### PROCEDURE STATEMENT:
All compliance matters contained within the Health Quest disclosure log will be evaluated, after an appropriate review of the allegation, to make a determination of whether it is a Reportable Event. Health Quest will report all identified Reportable Events to the Office of Inspector General ("OIG"), in writing, within 30 days after making the determination that a Reportable Event exists.

Health Quest will report all identified HIPAA Reportable events to the OIG CIA Compliance Monitor on a quarterly basis per guidance provided on Friday, September 21, 2018 from the OIG Monitor.

### PROCEDURE:

A. **Identification of Potential Reportable Events**

1. Potential compliance concerns will be reported to Office of Compliance, Internal Audit and Privacy ("OCIAP") and will be recorded in the Compliance Disclosure Log in accordance with the Health Quest policy and procedure 5.1.25 “Compliance Disclosure Program.” This will include but is not limited to: potential Significant Overpayments; probably violations of criminal, civil or administrative law; potential ineligible persons; and the filing of bankruptcy.

   a. **Probable Violation of Criminal, Civil, or Administrative Law**
   In accordance with the Health Quest policy and procedure 5.1.25 “Compliance Disclosure Program,” any employee that identifies a possible violation of health care law and, specifically any potential violation of the Stark Law or Anti-Kickback Statute, is obligated to disclose the issue to the OCIAP.

   b. **Ineligible Persons**
   Consistent with the Health Quest policy and procedure 5.1.21 “Government Exclusion from Participation and Ineligible Persons,” should a Covered Person be determined to be Ineligible, the individual is flagged by the exclusion vendor and the Chief Compliance Officer ("CCO") receives
immediate electronic notification. Further validation may be conducted to ensure the Ineligible Individual or Entity is a Health Quest Covered Person.

c. **Filing of Bankruptcy**
Should it be determined that an entity of Health Quest covered under the CIA will file for bankruptcy, the OCIAP must be notified.

**B. Review or Investigation of Allegations**

The OCIAP will make a preliminary, good faith inquiry into all allegations to ensure the receipt of all information necessary to determine whether further review is conducted. Reviews and investigations will be conducted and documented in accordance with the Health Quest policy and procedure 5.1.25 “Compliance Disclosure Program Policy.”

**C. Determination of Reportable Events**

1. Any potential Reportable Events reported to the OCIAP, will be forwarded to the CCO. The CCO, in collaboration with the HQ Legal Services Department, will make a determination of whether the event is a Reportable Event to be reported to the OIG per the obligations outlined in the CIA. The date of determination will be recorded in the corresponding compliance file.

2. Within 60 days of determining that a Significant Overpayment is a Reportable Event, HQ will repay the Significant Overpayment in accordance with 42 U.S.C. §1320a-7k(d) and 42 U.S.C. § 401.301.305 and provide OIG with a copy of the notification and repayment.

**D. Reporting Criteria**

1. Upon confirmation that an event is a Reportable Event, the CCO will notify the OIG, in writing, within 30 days.

2. If the identified Reportable Event is a Substantial Overpayment or a Probable Violation of Criminal, Civil, or Administrative Law, the report to the OIG must include:
   a. a complete description of all details relevant to the Reportable Event, including, at a minimum, the types of claims, transactions or other conduct giving rise to the Reportable Event; the period during which the conduct occurred; and the names of individuals and entities believed to be implicated, including an explanation of their roles in the Reportable Event;
   b. a statement of the Federal criminal, civil, or administrative laws that are probably violated by the Reportable Event, if any;
   c. the Federal health care programs affected by the Reportable Event;
3. If the identified Reportable Event is related to an Ineligible Person, the report to the OIG must include:
   a. the identity of the Ineligible Person and the job duties performed by that individual;
   b. the dates of the Ineligible Person’s employment or contractual relationship;
   c. a description of the Exclusion List screening that Health Quest completed before and/or during the Ineligible Person’s employment or contract and any flaw or breakdown in the screening process that led to the hiring or contracting with the Ineligible Person;
   d. a description of how the Ineligible Person was identified; and
   e. a description of any corrective action implemented to prevent future employment or contracting with an Ineligible Person

4. If the identified Reportable Event is the filing of a bankruptcy, the report to the OIG must include documentation of the bankruptcy filing and a description of any Federal health care program requirements implicated.

5. Any Reportable Event that involves solely a probable violation of the Stark Law should be submitted by Health Quest to the Centers for Medicare & Medicaid Services (CMS) through the self-referral disclosure protocol (SRDP), with a copy to the OIG. If Health Quest identifies a probable violation of the Stark Law and repays the applicable Overpayment directly to the CMS contractor, then Health Quest is not required to submit the Reportable Event to CMS through the SRDP.

6. Reportable Event reports shall be submitted to the following:

   OIG:
   Administrative and Civil Remedies Branch
   Office of Counsel to the Inspector General
   Office of the Inspector General
   U.S. Department of Health and Human Services
   Cohen Building, Room 5527
   330 Independence Avenue, S.W.
   Washington, DC 20201
   Telephone: 202.619.2078
   Fax: 202.205.0504
All Reportable Event reports will be made by electronic mail, overnight mail, hand delivery, or by other means, provided that there is proof that such notification was received.

REFERENCES:
5.1.04 “Reportable Events” policy
5.1.19 “Identification, Quantification and Repayment of Overpayments”
5.1.25 “Compliance Disclosure Program”

POLICY HISTORY:
Supersedes: 1/28/2019
Original Implementation Date: 1/28/2019
Date Reviewed: 1/06/2020
Date Revised: 1/28/2019, 1/06/2020

APPROVAL:

[Signature]
Procedure Owner

[Date]