

Mechanisms for Reporting/Disclosing Noncompliance and Corrective Action

Policy

Policy Number: A990801007

Effective Date: 8/1/1999

Sponsoring Department: Compliance, Information Risk Office, Special Investigation Unit, Human Resources

Impacted Department(s): All Independent Health, and its affiliated organizations (Nova, Reliance Rx, PBD)

Type of Policy: ☒ Internal ☒ External

Data Classification: ☐ Confidential ☒ Restricted ☐ Public

Applies to (Line of Business):

- ☒ Corporate (All)
- ☐ State Products, if yes which plan(s): ☐ MediSource; ☐ MediSource Connect; ☐ Child Health Plus; ☐ Essential Plan
- ☐ Medicare, if yes, which plan(s): ☐ MAPD; ☐ PDP; ☐ ISNP; ☐ CSNP
- ☐ Commercial, if yes, which type: ☐ Large Group; ☐ Small Group; ☐ Individual
- ☐ Self-Funded Services *(Refer to specific Summary Plan Descriptions (SPDs) to determine any pre-authorization or pre-certification requirements and coverage limitations. In the event of any conflict between this policy and the SPD of a Self-Funded Plan, the SPD shall supersede the policy.)*

Excluded Products within the Selected Lines of Business (LOB)

N/A

Applicable to Vendors? Yes ☒ No ☐

Purpose and Applicability:

This policy outlines Independent Health's requirements of, and mechanisms available for reporting /disclosing potential or known **noncompliance**, unethical behavior, **misconduct**, **wrongdoing**, ineligibility status (sanction/exclusion from federal programs), **fraud**, **waste**, or **abuse (FWA)** (collectively referred herein as **noncompliance**) and protecting the **confidentiality**, and when

available **anonymity**, of information received by the Compliance Department, Special Investigation Unit (SIU), Human Resources (HR), Information Risk Office (IRO), or any other impacted department. It further details the expectations for promptly responding to these reports and pursuing corrective action in order to ensure **Independent Health** and its affiliates are operating an effective compliance program and maintaining compliance with all regulatory requirements and laws.

This policy and the requirements set forth within applies to all lines of business, including, but not limited to Medicare Part C and Part D, MediSource, Child Health Plus, Commercial and Qualified Health Plans.

Policy:

MECHANISMS FOR REPORTING

Independent Health's Chief Compliance Officer and Compliance Department maintain an "open-door policy" for our **workforce members**, including associates and contingent workers as well as members, business partners, vendors, board members, first tier related entities, affiliate organization and others. The various reporting, disclosing, and communication mechanisms implemented by Independent Health, and outlined below, are intended to provide an avenue to immediately report all known or suspected issues, concerns, or violations of federal, state, or local laws, rules, regulations or guidance (including a workforce member's **ineligible persons** status), policies or procedures, the Code of Conduct and Ethics, criminal activity, or any form of illegal or unethical conduct within our operations.

These mechanisms include specific channels for compliance concerns, privacy/security events and fraudulent activity. The Compliance, IRO, SIU and HR Departments work closely together to resolve issues of **noncompliance** so any type of report can be made using any of these methods. It is a requirement and the responsibility of all workforce members to promptly report known or suspected noncompliance or ineligibility immediately and failure to do so could result in disciplinary action up to and including termination.

Anonymous and Confidential Report It Helpline and Online Portal:

Independent Health has contracted with a third-party vendor (Report It) to facilitate our anonymous and confidential compliance, ethics, and FWA helpline, which allows workforce members to report issues of actual or suspected noncompliance and ethical concerns confidentially and anonymously. The confidential and anonymous helpline may be accessed 24/7/365 by calling 1-877-229-4916 or via web access at <https://reportit.net> using the following credentials (username: **IHA**, password: **redshirt**).

Workforce members who call or utilize the web-based reporting tool at Report It are automatically opting in to being anonymous and confidential. Report It's helpline does not record caller ID, IP address or any information that may reveal the reporter's identity. Individuals utilizing the Report It helpline will be asked for information that is needed for an investigation, see the [Required](#)

[Information](#) section of this policy for more information on what should be provided. Contact information will only be collected if a reporter chooses to explicitly waive their right to **anonymity**. Information provided by the reporter- including their identity, if disclosed- will be treated as confidential and privileged to the extent permitted by applicable laws. Depending on the nature of the incident, information will be triaged to the most appropriate staff [Compliance Department, HR, SIU (FWA), IRO (Privacy and Security)] to conduct the investigation. Report It provides a mechanism for both the reporter and recipient of the incident to communicate anonymously, should clarification and additional information be required to further facilitate the investigation.

Privacy & Security Hotline (not anonymous or confidential):

If you have concerns regarding a potential privacy or security issue, these matters may be reported to the IRO Hotline at 716-250-7300, if reporting from an external location, by dialing extension 2800, e-mailing InformationRiskOffice@independenthealth.com, or contacting any IRO associate directly. Individuals requesting anonymity should utilize the [Report It Anonymous and Confidential Helpline](#). Refer to the *Reporting of Privacy and Security Complaints, Observations or Events Policy* (#A030414115).

Fraud, Waste & Abuse Hotline (confidential):

If you have concerns regarding a potential FWA scenario, these matters may be reported to the SIU FWA confidential hotline at 1-800-665-1182. Associates may also contact the SIU by dialing extension 5229, emailing SIU at SIU@independenthealth.com or contacting any SIU Investigator directly. Individuals requesting anonymity should utilize the [Report It Anonymous and Confidential Helpline](#). Refer to the *Fraud Prevention and Reporting Policy* (#A990901029).

Direct Email, Telephone or In-Person Reporting of Compliance or Ethical Concerns:

If you have concerns regarding potential **noncompliance** or unethical behavior, it may be reported or disclosed to the Compliance Department by e-mailing, calling, or meeting with any member of the Compliance Department, including the Chief Compliance Officer. Directly accessing the Compliance Officer permits open dialogue, ability to gather necessary information and obtain documents if necessary. Issues of noncompliance reported directly to a member of the Compliance Department will be treated as confidential and privileged to the extent permitted by applicable law.

Compliance questions and concerns can be sent to the compliance mailbox (compliance@independenthealth.com) or General Compliance Inquiries Helpline (716-504-3233 or extension 3233). Reports received using the mailbox or general compliance inquiries helpline are not anonymous. Individuals requesting anonymity should utilize the [Report It Anonymous and Confidential Helpline](#).

Additionally, in compliance with Section 1557, Independent Health maintains the civil rights coordinator mailbox (civilrightscoordinator@independenthealth.com) to receive, review/investigate and process any grievances or noncompliance concerns related to section 1557.

Required Information:

Individuals reporting or disclosing a suspected or actual incident of noncompliance or unethical behavior should provide sufficient information to assist in the conducting of the investigation by the appropriate department. Necessary and sufficient information includes but is not limited to:

- a.) Date, place and time of the incident or an approximation thereof;
- b.) Description of the activity or incident;
- c.) Name of the individual involved in the incident;
- d.) Any and all supporting documentation; and
- e.) Whether or not the incident was reported to your supervisor (reporting to supervisory personnel is not required or a pre-requisite).

Reports must be made with reasonable belief in **good faith**, not be malicious in nature and the information provided must not disclose confidential, **protected health information (PHI)** or **personal identifying information (PII)**. The information provided cannot result in a violation of Independent Health's Corporate policies and procedures, Code of Conduct and Ethics, or laws, rules, or regulations. Individuals who reasonably believe and have, in good faith, reported compliance concerns or complaints via the compliance helpline or otherwise will not be subjected to any form of **retaliation** or intimidation. Refer to the *Non-Retaliation and Non-Intimidation Whistleblower Protection Policy (#A030414073)*.

RESPONSE, INVESTIGATION AND CORRECTIVE ACTION

Independent Health maintains a compliance program that supports a prompt response to detected offenses and helps in the development of corrective action initiatives. In addition to relying on individual reports of noncompliance or unethical behavior through the above mechanisms, the Compliance Department coordinates its monitoring efforts through a combination of operational reports, reviews of departmental quality assurance results and self-reported indicators, as outlined in our *Compliance Program Internal Monitoring and Auditing Policy (#A090819335)* and *Sanction, Exclusion, Preclusion and Medicare Opt Out Review Policy (#A20139895976)*. Each business unit is responsible for self-monitoring and/or auditing its operations (in addition to those operations contracted out to FDRs), in order to ensure that potential issues of noncompliance are detected. Operational reports are regularly reviewed to analyze trends and/or red flags that may signal a decrease (or increase) in compliance transactions (i.e., turnaround time). If a concern or red flag is identified, an analysis of the data/issue will be conducted by an operational representative, usually in collaboration with a representative of Compliance, to determine if a corrective action plan is required.

The Chief Compliance Officer is responsible for checking the compliance helpline, compliance inquiries line, and compliance mailbox on a regular basis and for performing an initial investigation of any compliance or ethics related concerns or complaints reported to the Compliance Department by any of the above reporting methods. The Chief Compliance Officer shall triage reports/disclosures received through the helpline, compliance inquiries line, compliance mailbox and/or other correspondence submitted directly to compliance, and ensure they are addressed and responded to in an appropriate and timely manner, with a best faith effort to respond no later than 2 weeks after the incident is reported. Any report or disclosure received that is not deemed a compliance issue shall be promptly remitted to the appropriate business unit (SIU for FWA, IRO for privacy or security, and/or HR) for review and response. Any information reported to the Anonymous and Confidential Helpline or other reporting mechanism that is believed to be potentially unlawful may be referred to General Counsel.

Independent Health's Compliance Department will conduct timely and well-documented investigations into all reported, disclosed, or otherwise found incidences of known or suspected noncompliance or unethical behavior. This response is to occur as quickly as possible, but with a best faith effort to respond no later than 2 weeks after the incident is reported. An investigation may require a review of regulatory guidance, internal policy, and process, as well as systemic issues related to automation. In the event incomplete or inadequate information is provided through the report and follow up with the reporter is not possible, the investigation may be closed at the discretion of the Chief Compliance Officer.

For any compliance related concerns or issues, the Compliance department will determine if a corrective action(s) is/are required by working with the business unit to accurately identify the **root cause** of the issue and complete an **impact analysis** to review the incident against potential financial concerns, access to care concerns and/or potential applicability in other areas. It is imperative that the corrective action plan (CAP) fixes the underlying problem that caused the violation promptly in order to prevent future reoccurrence. The CAP documentation should include the specific steps taken to correct the issue that resulted in noncompliance. See *the Corrective Action Plan Template*.

It is the responsibility of departmental management to recommend, document and ensure implementation of corrective action and disciplinary actions as required and recommended by the Compliance Department. It is the responsibility of the Compliance Department to monitor the progress and success of corrective action, in order to ensure that the proposed and implemented CAP effectively addresses the original cause of noncompliance. Compliance will use this information when conducting reassessment of Independent Health's compliance risks, see the *Compliance Program Risk Assessment Policy (#A20140128001)*.

Issues of noncompliance and the status and resolutions of corrective action plans will be reported by the Chief Compliance Officer to the Corporate Compliance Committee (made up of members of operational leadership), Risk Governance Council (Compliance Committee), and the Risk &

Compliance Committee of the Board of Directors (RCC) as appropriate. Upon identification of a significant noncompliant occurrence, the Chief Compliance Officer may recommend reporting the issue to the CMS Account Manager or other regulatory contact. Additionally, if applicable, Independent Health will refer cases to CMS' Medicare Drug Integrity Contractors (MEDIC) within 30 days of the potentially fraudulent or abusive activity, in the event they are not able to do a full internal investigation.

RETENTION

Once a case is closed, the information on that case is retained by Independent Health in accordance with the applicable statutory retention period unless the information is known to be part of ongoing regulatory investigation or litigation, in which case the information is kept longer. Refer to the *Record Retention and Destruction Policy and Schedule (#A010601031)*.

EDUCATION

The mechanisms for reporting are communicated to Independent Health's workforce throughout the year. Newly hired workforce members receive training on the use and access of the Compliance Helpline and alternative methods for reporting issues of noncompliance during onboarding compliance training and all workforce members receive information during Annual General Compliance and Awareness training. Vendors who perform confidential business services on behalf of Independent Health receive training regarding the Compliance Helpline during annual vendor compliance training. Refer to the *Associate Training Policy (#A20151013076)*.

DISCIPLINE

Independent Health must enforce corrective action through disciplinary measures, in accordance with the *Corrective Action / Progressive Discipline Policy (#A040628200)* and *Compliance, Privacy and Security Event Scoring Policy (A20140303001)*. Any workforce member who acts in violation of the law and/or this corporate policy is subject to disciplinary action up to and including termination. Anyone who intentionally and maliciously uses the helpline to make false accusations or to harass another person will be subject to disciplinary action up to and including termination.

Definitions

Abuse means practices that are inconsistent with sound fiscal, business, or medical practice and result in an unnecessary cost to the state or federal government or Independent Health, IPA/WNY and/or an affiliated company in reimbursement for services that are not medically necessary or that fail to meet professionally recognized standards for health care in a managed care setting. It also includes member or enrollee practices that result in unnecessary cost to the state or federal government or Independent Health, IPA/WNY or an affiliated company.

Anonymity means that the individual reporting / contacting the Compliance Department regarding issues of noncompliance, wrongdoing, or misconduct can choose not to disclose his/her identity and that no tracking systems e.g. caller ID, or if report is made in person, recording of the person's name, are in place which would enable identification of the reporting individual or the phone number from which the call is made.

Confidentiality means the individual's name will not be revealed without the individual's authorization unless discoverable as part of a criminal investigation.

Disclosure Program means a program that enables individuals to disclose to the Compliance Officer or some other person who is not in the disclosing individual's chain of command any potential violations of criminal, civil, or administrative law related to the Federal health care programs or any issues or questions associated with IHA's policies, conduct, practices, or procedures.

Fraud means any type of intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to himself or some other person in a managed care setting, including any act that constitutes fraud under applicable federal or state law, committed by a provider, member or enrollee or other person(s).

Good faith means having a belief in the truth of one's allegation or testimony that a reasonable workforce member in the same position could have had, based on the information known to the workforce member at the time.

Impact Analysis means the steps taken to review the seriousness or effect a problem or issue or non-compliance may have created for the business (financial or reputational) and/or member (access to care or financial).

Independent Health as used in this policy shall mean Independent Health Association, Inc., its affiliates and subsidiaries, also referred to as the family of companies.

Ineligible Person means an individual or entity who: (a) is currently excluded from participation in any Federal health care program or (b) has been convicted of a criminal offense that falls within the scope of 42 U.S.C. § 1320a-7(a) (mandatory exclusion) but has not yet been excluded from participation in any Federal health care program.

Misconduct means conduct evidencing a disregard of the employer's interest as is found in deliberate violations or disregard of the standards of behavior which the employer has the right to expect from his employees.

Noncompliance means the failure or refusal to comply, to conform or adapt one's actions to a law, rule, regulation, or policy or procedure.

Personally identifiable information (PII) is any information about an individual maintained by Independent Health, including (1) any information that can be used to distinguish or trace an individual's identity, such as name, social security number, date and place of birth, mother's maiden name, or biometric records; and (2) any other information that is linked or linkable to an individual, such as medical, educational, financial, and employment information.

Protected health information (PHI) is individually identifiable health information that is transmitted or maintained by Independent Health in any form. Individually identifiable health information is health information (including genetic information) that is created or received by Independent Health, that relates to the physical or mental health or condition of a member or to the provision of health care to the member or the payment for such health care, and that identifies the member.

Retaliation means any adverse action, as defined in the Non-retaliation and Non-intimidation Whistleblower Protection Policy #A030414073, taken against a **workforce member** who perform services on behalf of

Independent Health and its subsidiaries and affiliates because the individual has, in **good faith**, reported **wrongdoing**, or has in good faith, cooperated in/with an organizational investigation.

Root Cause means the reason of origination for a problem or issue that has caused failure or fault to occur. Often a root cause is determined through a root cause analysis, which is a process of understanding the initiating cause of the problem with a goal of determining missing or inadequately applied controls that will prevent recurrence. These initiating factors may include human error, lack of training, a system issue, or some other cause that may result in more instances of noncompliance.

Waste means the practices that involve useless consumption or expenditures; use without adequate return; or acts/ actions or instances of neglect instead of use.

Workforce Member means Independent Health's associate and contingent workers, as defined in the Associate Status Policy #A20150407023, including temporaries, consultants officers, directors, vendors, volunteers, subcontractors, business partners, business associates, board members, trainees and any other individuals contracted to perform services on behalf of Independent Health, its subsidiaries or affiliates or whose work is under Independent Health's direct control, whether or not they are paid.

Wrongdoing means the departure from what is ethically acceptable. Examples of wrongdoing include but are not limited to:

- Illegal or fraudulent activity;
- Financial misstatements, or accounting or auditing irregularities;
- Conflicts of interest, or dishonest or unethical conduct;
- Violation of the Code of Conduct and Ethics; and
- Violations of laws, rules, regulations and/or policies or procedures.

References

Related Policies, Processes and Other Documents

- Compliance Program Internal Monitoring and Auditing Policy, #A090819335
- Compliance Program Risk Assessment Policy, #A20140128001
- Independent Health Fraud Prevention Plan
- Independent Health Code of Conduct and Ethics
- Fraud Prevention and Reporting Policy, #A990901029.
- Non-retaliation and Non-intimidation Whistleblower Protection Policy, #A030414073
- Record Retention and Destruction Policy and Schedule, #A010601031
- Reporting of Privacy and Security Complaints, Observations or Events Policy, #A030414115
- Corrective Action / Progressive Discipline Policy, #A040628200
- Compliance, Privacy and Security Event Scoring Policy, #A20140303001
- Corrective Action Plan Template
- Conflict of Interest Policy, #A991018002
- Ethics Committee Charter
- Compliance Incident Reporting-Disclosure Response Process
- Exclusion List Review and Reporting ProcessSanction, Exclusion, Preclusion and Medicare Opt Out Review Policy, #A20139895976
- Associate Training Policy, #A20151013076
- Associate Status Policy, #A20150407023

Regulatory References

- 42 CFR 422.503 (b)(4)(vi)(A)(7)

- 42 CFR 422.503 (b)(4)(vi)(D)
- 42 CFR 422.503 (b)(4)(vi)(E) 42 CFR 422.503 (b)(4)(vi)(G)
- 42 CFR 423.504 (b)(4)(vi)(A)(7)
- 42 CFR 423.504(b)(4)(vi)(D)
- 42 CFR 423.504 (b)(4)(vi)(E)
- 42 CFR 423.504 (b)(4)(vi)(F) and (G)
- 42 CFR §§ 438.608(b)(4)-(7) et seq.
- 45 CFR 92.7
- 45 CFR 92.8(b)
- 18 NYCRR part 521, et seq. – Provider Compliance Programs (7/1/2009)
- United States Sentencing Commission Guidelines, Guidelines Manual, 8B2.1
- NYS Social Services Law §363-d
- Medicare Managed Care Manual, Chapter 21/Medicare Prescription Drug Manual, Chapter 9, Section 50.4.1, 50.4.2, 50.5, 50.6.2, 50.7, 50.7.1, 50.7.2, 50.7.3, 50.7.4, 50.7.5

Version Control

Sponsored By:

Name sponsor: Nicole Britton

Title of sponsor: VP-Chief Compliance Officer

Signature of sponsor: [Click here to enter text.](#)



Revision Date	Owner	Notes
4/14/2005	Compliance	Reviewed
8/29/2006	Compliance	Reviewed
9/4/2007	Compliance	Reviewed
2/18/2008	Compliance	Reviewed
5/16/2008	Compliance	Reviewed
11/18/2008	Compliance	Reviewed
9/1/2009	Compliance	Reviewed
11/24/2009	Compliance	Reviewed
12/21/2010	Compliance	Reviewed
04/01/2013	Laura Tulyk-Rossi	Revised- Updated Title (formerly Hotline Policy)
9/26/2014	Dawn Odrzywolski	Reviewed/Minor revisions.
8/17/2015	Dawn Odrzywolski	Revised, included third party hotline service.
11/16/2016	Dawn Odrzywolski	Reviewed/minor revisions
01/01/2017	Dawn Odrzywolski	Reviewed/minor revisions
01/01/2018	D. Odrzywolski	Reviewed/minor structural and administrative revisions
1/1/2019	Nicole Britton	Reviewed, minor revisions
1/1/2020	N. Britton	Reviewed, updated policies and compliance phone number.
1/1/2021	N. Britton	Consolidated with Non-Compliant Issue Reporting and Corrective Action Policy (A20131011088)

1/1/2022	N. Britton	Reviewed, minor revisions
1/1/2023	N. Britton	Reviewed, Minor Revisions
1/1/2024	N. Britton	Revised, Minor updates to include ethics violations, monitoring of departmental QA results and requirement of departments to manage disciplinary actions.
1/1/2025	N. Britton	Revised, updated regulatory references and added related document
3/1/25	N.Britton	Updated policy name, added 1557 Civil Rights Coordinator and Disclosure language and updated policy sponsor