

**EPIC MANAGEMENT, L.P.  
BEAVER MEDICAL GROUP, L.P.  
EPIC HEALTH PLAN**

**ADMINISTRATIVE POLICY AND PROCEDURE  
COMPLIANCE**

<b>SUBJECT:</b> Review of Compliance Concerns	
<b>DRAFTED BY:</b> Sherry Miller, CPC	<b>DATE:</b> 8/17/2020
<b>REVIEWED BY:</b>	<b>DATE:</b>
<b>REVISED BY:</b>	<b>DATE:</b>
<b>APPROVED BY:</b> Compliance Committee	<b>DATE:</b> 8/17/2020
<b>BOARD APPROVAL DATE:</b> N/A	
<b>EFFECTIVE DATE OF POLICY:</b> 9/1/2020	

1. **PURPOSE:** This EPIC Review of Compliance Concerns Policy sets forth EPIC's review process for Compliance Concerns.
2. **ATTACHMENTS:** N/A.
3. **DEFINITIONS:**
  - a. All capitalized terms used but not defined in this Policy shall have the meaning attributed to them in the EPIC Compliance Program Definitions Policy.
  - b. In addition, the following capitalized terms shall have the following meanings for purposes of this Policy:
    - i) "Compliance Concern" refers to any suspected misconduct, compliance irregularities, or any other activity, practice, or arrangement that any Personnel member believes in good faith violates or may violate applicable laws or regulations, Federal Health Care Program requirements, EPIC Compliance Program Policies, or the EPIC Code of Conduct.
    - ii) "Compliance Hotline" refers to EPIC's compliance telephone line, as described in the EPIC Duty to Report Compliance Concerns Policy.
4. **POLICY:** EPIC, under the direction of the Corporate Compliance Officer (or their designee) and/or Health Care Counsel, as appropriate, shall promptly and

thoroughly investigate all bona fide reported instances of Compliance Concerns. The Corporate Compliance Officer may also, on their own initiative, investigate or direct investigations of Compliance Concerns that have not been reported.

**a. Preliminary Review**

- i) Upon receipt of a report of a Compliance Concern (whether through the Compliance Hotline or otherwise), the Corporate Compliance Officer (or their designee) shall:
  - (1) record the report and other relevant information in the Disclosure Log, consistent with the requirements of the EPIC Duty to Report Compliance Concerns Policy; and
  - (2) promptly develop a preliminary written plan of action (usually within two (2) business days of receiving the report).
- ii) The Corporate Compliance Officer (or their designee) shall make a preliminary, good faith inquiry into the allegations set forth in every report to ensure that they have obtained all of the information necessary to determine whether further review should be conducted.

**b. Initiation of Internal Investigation; Investigators**

- i) If the Corporate Compliance Officer determines that further review is warranted for a Compliance Concern, the Corporate Compliance Officer shall initiate and oversee an internal investigation. The Corporate Compliance Officer will consult and coordinate with the appropriate EPIC department, officer, and/or their designee, including, but not limited to, Health Care Counsel, Human Resources, the Chief Financial Officer, and/or the Privacy Officer, if the allegation includes conduct under that department's or officer's jurisdiction or responsibility.
  - (1) For Compliance Concerns relating to workplace harassment and/or discrimination, Human Resources will be presumptively in charge of investigating the matter, in consultation with outside legal counsel, as needed.
  - (2) For Compliance Concerns related to protected health information, the Privacy Officer will be presumptively in charge of investigating the matter, in consultation with Health Care Counsel, as needed.
  - (3) For Compliance Concerns related to financial management, the Chief Financial Officer will be presumptively in charge of

investigating the matter, in consultation with outside legal counsel, as needed.

- ii) Depending on the nature and severity of the Compliance Concern (e.g., for high priority, high risk, or otherwise sensitive subject matter), and as set forth above, the Corporate Compliance Officer should consult with Health Care Counsel and consider utilizing Health Care Counsel or other outside legal counsel to assist in conducting the internal investigation(s).

**c. Investigation**

- i) In conducting an internal investigation, investigators shall, as necessary, and without limitation:
  - (1) Take steps to secure and prevent the destruction of documents and other evidence relevant to the investigation;
  - (2) Take steps to avoid unauthorized access to or review of protected health information or legally privileged materials;
  - (3) Review relevant documents;
  - (4) Interview persons with relevant information; and
  - (5) Take all reasonable and necessary steps to ensure that the Compliance Concern is stopped and does not recur.
- ii) Once an internal investigation has been authorized, the responsible investigative authority will establish the scope of the investigation based on several factors, including:
  - (1) The availability of individuals who may have been involved;
  - (2) The time frame of the Compliance Concern;
  - (3) Whether the Compliance Concern appears to be an isolated incident or a pattern of improper conduct;
  - (4) Whether the Compliance Concern indicates a systemic or procedural deficiency in a unit's operation; and
  - (5) The time needed for conducting the inquiry.
  - (6) These factors will be documented in a plan for conducting the investigation.
- iii) The responsible investigative authority shall assign qualified person(s) to carry out the internal investigation. The lead

investigator, known as the responsible investigator, must be organizationally removed from any of the parties directly involved in the Compliance Concern being investigated.

- iv) At the outset of an internal investigation, the responsible investigator should fully explore and understand all of the allegations and related issues raised in a complaint.
- v) The responsible investigator will gather all facts and evidence, including relevant documents, physical evidence, and interviews, as promptly as possible.
- vi) All information gathered during the internal investigation must be held in confidence. The details of the investigation, including results of interviews, should be disclosed only to those with a “need to know.”
- vii) The confidentiality of the source(s) of information must be protected. Every effort must be made to protect the privacy of those contacted during the investigation, consistent with the EPIC Non-Retaliation and Non-Retribution for Reporting Policy. In some cases, the entire matter should only be discussed with the EPIC Legal Department. In each case, the facts of the situation will dictate the appropriate manner in which the issue will be handled.
- viii) Interviews should be conducted in person and in private, with one interviewee at a time, and should follow professional interview principles and techniques. Sensitive interviews should be conducted by two investigators to ensure that the manner, circumstances, and content of the interview are supported by a witness. The person being interviewed should be told that the purpose of the inquiry is to gather facts to understand the truth of the issues under inquiry. They should be informed that the communication is privileged, but that the privilege rests with management, and that management can waive the privilege as it deems appropriate to resolve the issue in question.
  - (1) All persons interviewed shall be treated with respect and dignity.
  - (2) The interviewers shall obtain the interviewed person’s full name, title, employment history, and (if the interviewed person is a Personnel) supervisor’s name.
  - (3) Any persons who are interviewed pursuant to an investigation should be reminded that they are free to retain independent counsel if they so choose. If the interviewed person is already represented by counsel or is a member of

a union, potential ramifications should be thoroughly discussed with Health Care Counsel or other outside legal counsel before conducting the interview.

- (4) If the person being interviewed requests the presence of an attorney, the interview should be promptly concluded, and Health Care Counsel or other outside legal counsel should be notified.
- (5) Interviewers shall make no threats to the interviewed person and offer no opinions regarding the investigation or its resolution.
- (6) For every interview, the responsible investigator will prepare a written interview report covering all the key points derived from that interview.
- (7) At the conclusion of the investigation, the Corporate Compliance Officer, in consultation with the relevant investigative authority, shall determine the appropriate next steps, including whether any corrective action (such as a governmental disclosure or report and return action) is appropriate or warranted.

**d. Reporting to the Compliance Committee and the Board**

- i) The Corporate Compliance Officer shall provide to the Compliance Committee a minimum quarterly summary of (a) all ongoing internal investigations of reported Compliance Concerns, (b) findings from completed internal investigations, and (c) any action taken in response to verified compliance or legal violations.
- ii) The Corporate Compliance Officer shall, following consultation with the Compliance Committee, provide to the Board a minimum quarterly summary of (a) ongoing internal investigations involving potentially significant compliance or legal violations (if any), (b) significant compliance or legal violations that have been verified through an internal investigation (if any), and (c) any action taken in response to such significant compliance or legal violations.

**e. Documentation**

- i) All communications, evidence, and reports related to an investigation will be logged upon receipt by the responsible investigator and will be properly maintained in the investigation case file.

- ii) EPIC shall maintain in a confidential and secure fashion copies of any final work papers and reports generated as part of the internal investigation in compliance with the EPIC Compliance Program Records Retention Policy.
- iii) Upon conclusion of the investigation, a short, written report shall be prepared by or at the direction of the Corporate Compliance Officer, which report shall describe and include, at minimum, the following:
  - (1) Nature of the Compliance Concern;
  - (2) Investigation procedures;
  - (3) The findings of the investigation, including (if applicable) the identity of the persons involved and the degree of culpability of said individuals, which such description shall be consistent with applicable EPIC Compliance Program Policies addressing Disclosure Program confidentiality;
  - (4) Recommended corrective action based on the internal investigation; and
  - (5) An estimate, where appropriate, of the nature and extent of liability or overpayment due.
  - (6) The above report shall be maintained in the Disclosure Log, as described in the EPIC Duty to Report Compliance Concerns Policy.
- iv) In connection with any internal investigation, EPIC shall maintain, in a confidential and secure fashion, any documents, whether electronic or hard copy, that are attorney-client communications or covered by the attorney work product privilege. As appropriate, any such documents should be appropriately labeled or stamped as attorney-client privileged and, as applicable, attorney work product, and maintained in compliance with the EPIC Compliance Program Records Retention Policy. Failure to label such documents in this manner will not preclude the documents from protection under the attorney-client privilege or attorney work product doctrine.