

MEDICAL HOME NETWORK
Compliance Policies and Procedures Manual

EC.007 – REPORTING COMPLIANCE ISSUES

SECTION:	ETHICS AND COMPLIANCE	LAST REVISION DATE:	05.18.2016
SUBJECT:	Reporting Compliance Issues	LAST REVIEW DATE:	05.18.2016
POLICY NUMBER:	EC.007	APPROVED BY:	Compliance & Risk Management Committee

I. PURPOSE

To provide a mechanism for our workforce members to report any known or suspected violations of laws, regulations, contract terms or MHN policies and procedures, including a mechanism for anonymous reporting.

II. POLICY

We are committed to complying with all applicable laws and regulations, including those intended to prevent and deter fraud, waste and abuse. Our goal is to create a climate that discourages improper conduct and facilitates open communication regarding any compliance concerns or questions. If any workforce member has knowledge of, or in good faith suspects, any wrongdoing involving potential violations of law or Company policies, they should promptly report those concerns so that an investigation can be conducted and appropriate action taken. We understand that suspicions of impropriety are sometimes based on incomplete or inaccurate information. To prevent misunderstandings, we encourage all workforce members to immediately raise any concerns using internal channels.

Workforce members may be reluctant to discuss potential improprieties or actual wrongdoing because they fear retaliation. We are firmly committed to encouraging open lines of communication in an environment free of reprisal or retaliation for reports made in good faith.

III. PROCEDURAL GUIDELINES

- A.** If at any time an MHN workforce member becomes aware of or suspects illegal or unethical conduct or a violation of Company policies by another employee, a board member, vendor, contractor, Provider Participant or volunteer, the workforce member must report it immediately to an appropriate individual. Reports may be made to an immediate supervisor, members of the management team, or our legal counsel.
- B.** Reports may also be made by using MHN’s toll free Ethics & Compliance Hotline at at **1.800.401.8004** or by email, at reports@lighthouse-services.com. Reports using these methods may be made anonymously.
- C.** When a report is received, an appropriate person (a compliance officer, outside counsel, etc.) will conduct an investigation into the allegations to determine the nature, scope, and duration of wrongdoing, if any.
- D.** If an allegation of fraud or abuse and financial conduct is made that impacts any upstream contracts, MHN will notify the affected Entity and manage any investigation in accordance with applicable contract requirements. Please refer to the MHN Contract Compliance Matrix

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for specific contract requirements. The Contract Compliance Matrices are maintained by the Contract Compliance Specialist. MHN will also provide all reports required by applicable contracts.

- E. If an allegation is substantiated, a plan for corrective action will be developed. Appropriate corrective action may include restitution of any overpayment amounts, notifying an appropriate governmental agency, disciplinary action and making changes to policies and procedures to prevent future occurrences of the misconduct.
- F. Retaliation in any form against anyone who makes a good faith report of wrongdoing or cooperates in an investigation is strictly prohibited.

G. COOK COUNTY HEALTH AND HOSPITALS SYSTEM MASTER CONTRACT WITH MHN, LLC. CONTRACT #H14-25-064

The following provisions apply solely to the provision of services under the Master Agreement (and associated Statements of Work) between MHN and Cook County Health and Hospital Systems.

1. MHN's Compliance Officer will provide notice of any suspected fraud, abuse of financial misconduct to CCHHS Corporate Compliance within two (2) days after receiving such report, and to the Illinois OIG within three (3) days after receiving such report.
2. MHN will submit a quarterly report to CCHHS certifying that the report includes all instances of suspected fraud or abuse and financial misconduct, or will certify that there was no suspected fraud and abuse identified during that quarter. The inclusion of a report will be considered timely if the report of suspected fraud and abuse or financial misconduct is made as soon as MHN knew or should have known of the suspected fraud or abuse or financial misconduct and the certification is received within thirty days after the end of the quarter.
3. MHN will not conduct any investigation of suspected fraud, abuse or financial misconduct of CCHHS Department personnel, but will report all incidents immediately to the Illinois OIG.
4. MHN may conduct investigations of suspected fraud or abuse or financial misconduct of MHN personnel, Affiliated Medical Home Providers, other subcontractors, or MHN enrollees only to the extent necessary to determine if reporting to the OIG is required or if MHN has the express concurrence of the Illinois OIG. If the investigation discloses potential criminal acts, MHN will immediately notify CCHHS Corporate Compliance and the Illinois OIG.
5. MHN, in coordination with CCHHS Corporate Compliance, will cooperate with all OIG investigations of suspected fraud, abuse or financial misconduct.
6. In accordance with the Managed Care Reform and Patient Rights Act, MHN will not prohibit or otherwise restrict an Affiliated Medical Home Provider from advising an MHN Enrollee about the health status of the MHN Enrollee or medical care or treatment for the MHN Enrollee's condition or disease regardless of whether

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benefits for such care or treatment are provided under the CountyCare Program, if the Provider is acting within the lawful scope of practice, and MHN will not retaliate against a Provider for so advising MHN Enrollee.

IV. FORMS

- Report of Compliance Concern

V. RELATED POLICIES

- EC.001 - Code of Business Conduct and Ethics
- EC.008 - Non-Retaliation Policy
- EC.010 - Internal Handling of Hotline Calls

VI. REFERENCES AND ACCREDITATION AUTHORITIES

- United States Sentencing Commission, Guidelines Manual, §8B2.1 (“Effective Compliance and Ethics Program) (Nov. 2012), available at:
http://www.ussc.gov/Guidelines/2012_Guidelines/Manual_PDF/2012_Guidelines_Manual_Full.pdf
- Basic Compliance Program resources available on the HHS OIG website:
<https://oig.hhs.gov/compliance/101/index.asp>
- Compliance Program Guidance, available at:
<https://oig.hhs.gov/compliance/compliance-guidance/index.asp>

VII. REVIEW STATEMENT

MHN will maintain the status of this activity and conduct audits as appropriate to ensure compliance. This policy will be reviewed every two years or in timely response to changes in local or federal regulations. Modifications to the policy will be made as needed.