

CORPORATE POLICY

POLICY NAME:	COMPLIANCE COMMUNICATION AND REPORTING
POLICY NUMBER:	CCMC0007
ISSUING DEPT.:	Compliance
EFFECTIVE DATE:	08/23/2001
APPROVED BY:	Deborah L Marine, Chief Compliance Officer

APPLIES TO:	☒ SummaCare, Inc.	☒ Apex Health Solutions
PRODUCT LINE(S): (Check all that apply)	☒ Medicare ☒ Commercial Fully Insured: On-Exchange ☒ Commercial Fully Insured: Off-Exchange ☒ Medicare Supplemental	☒ Medicare ☒ Self-Funded ☒ BPO

Policy:	Summa Management Services Corporation requires employees to report suspected fraud, waste, and abuse (FWA) as well as non-compliance with policies and procedures, Federal or state laws, accreditation standards or contract requirements. There are various methods by which employees and others may report issues to the Compliance Department, either confidentially or anonymously. All employees, Board members, members, and other third parties have direct access to the Compliance Officer and any member of the Compliance team.
Purpose:	To provide guidance concerning the methods for reporting and responding to suspected FWA and other non-compliant activities.

PROCEDURES

- I. Reporting Mechanisms.** The Company employs the following methods to enable reporting of FWA, misconduct, or non-compliance policies, procedures, federal and state guidelines and accreditation standards:
- **Compliance Hotline:** (330-996-8821 or 800-361-3908)
 - o Individuals may use the hotline to report issues anonymously.
 - **Email:** Compliance@summacare.com
 - o Although email may not be anonymous, the identity of the sender will remain confidential to the degree that electronic communication allows.
 - **In Person**
 - o Individuals may meet with the Compliance Officer or any member of the Compliance Team at 10 N. Main Street, Akron, OH 44308, 5th floor.
 - o Employees have direct access to the Compliance Officer and any member of the

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Compliance team, without having to go through a chain of command.

- **Lock boxes**
 - Individuals may use the lock boxes located on each floor of the building to report issues anonymously. These lock boxes are emptied weekly by the Compliance Investigator or designee.

II. Confidentiality. If an individual chooses not to remain anonymous, the identity of any person reporting an issue to Compliance will be kept confidential to the extent allowed by law.

III. Investigation. The Compliance Department investigates all reports of suspected FWA, misconduct, or non-compliance.

- All reports are logged by the Compliance Department for investigation and response.
- Following an investigation, the Compliance Department will notify the reporter (unless anonymous) of the outcome of the investigation.

IV. Non-retaliation. The Company prohibits retaliation against individuals who report potential FWA, misconduct, or non-compliance in good faith. The Company also prohibits retaliation or harassment against any individual who cooperates with a compliance inquiry, audit or investigation.

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COMPLIANCE STATEMENT:

Enforcement:	All employees are responsible for complying with this policy. Failure to abide by the conditions of this policy may result in corrective action, up to and including termination. Employees are responsible for reporting any observed violations of this policy.
Review Schedule:	This policy will be reviewed and updated at least annually.
Compliance Monitoring and Auditing:	The Compliance Department will monitor and audit compliance with this policy. Adherence to this policy will also be evaluated through the annual program self-assessment and third-party audit.
Documentation:	Documentation related to this policy must be maintained for a minimum of 10 years.

Standards:	Federal Sentencing Guidelines for Corporations 42 CFR §423.504(b)(4); 42 CFR §422.504(i) Medicare Managed Care Manual, Chapter 21
Definitions:	Abuse: Actions that may, directly or indirectly, result in unnecessary costs to the Medicare Program. Abuse involves payment for items or services when there is no legal entitlement to that payment and the provider has not knowingly and/or intentionally misrepresented facts to obtain payment. Abuse cannot be differentiated categorically from fraud, because the distinction between fraud and abuse depends on specific facts and circumstances, intent and prior knowledge, and available evidence among other factors. Fraud: Knowingly and willfully executing, or attempting to execute, a scheme or artifice to defraud any health care benefit program or to obtain (by means of false or fraudulent pretenses, representations, or promises) any of the money or property owned by, or under the custody or control of, any health care benefit program. Waste: Overutilization of services, or other practices that, directly or indirectly, result in unnecessary costs to the Medicare program.
Replaces:	Communication Mechanisms for Misconduct
Review Date:	09/12/2011; 5/20/2013; 06/23/2014; 10/2014
Revised Date:	11/12/2010; 06/23/2014; 09/30/2014; 10/2014; 01/2016; 07/2016
Responsible Party:	Tracy Jones, Compliance Software Coordinator

The "Responsible Party" is the person responsible for ensuring that this policy is reviewed and updated according to the Policy Review Schedule.

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Related Policy(ies)
HR Policy 3.8: Problem Reporting and Non-Retaliation

Related Document(s)
Code of Ethical Conduct Reporting Ethics & Compliance Concerns (“Hotline Flyer”)