


Compliance Operations		Effective Date 01/15/07	Owner Compliance Operations
		Policy # CO.008.09	Revision Date 02/22/2016
	Investigating Potential Compliance Issues	SOX Ref # N/A	Approved By SVP, Medicare Compliance Officer
		Draft Date 01/15/07	Last Review Date 01/31/2017
	Approver's Name (Printed): Celeste Panaro - signature on file		Date: 03/03/17

1.0 PURPOSE

- 1.1 To describe Universal American Corp.'s (UAM) procedure for receiving, documenting, investigating and reporting potential compliance Issues.

2.0 POLICY

- 2.1 Any report or evidence of actual or suspected violation of law, regulations or applicable standards of conduct shall be forwarded to the Medicare Compliance Officer, and/or General Counsel. UAM will treat all reports seriously and in a confidential manner. There will be a timely, reasonable inquiry upon discovery of the evidence of violation or alleged violation and a prompt response to detected violations. UAM will develop and conduct appropriate corrective actions in response to identified violations. Documentation and records related to reported misconduct will be confidentially filed and maintained for a period of ten (10) years in accordance to federal guidance and may be maintained for a period of greater than ten (10) years if the Centers for Medicare & Medicaid Services (CMS) requires such based on audit findings. The investigation, direction, results, and actions taken with respect to any actual or suspected violations of law shall be at the direction and control of the UAM General Counsel or his/her designee(s).

3.0 APPLICABILITY

- 3.1 This policy and procedure applies to the Medicare Advantage (MA) lines of business.

4.0 DEFINITIONS

- 4.1 **Inconclusive** – An investigation outcome in which a determination of whether a violation of the UAM Code of Conduct, laws, regulations and/or company policies occurred cannot be made.
- 4.2 **Substantiated** – An investigation outcome in which it is determined that a violation of the Code of Conduct, laws, regulations and/or company policies occurred.
- 4.3 **Unsubstantiated** – An investigation outcome in which it is determined that a violation of the UAM Code of Conduct, laws, regulations, and/or company policies did not occur.

5.0 PROCEDURE

5.1 Initial Intake

- 5.1.1 The Medicare Compliance Officer, General Counsel and/or Compliance delegate receives the report of a potential issue in person or through the UAM Hotline and/or other intake methods. All calls and emails remain anonymous as appropriate.

- 5.1.2 The Medicare Compliance Officer, General Counsel and/or Compliance delegate reviews the report and/or evidence to determine whether there is a basis to suspect that an alleged violation has occurred.
- 5.1.3 The Medicare Compliance Officer, General Counsel and/or Compliance delegate maintains all related documentation in a secure, designated area in the Compliance department. The only persons with access to the files will be the Medicare Compliance Officer, General Counsel, Internal Audit Department, or such other persons designated by one of the foregoing.
- 5.1.4 A tracking log of potential compliance issues is maintained by the UAM Compliance Department. Separate tracking logs for the UAM Hotline are maintained by the UAM Internal Audit department.
- 5.1.5 The Medicare Compliance Officer, General Counsel and/or Compliance delegate, will determine the appropriate party to conduct the investigation (such party is referred to as the "Investigator").

5.2 Investigations:

- 5.2.1 The Investigator will conduct the investigation in a reasonable and professional manner taking into account the actual circumstances.
- 5.2.2 Once the investigation is concluded, the Investigator will report their findings to the Medicare Compliance Officer, General Counsel or their designee.

5.3 Medicare Compliance Officer Determination

- 5.3.1 The Medicare Compliance Officer and/or General Counsel determines if the investigation outcome is Substantiated, Unsubstantiated or Inconclusive.
- 5.3.2 If the Determination is Unsubstantiated or Inconclusive, the case will be closed.
- 5.3.3 If the Determination is Substantiated, the Medicare Compliance Officer will make recommendations and, at a minimum, will take the following actions, as appropriate:
 - 5.3.3.1 Communicate disciplinary action recommendations, up to and including termination, to the Senior Vice President of Human Resources.
 - 5.3.3.2 Communicate operational process improvement recommendations and/or other necessary corrective actions to the impacted management of appropriate division; and/or
 - 5.3.3.3 Communicate the case to the UAM General Counsel for review to make a legal determination of potential violation of regulation, statute or law.
 - 5.3.3.3.1 If the UAM General Counsel concludes that a violation of the law has occurred, a report may be made to the appropriate governmental agency.

5.3.4 Attorney Client Privilege

- 5.3.4.1 It is the intent of this Policy to ensure that the Attorney Client Privilege, Attorney Work Product and all other applicable privileges shall attach to any and all applicable information, documents and communications that arise out of, or are created under this Policy. Nothing in this policy shall be constructed to be a waiver of any privilege or to require production of materials protected by any privilege and/or doctrine. No director, officer, employee or agent shall be

authorized to release any information that arises out of this Policy to any third party outside of UAM without the prior written approval of the UAM General Counsel.

6.0 TRAINING

6.1 N/A

7.1 REPORTING

7.1 N/A

Related Documentation

- Medicare Managed Care Manual - Chapter 21
- Compliance Program Guidelines