PROcedure Statement:
Health Quest Systems, Inc. and its affiliates ("HQ") devote substantial resources to investigate allegations of fraud and abuse and therefore, believes that all Workforce Members should bring their concerns to the institution first, in accordance with the Disclosure Policy/Procedure, so that it can redress and correct any fraudulent activity. Any employee of HQ who reports such information will have the right and opportunity to do so anonymously and will be protected against retaliation for coming forward with such information both under HQ's, Non-Retaliatory, Non-Retribution, Non-Intimidation for Good Faith Reporting Policy/Procedure and Federal and State law. However, HQ retains the right to take appropriate action against an employee who has participated in a violation of Federal or State law or HQ policy.

Procedures:
HQ will train and educate its Workforce members as necessary to comply with the legal and regulatory requirements related to Fraud, Waste and Abuse (FWA) and other improper conduct as outlined below. Additionally, HQ will work cooperatively with Workforce members when problems are identified to resolve those problems as quickly as possible.

1. HQ will follow federal and state False Claims Acts educate new and existing Workforce Members to the policies and procedures intended to meet those requirements. HQ will monitor education given to employees to verify the Detection of Fraud, Waste and Abuse Policy has been effectively implemented.
2. Workforce Members who are involved with creating and filing claims for payment shall only use true, complete and accurate information to make the claim and shall receive specific training regarding their responsibilities.
3. HQ shall monitor and audit compliance with billing and coding requirements (through the Revenue Cycle department and other appropriate departments) in order to detect errors and inaccuracies and will take appropriate actions to correct any issues causing billing inaccuracies.
4. HQ shall exercise reasonable diligence to investigate any instances in which an Overpayment may have been received.
5. In all situations where Overpayments are identified, HQ shall report and return Overpayments identified timely and in accordance with applicable federal and/or state
requirements and the HQ Identification, Quantification and Repayment of Overpayments Policy/Procedure.

6. Workforce Members are required to bring immediately to the attention of their supervisor, director, the Chief Compliance Officer, the OCIAP or the Legal Department, information regarding suspected fraud, waste or abuse and/or other improper conduct.

Examples of potential fraud, waste and abuse and other improper conduct include, but are not limited to:

- Falsifying Claims
- Improper Alteration of Claim
- Incorrect coding
- Double Billing
- Billing for services not provided
- Misrepresentation of services/supplies
- Improper substitution of services
- Inaccurate cost reports
- Kickback/Stark violations
- Fraudulent credentials
- Embezzlement:
- Over-utilization
- Known retention of an Overpayment
- Eligibility determination issues
- Misrepresentation of medical condition
- Failure to report third party liability
- Providing substandard care
- Providing medically unnecessary services
- Financial exploitation
- Fraudulent recoupment practices
- Failure to refer for needed services
- Violations of Medicare’s Conditions of Participation

7. Workforce Members may also call the Compliance Hotline and report anonymously at 844-YES-WeComply (844) 937-9326 to discuss concerns about possible compliance violations, including, violations of law, regulations or HQ policies.

8. HQ is committed to investigating any such allegation of FWA swiftly, thoroughly and will do so through its internal compliance programs and processes. To ensure that the allegations are fully and fairly investigated, HQ requires that all Workforce Members
fully cooperate in the investigation. Any Workforce Member of HQ who reports such information will be protected against retaliation for coming forward with such information both under the Non-Retaliation, Non-Retribution, Non-Intimidation for Good Faith Reporting Policy/Procedure, Code of Conduct and procedures and Federal and State Law.

If you would like more information on the Corporate Compliance Program and specific compliance policies, or on how to report any concerns, please contact the OCIAP at (845) 475-9755 or go to the Compliance/Privacy section of dimensions.

REFERENCES:

Internal References and Related Policies
- HQ 5.1.05 Detection and Prevention of Fraud, Waste and Abuse Policy
- HQ 5.1.11 Nor-Retaliation, Non-Retribution and Non-Intimidation for Good Faith Reporting
- HQ 5.1.19 Identification, Quantification and Repayment of Overpayments Policy
- HQ 5.1.25 Compliance Disclosure Program Policy
- September 2019 DRA Memo from the Chief Compliance Officer of Nuvance Health
- Nuvance Health Compliance and Ethics Program Charter

PROCEDURES HISTORY:
Supersedes: 10/10/2018
Original Implementation Date: 10/10/2018
Date Reviewed: 10/28/2019
Date Revised: 10/10/2018, 10/28/2019

APPROVAL:

[Signature]

Procedure Owner

12/19/19
Date