TITLE: REPORTING COMPLIANCE AND HIPAA CONCERNS AND PROBLEM RESOLUTION

APPROVED FOR:
☑ Community Health Network Foundation, Inc.
☑ Community Health Network, Inc.
☑ Community Home Health Services, Inc.
☑ Community Hospital South, Inc.
☑ Community Howard Regional Health, Inc.
☑ Community Physician Network (a trade name of Community Physicians of Indiana, Inc.)
☑ Community Westview Hospital (a trade name of Indianapolis Osteopathic Hospital, Inc.) (Effective 7/1/15 – A Facility of Community Hospital East)
☑ Indiana Pro Health network, LLC
☑ Community Heart and Vascular Hospital (a trade name of Indiana Heart Hospital) (Effective 10/1/14 – A Facility of Community Hospital East)
☑ Visionary Enterprises, Inc.

FORMULATED BY: Chief Risk and Compliance Officer

EFFECTIVE/REVIEWED/REVISED: [Formerly Corp. ADM H-009]

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STATEMENTS OF PURPOSE:

- To establish a culture that promotes prevention, detection and resolution of instances of conduct that do not conform to federal and state laws and regulations and private payer health program requirements, as well as the Community Health Network’s (CHNw’s) ethical and business policies.

- To promote this culture, CHNw has established a problem resolution process and strict non-retaliation policy to protect employees, patients and others who report problems and concerns in good faith from retaliation.
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- To describe the process of investigating and resolving concerns and complaints regarding CHNw's compliance with state and federal laws, rules and regulations and private payer health program requirements.

POLICY:
1. CHNw will comply with all state and federal health care and health information privacy laws, rules and regulations.

2. All employees have a duty and responsibility to report perceived misconduct, including actual or potential violations of laws, regulations, policies, procedures or CHNw standards and Code of Conduct.

3. An “open door policy” will be maintained by all levels of management to encourage employees to report problems and concerns.

4. Employees, patients and others who report concerns in good faith shall not experience retaliation. Any form of retaliation or retribution can interfere with the problem resolution process and result in reduced communication within CHNw.

5. Any employee who commits or condones any form of retaliation will be subject to disciplinary action, up to and including termination, in accordance with the corrective action policy.

6. Employees cannot avoid the consequences of their own misconduct by reporting the issue; but self-reporting may be considered in determining appropriate action.

7. The Organizational Risk department is primarily responsible for receiving and investigating compliance and health information privacy concerns or complaints from employees, patients, visitors and others. Organizational Risk will notify Corporate Legal Services (Legal) of any complaints regarding CHNw’s compliance with laws and/or regulations.

8. Organizational Risk will request assistance from other departments within CHNw when appropriate, and will make recommendations for corrective action. Corrective actions may include, but are not limited to:

   A. Making prompt restitution of any overpayment amounts;
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B. Notifying the appropriate government agency;
C. Education;
D. Corrective action according to applicable Human Resources policy;
E. Correction of claims;
F. Formal audits;
G. Ongoing auditing/monitoring;
H. Prospective claim reviews; and/or
I. Making changes to prevent similar violations.

9. Compliance complaints will ordinarily be investigated within sixty (60) days of receipt.

10. A disclosure log shall be maintained to record each reported concern or complaint.

PROCEDURES:

1. Complaints may be received from employees, patients, visitors or others.

2. Employees who know of misconduct, including actual or potential violations of laws, rules, regulations or procedures or CHNw standards and Code of Conduct and Business Ethics, will immediately report the information to management; Organizational Risk; or AlertLine.

3. Employees who learn of possible compliance violations or other compliance issues resulting from any audit activities will immediately report the information to management and/or Organizational Risk and/or AlertLine.

4. Employees who know that this policy has been or may have been violated, will immediately report that information to management and/or Organizational Risk and/or AlertLine.

5. Complaints may be verbal, telephone or written and may be received by:

   A. Chief Risk and Compliance Officer or designee
   B. Network Privacy Officer or designee;
   C. Network Compliance Committee members;
   D. Senior leaders;
   E. Department Team Leaders/managers or other CHNw employees;
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F. AlertLine, available 24 hours per day, 1-800-638-5071.

6. Information obtained from the person making a verbal or telephone report/complaint shall include:

A. Name of the reporting individual, unless the individual requests anonymity;
B. Contact information (e-mail, phone number);
C. Date of report;
D. Name and location of facility and department;
E. Any relevant information about the concern or complaint, including, if appropriate,
   1. Names of parties, witnesses, complainants, victims, those in authority;
   2. Where the events took place;
   3. When the events took place, including whether events occurred multiple times over an extended period of time;
   4. Why the events occurred;
   5. How the events occurred.

7. Organizational Risk will forward reports to other departments for investigation as appropriate and will involve Legal and Compliance Liaisons as appropriate, including:

A. Complaints/reports about physicians – Risk Management Department (Community Howard Regional Health forwards to Medical Affairs Officer);
B. Complaints/reports involving patient care or services – Department Team Leader, Director and/or Risk Management;
C. Complaints involving patient safety – Network Clinical Patient Safety Officer, department Director or Senior leader;
D. Complaints/reports involving billing – Customer Service Department, Department Director or Senior Leader;
E. Complaints/reports threatening possible legal action – Risk Management Department and/or Legal;
F. Complaints involving health information privacy – Team Leader, Director of department, Senior Leader and Human Resources Director, Compliance Liaison and/or Chief Risk and Compliance Officer;
G. Complaints/reports of retaliation against an employee – Human Resources;
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H. Complaints/reports involving possible illegal activities (e.g., possession of weapons, theft, threats of violence, etc.) – Safety & Security and/or Human Resources Director and Senior Leader;
I. Complaints about employed physician practices – Compliance Liaison for the practice involved.
J. Home care complaints/reports – Home care Compliance Liaison, Director or Senior Leader.

8. AlertLine provides a confidential or anonymous way to report concerns about compliance with state and federal laws; private payer health program requirements; ethical and business policies. Although employees are encouraged to utilize the chain-of-command to report concerns, CHNw recognizes that occasions may arise when one may want an anonymous way to report concerns. In such situations, it is appropriate for employees to make a report through AlertLine. Employees may provide their names and contact information or may choose to remain anonymous. **Reports of emergencies are inappropriate for AlertLine.**
   A. Organizational Risk will investigate an AlertLine report and/or contact a department within CHNw for assistance, if appropriate.
   B. Organizational Risk will send follow-up responses to AlertLine for communication to the caller within seven (7) days of receipt of the report.
   C. Confidential information will **not** be shared with the caller, including but not limited to:
      1. Names of employees contacted during the investigation;
      2. Specific disciplinary action taken; and,
      3. Documentation.

9. Periodic reports will be given to CHNw Compliance Committee; Audit Committee; and CHNw Board of Directors.

10. The Chief Risk and Compliance Officer, or designee, shall maintain a disclosure log to record each reported concern or complaint.
    A. Reported concerns/complaints shall be recorded in the disclosure log within 48 hours of receipt.
    B. The disclosure log shall include a summary of each concern/complaint received (whether anonymous or not), the status of any internal reviews, and any corrective action taken in response to the internal reviews.
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RELATED DOCUMENTS:
COMP-014 Network Responsibility and Compliance Program
COMP-017 Non-Retaliation & Whistleblower Protections
COMP-022 Code of Conduct and Business Ethics
HR-003 Corrective Action
CPI Adm-09 Regulatory Compliance Complaint Investigation
CPI Adm-05 Patient Complaint / Recovery Process
Corp. CLN 3027, Reporting and Management of Patient Concerns/Complaints & Grievances
NRCP Resource Manual, on http://lnComm, NRCP/Privacy (Retaliation; AlertLine; and Roles and Responsibilities Sections)

APPROVED BY: [~ORIGINAL SIGNATURE ON FILE IN ADMINISTRATION~ ]
Bryan A. Mills, President and CEO, Community Health Network