Compliance Reporting, Investigation and Prompt Response

Policy and Procedure Data

Original Effective Date	04/14/2003
Policy Owner	Mildred Koranteng, Vice President Compliance
Policy Contact	Marissa Jacobson, Senior Director Compliance and Detection
Scope	This policy applies to all Medica employees, Board members, first-tier, downstream, related entities, subcontractors, business partners, members, and third-party marketing organizations. This policy applies to the following Medica products: Commercial business, State Public Programs, Medicare Parts C and D, and Qualified Health Plans on both federally facilitated and state-based marketplaces.

Policy statement

Medica requires reporting of all known or suspected violations of law; unethical behavior, violations of Medica's Standards of Conduct, Fraud Waste or Abuse, Privacy & Security concerns, Conflict of Interest and Gifts, or violations to other corporate policies. Medica has an established a system to receive, record, investigate, respond to, and track these reports while maintaining confidentiality and allowing anonymity where feasible.

Medica reinforces its policy of non-retaliation, non-retribution, non-harassment, and non- intimidation of any kind towards those who express their concerns in good faith. If any party is found to harass, discriminate against, or otherwise retaliate against the person submitting a concern, they are subject to disciplinary action, up to and including termination of employment, or dissolution of the business relationship.

Purpose

The purpose of this policy is to provide information and requirements regarding the individual's responsibility to report in good faith known or suspected violation of the laws and regulationsthat governs Medica's business and Standards of Conduct.

As a provider of services that involve state and federal public dollars, Medica is subject to certain laws designed to curtail fraud, waste and abuse (FWA) of these dollars

Definitions

1.1 **Business Partners** means partner to Compliance who has been designated inbusiness area.

1.2 **Compliance Committees** refers to bodies that assists the board in overseeing Medica's compliance and ethics program. Medica has two compliance committees: GovernmentPrograms and Medica Compliance Oversight Committees.

1.3 **Delegate or Delegated Entity** means any organization or company to which Medica has contractually given the authority to carry out a particular function on behalf of Medica. See also other terms FDR, DHS Sub-contractor, First Tier Entity, Downstream Entity, Related Entity.

1.4 **Delegation** an arrangement in which a delegated entity is contracted to perform, on the health plan's behalf, business functions requiring independent clinical, operational or professional judgments that the health plan would otherwise render.

1.5 **Employee** means an employee, temporary employee, volunteer, trainee, and other person whose work for Medica is under Medica's direct control, regardlessof whether they are paid by Medica. This does not include individuals who do NOT perform work under Medica's direct control.

1.6 First-tier, downstream, related entity (FDRs)

1.6.1 **First Tier Entity** is any party that enters into a written arrangement, acceptable to CMS, with a Medicare Advantage Organization (MAO) or Part D plan sponsor or applicant to provide administrative services or health care services to a Medicare eligible individual under the MA program or Part D program.

1.6.2 **Downstream Entity** is any party that enters into a written arrangement, acceptable to CMS, with persons or entities involved with the Medicare Advantage benefit or Part D benefit, below the level of the arrangement between an MAO or applicant or a Part D plan sponsor or applicant and a first tier entity. These written arrangements continue down to the level of the ultimate provider of both health and administrative services.

1.6.3 **Related Entity** means any entity that is related to an MAO or Part D sponsor by common ownership or control and: 1.8.1 Performs some of the MAO or Part D plan sponsor's management functions under contract or delegation; 1.8.2 Furnishes services to Medicare enrollees under an oral or written agreement; or 1.8.3 Leases real property or sells materials to the MAO or Part D plan sponsor at a cost of more than $2,500 during a contract period.

1.7 **Good Faith** means A report of possible wrongdoing made for which the person reporting has reasonable cause to believe is true and which is made without malice or consideration of personal benefit.

1.8 **Material Complaint** means a complaint made to Compliance, Human Resources,Special Investigations Unit (SIU) or the Legal Department that involves:

1.8.1 Behavior that calls into question the ethics or integrity of a Medica employee or Medica's business conduct.

1.8.2 Equal Employment Opportunity Commission (EEOC) and Minnesota Department of Human Rights (MDHR) complaints .

1.8.3 Misuse of corporate resources.

1.8.4 Complaints concerning potential misconduct involving Medica leaders (directors or above), or any allegations of sexual harassment or misconduct involvingemployees at any level.

1.9 QHP means Qualified Health Plans.

1.10 QHP Delegated Entity means any party that enters into an agreement with Medica to provide administrative or health care services to Medica members or employers if such members or employers use Medica's QHP products.

1.11 Retaliation means any action in response to an individual's report of suspected misconduct, which causes a materially adverse employment, condition (such as firing, demotion, reassignment to less desirable duties, intimidation, or harassment) for that individual, and which would reasonably have the effect of dissuading others from making such reports.

1.12 Significant Legal Risk means conduct that, if proven, would show Medica intentionally violated state/federal law or acted in reckless disregard of state/federal law, or would subject Medica to civil monetary penalties, fines, sanctions or other monetary remedies, program suspension, program exclusion, or loss of state certificate of authority.

1.12.1 Behavior that calls into question the ethics or integrity of a Medica employee or Medica's business conduct

1.12.2 Misuse of corporate resources

1.12.3 Complaints concerning potential misconduct involving Medica leaders (directors or above), or any allegations of sexual harassment or misconduct involving employees at any level

1.13 Subcontractor means an individual, agency, or organization to which a disclosing entity has contracted, or is a person with an employment, consulting or other arrangement with the Managed Care Organization (MCO) for the provisions of items and services that are significant and material to the MCO's obligations under its Contract with the State.

1.14 Vendor means an organization that provides contracted administrative services to Medica.

1.15 Third-Party Marketing Organization (TPMO) Means any individual or entity, including independent agents and brokers, who are compensated to perform lead generation, marketing, sales, and enrollment related functions as part of the chain of enrollment (the steps taken by a beneficiary from becoming aware of a Medicare Advantage, Medicare Cost, or Medicare Part D plan or plans to making an enrollment decision). TPMOs may be a first-tier, downstream or related entity (FDR), but may also be entities that are not FDRs, but provide services to a Medicare Advantage, Medicare Cost, or Medicare Part D plan or plan's FDR.

2.0 Policy

2.1 How to Report

Under Medica's Compliance Program, individuals are required to promptly report in good faith any suspected or known violation of Medica's business; disclose concerns about potential unethical behavior or violations of Medica's Standards of Conduct, violations of law, Fraud Waste or Abuse, Privacy & Security concerns, Conflict of Interest and Gifts, or other corporate policies either orally or in writing, to:

- Medica's Integrity hotline, anonymous reporting available 24 hours, 7 days a week, at 1-866-595-8495 or http://medica.ethicspoint.com/
- The online Compliance, SIU or Privacy & Security issue report form located at the bottom of the IRIS home page
- Supervisor or Manager
- Business Partners
- The Compliance Department
- Medica Human Resources Department
- Medica Legal Department

Individuals are encouraged to reach out to the above persons and methods if they have questions about making a report or to inquire further.

If an incident is reported to a supervisor or manager, the supervisor or manager will report the incident to the Compliance Department. If the incident involves a privacy concern, the supervisor or manager will direct the person making the report to the privacy incident form located on Medica's intranet.

2.1.1 Reporting methods are available for Medica's business partners, delegates, vendors, FDRs, subcontractors, TPMOs, members etc. There are several methods for individuals and entities to make reports to Medica regarding any known or suspected violations or law, FWA, or other incidents, including reporting required under the individual or entity's arrangement with Medica. These methods include:

- **Medica Integrity Line:** (anonymous reporting 24 hours a day, 7 days a week): 1-866-595-8495 or Medica's EthicsPoint web form
- **Compliance Reporting and Inquiries:** Compliance incident form or Compliance@medica.com
- **Special Investigations Reporting:** Medica's Integrity hotline, available 24 hours, 7 days a week at 1-866-595-8495 or Special Investigations Unit Referral Form
- **Privacy Reporting:** Privacy & Security Incident Report Form found on Medica.com or Privacy@Medica.com

2.1.2 Concerns submitted are taken seriously and are given careful attention with the goal of preventing, stopping, and remedying the noncompliance reported. Investigations generally should not take more than 30 business days to complete from date of report but an extension may be needed in order to complete the investigation. When reporting a concern to the Integrity line, reporters are encouraged to check back in 5-6 business days using their report key for additional feedback or questions.

2.1.3 The Special Investigations Unit (SIU) may refer the matter to an appropriate agency within 30 days of the date the potential FWA is identified to assist in the investigation.

2.1.4 The Compliance Officer may convene (if needed), the Audit Committee of the Board and/or Medica's executive team, particularly in serious cases and/or in matters that affect multiple departments, at any time after a report is received. The Audit Committee of the Board and Medica's executive team may assist in planning the investigation, determining whether a violation has occurred, and recommending remediation action (s). The Audit Committee of the Board reports via the Compliance Officer to the Board of Directors.

2.2 Anonymity and Confidentiality

2.2.1 Those who report compliance issues may choose to do so anonymously. Information disclosed by reporting parties may reveal their identity, whether inadvertently or because of the necessity of investigating the relevant facts. Information disclosed in a reported issue is generally treated as confidential, except as noted in the following list. Anyone involved in receiving, investigating, or resolving a reported compliance incident must exercise reasonable attempts to protect the anonymity of the reporter and the confidentiality of the information reported.

2.2.2 Neither the identity of an anonymous reporter (if discovered) nor confidential information disclosed in an issue or during an investigation should be disclosed to anyone who is not properly authorized to receive, investigate, or resolve the issue(s), unless one of the following applies:

- The reporter consents to such disclosure.
- Disclosure is necessary to comply with federal, state, or local laws or with Medica policy or procedure.
- Maintaining anonymity or confidentiality would interfere with investigating, stopping, preventing, or remedying the issue and those to whom the information is disclosed have a legitimate need to know the information in order to perform those responsibilities.
- The health or safety of others may be impacted by the issue reported.

2.3 Anti-Retaliation Promise

2.3.1 Medica reinforces its policy of non-retaliation, non-retribution, non-harassment, and non-intimidation of any kind towards those who express their concerns in good faith. If any party is found to harass, discriminate against, or otherwise retaliate against the person submitting a concern, they are subject to disciplinary action, up to and including termination of employment, or dissolution of the business relationship.

2.4 Self-Reporting Potential FWA and Non-Compliance

2.4.1 After conducting a reasonable inquiry, the Compliance Officer or designee determines whether an issue should be disclosed to CMS, DHS, or other regulatory agencies.

2.4.2 The Compliance Officer or designee in consultation with business partners will use the established criteria below in determining whether an issue should be disclosed to a government agency:

- the number of members impacted;
- the severity of the member impact based on access to care, quality ofcare and/or financial burden;
- duration of the issue;

- whether the issue was isolated or systemic in nature;
- remediation activities completed; via actions taken to prevent similarincidents in the future; and
- any other consideration relevant to the issue.

2.5 Tracking and Incident Data Reporting

2.5.1 Compliance Department will undertake appropriate remediation actions in response to potential noncompliance or FWA and document in the compliance program software (C360) using the Compliance Incident Management User Guide.

2.5.2 Documentation of the investigation will include:

- Root cause analysis to determine what caused or allowed the problem or deficiency to occur;
- A plan tailored to correct the underlying problem that addresses the particular FWA or issue that has been identified;
- Timeframes for specific corrections;
- Ramifications if the employee or business partner, delegate, FDR, or subcontractor fails to implement the remediation actions satisfactorily.

2.5.3 Compliance Department will monitor the remediation actions after their implementation to ensure that they are effective.

2.5.4 All integrity line electronic files are stored within the Ethicspoint system. Additional investigation notes may also be stored in a secure and locked location within HR or Compliance. An investigative summary report is documented in EthicsPoint and maintained indefinitely. Additionally, confidential communications and responses sent though EthicsPoint are stored within the EthicsPoint system (follow up statements, chat transcripts etc).

2.5.5 Cases originating in Ethicspoint but referred to Human Resources (HR), Information Technology (IT), Privacy, Special Investigations Unit (SIU), and other business areas are stored confidentially and securely according to department protocol. An investigation summary report is provided to Compliance for documentation in EthicsPoint before case closure.

2.5.6 A general description of all integrity line and material complaints (maintaining anonymity when required) will be in the compliance reports provided to the Audit Committee of the Board of Directors.

Cross references

- Standards of Conduct (Employee)
- Standards of Conduct (Business Partners)
- 04-008 Non Retaliation Policy
- 04-001 Effective Lines of Communication
- Responding to Privacy Violations
- 05-001 Well Publicized Disciplinary Standards
- 05-002 Disciplinary Policy for QHP on Federal & State-Based Markets
- MC-10 Medicare Disciplinary Policy

Policy History

Policy approvals are captured electronically in C360.

Signature

POLICY NAME: Compliance Reporting, Investigation and Prompt Response	POLICY NUMBER: 07-005	ORIGINAL EFFECTIVE DATE: 04/14/2003	REVIEW DATE(S): Policy approvals are captured electronically in C360.	REVISION DATE(S): 10/7/2022 03/23/2022 06/23/2021
APPROVAL DATE: 10/7/2022	APPROVER SIGNATURE AND TITLE: Mildred Koranteng, Vice President Compliance			
FOR CORPORATE POLICIES ONLY				
APPROVAL DATE:	APPROVER SIGNATURE AND TITLE:			
APPROVAL DATE:	APPROVER SIGNATURE AND TITLE:			
APPROVAL DATE:	HR SIGNATURE AND POSITION/TITLE:			