representative or manager
- ☐ Call the 24/7 Integrity Hotline
- ☒ Any of the above

You must answer correctly before you are able to move on.

Test Your Knowledge

When filing an integrity hotline report, reporters must provide enough detail in the report to ensure a proper investigation can occur. Important information to include in your report:

- ☐ Who the allegation is being made against
- ☐ Location of the alleged incident
- ☐ Nature of the alleged incident and any witnesses involved
- ☒ All of the above

You must answer correctly before you are able to move on.

FINISHED!

Click the EXIT button below to close this course.

EXIT