**PURPOSE:**
To establish mechanisms for Workforce Members to use in order to report issues and concerns that they reasonably believe are violations of Health Quest Systems, Inc. and its affiliates (“HQ”) Code of Conduct, compliance program policies or applicable federal and state healthcare program requirements.

**POLICY:**

HQ shall have a compliance disclosure program that provides mechanisms for reporting suspected and actual violations of HQ Code of Conduct, compliance program policies and/or applicable federal and state healthcare program requirements, including an anonymous and confidential Compliance Hotline for use by all Workforce Members. Workforce members may remain anonymous.

Workforce Members are required to promptly report, in Good Faith, suspected or actual violations of HQ’s Code of Conduct, compliance program policies or applicable federal and state healthcare program requirements. Such reports can be made anonymously and, to the extent possible, confidentially. HQ prohibits retaliation against a Workforce Member who makes a report. All reports will be promptly recorded in the confidential disclosure log, impartially and promptly investigated, and appropriate corrective action will be implemented.

HQ shall make a preliminary, good faith inquiry into all allegations to ensure the receipt of all information necessary to determine whether further review is conducted. For any disclosure that is sufficiently specific so that it reasonably (1) permits a determination of the appropriateness of the alleged improper practice and (2) provides an opportunity for taking corrective action, an internal review and corrective follow up will be conducted.

**DEFINITIONS:**

**Good Faith:** A belief in the validity of a person’s allegation that a reasonable person, in the other person’s position, could have based on the information known at the time.

**Investigation:** A formal inquiry into an allegation of suspected misconduct, undertaken after a Preliminary Review has shown that the allegation has a sufficient factual basis and has been made in Good Faith.

**Preliminary Review:** An initial inquiry into the facts surrounding suspected or actual unlawful, or criminal misconduct, or an inquiry into an allegation of suspected misconduct as reported by a Workforce Member, and into the Good Faith of the Workforce Member making the allegation. The
purpose of a review is to determine whether an allegation of suspected misconduct has a sufficient factual basis, has been made in Good Faith, and merits an investigation.

**Workforce Member:** Any employee, independent contractor, agent, volunteer, trainee, or other person who performs work for, or on behalf of HQ. This includes full-time, part-time, and pool employees; associates; directors; officers; managers; supervisors; volunteers; members of any HQ systems Board of Directors (Board) and members of standing committees; medical staff employed by, or otherwise affiliated with HQ; affiliated students or others receiving training at any HQ facility; and others who provide goods or services to HQ.

**Policy Statement:**

1. The Office of Corporate Compliance, Internal Audit and Privacy (“OCIAP”) is responsible for maintaining the Compliance Disclosure Program that will provide mechanisms for reporting suspected and actual violations of HQ Code of Conduct, compliance program policies or applicable federal and state healthcare program requirements, including an anonymous Compliance Hotline for use by all Workforce Members. The identity of the individual making the reports will be kept confidential whenever circumstances permit.

2. The existence of reporting mechanisms will be publicized throughout the organization, e.g., via periodic emails to employees or by posting the information in prominent common areas and on the HQ internal website, “dimensions.” In addition, the Compliance Disclosure Program will emphasize that retribution or retaliation against anyone who makes a report in good faith is prohibited, and anyone who engages in retaliatory conduct will be subject to disciplinary action.

3. **Reporting and Tracking Disclosures**
   a. Workforce Members can make Good Faith reports using any of the following mechanisms:
      i. Anonymous Compliance Hotline – 1-844-YES-WeComply (1-844-937-9326)
      ii. Direct telephone to OCIAP – 845-475-9755
      iii. Direct email to OCIAP – compliance@health-quest.org
      iv. Department director – if uncomfortable reporting concerns to immediate supervisor
      v. Immediate supervisor
      vi. Compliance team member
      vii. Members of the Board, officers, directors, managers, and other supervisory employees are required to report suspected and actual violations of HQ’s Code of Conduct, compliance program policies or applicable federal and state healthcare program requirements to the Chief Compliance Officer, or his or her designee.
viii. Certain HQ employees are responsible for providing routine reports to the OCIAP of compliance issues, exceptions or concerns identified within the categories listed below:
   1. Billing, coding, payment, and documentation
   2. Physician and/or referral sources
   3. Quality of care
   4. HIPAA privacy and security
   5. Medical necessity
   6. Violations of policies and procedures
   7. Regulatory correspondence/visits
   8. Patient rights

   b. Appropriate actions shall be taken against any Workforce Member who knowingly makes a false report of a violation or who fails to report an actual violation.

   c. All records and reports from any compliance investigation will be kept confidential by the OCIAP, although there may be a point where the reporting individual’s identity may become known or may have to be revealed in certain instances when governmental authorities become involved.

4. Enforcement

   a. All individuals whose responsibilities are affected by this process are expected to be familiar with the basic procedures and responsibilities created by this process. Failure to comply with this process will be subject to appropriate remedial and/or disciplinary action, up to and including termination of any employment or other relationship, in accordance with this process.

5. Document Retention

   a. HQ will retain all documents relating to this policy, and implementation of this policy, for a period of seven (7) years after their creation.

REFERENCES:
1Compliance Program Required Provider Duties, Lines of communication to the responsible compliance position.
18 NYCRR 521.3 (c).
United States Sentencing Commission, Guidelines Manual, Ch. 8 (Nov. 2015).
Title: Compliance Disclosure Program Policy
Reference Number: HQ 5.1.25

Signature: Chief Compliance Officer
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POLICY HISTORY:
Supersedes: 9/21/2018
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APPROVAL:

Policy Owner 9/30/19
Date