Reporting Incidents of Intimidation and Retaliation

P3 Health Partners
People. Passion. Purpose.

Department:	**Compliance, Corporate**	**Policy No:**	**164**
Prepared By/Date:	Emily Coriale / June 1, 2018	Date Originated:	**6/1/2018**
Approved By/Date:	Compliance Committee – June 26, 2018	Last Revision Date:	**N/A**
Areas of Impact:	**All P3 Employees and Departments**	**Supersedes P&P No.**	**N/A**

1. PURPOSE:

To establish a structure whereby P3 Health Group Holdings, LLC ("**P3**")[1] employees, including the Chief Executive Officer ("**CEO**"), senior administrators, managers, governing body members, and First Tier, Downstream and Related Entities ("**FDRs**") are able to report suspected misconduct or violations, in good faith, without fear of retaliation or retribution.

2. SCOPE:

a. This policy applies to all of P3's employees, management, contractors, student interns, and volunteers.
b. This policy describes P3's objectives and policies regarding how and when to report compliance related, including FWA, issues.

3. DEFINITIONS:

Unless defined in the body of this policy (which would be indicated by a term in parenthetical, underlined and with quotations around the defined term), the following terms, have the following meanings for this policy:

Abuse: Includes actions that may directly or indirectly, result in unnecessary costs to the Medicare Program, improper payment, payment for services that fail to meet professionally recognized standards of care, or services that are medically unnecessary. 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 facts and circumstances, intent and prior knowledge, and available evidence, among other factors.

Client Plan Sponsor: A Medicare Advantage Organization ("**MAO**") that has entered into a written agreement with P3, whereby P3 performs some or all of the services of the MAO.

CMS: Center for Medicare and Medicaid Services.

[1]When the term "**P3**" is used herein, it also includes the following entities, in addition to P3 Health Group Holdings, LLC ("**Holdings**") – P3 Health Partners, LLC; P3 Health Group Management LLC; P3 Consulting, LLC; P3 Health Partners-Nevada, LLC; Kahan Wakefield Abdou, PLLC; Bacchus Wakefield Kahan, PC; as well as any direct or indirect subsidiaries of Holdings, whether now existing or hereafter formed.

Code of Conduct: P3's overarching principles and values by which the company operates and defines the underlying framework for the compliance policies and procedures.

Compliance Officer: P3's Compliance Officer and his or her designee(s).

Downstream Entity: Any party that enters into a written arrangement, acceptable to CMS, with persons or entities involved with the Medicare Advantage ("**MA**") benefitor Part D benefit, below the level of the arrangement between a 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.

FDR: First Tier, Downstream or Related Entity.

First Tier Entity: Any party that enters into a written arrangement, acceptable to CMS, with a 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.

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.

FWA: Fraud, waste and abuse.

Related Entity: Any entity related to a MAO or Part D sponsor by common ownership or control and:
1. Performs some of the MAO or Part D plan sponsor's management functions under contract or delegation;
2. Furnishes services to Medicare enrollees under an oral or written agreement; or
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.

Waste: The overutilization of services or other practices that directly or indirectly, result in unnecessary costs to the Medicare program. Waste is generally not considered to be caused by criminally negligent actions but rather the misuse of resources.

4. POLICY:

1. P3 is committed to establishing a culture that promotes prevention, detection and resolution of instances of conduct that do not conform to its organizational policies, its Code of Conduct, State and Federal laws or regulations, program requirements established by CMS or Client Plan Sponsor agreements.

2. All P3 employees, including the CEO, senior administrators, managers, governing body members, and FDRs have the responsibility to promptly report suspected violations, in good faith, of any statute, regulation or guideline, applicable to Federal health care programs, or of P3's policies and procedures.

3. P3 employees, including the CEO, senior administrators, managers, governing body members, and FDRs may file a report, without fear of retaliation or retribution, by doing one of the following:

    i. Notifying his or her immediate supervisor;
    ii. Notifying the P3's Compliance Officer or a member of management;

iii. Completing a Request for Compliance Action Form; or
iv. Calling P3's confidential compliance and ethics hotline at (844) 680-0872.

4. P3 encourages timely reporting of compliance concerns, and prohibits any action directed against the reporting party for making such a report in good faith.

5. P3 policy strictly prohibits retaliation for reporting, in good faith, perceived or suspected violations of any statute, regulation or guideline applicable to Federal health care programs, or of P3 policies and procedures, or for participation in an investigation of an alleged violation.

6. Self-reporting may be taken into account when determining an appropriate course of action.

7. Any person who intentionally provides false information may be subject to disciplinary action, up to, and including, termination.

5. PROCEDURE / ACTIONS:

1. The Compliance Officer, in collaboration with the P3 management team, ensures awareness of the following compliance measures:

    a. All P3 managers and supervisors provide open communication about any questions regarding compliance. They will respond to any inquiry and/or refer the question to the appropriate personnel if they are unable to respond.

2. All P3 employees, including the CEO, senior administrators, managers, governing body members, and FDRs are responsible to promptly report suspected violations or instances of misconduct.

3. The Compliance Officer, in collaboration with the P3 management team, implements and publicizes compliance measures in writing to include:

    a. P3 Employee Handbook;
    b. P3 Code of Conduct; and
    c. Compliance training.

4. Mechanisms for reporting suspected violations:

    a. Report to a manager or supervisor: Concerns about business conduct in any department; and managers or supervisors who receive such reports from employees shall immediately report the information to the Compliance Officer.
    b. Call P3's Compliance and Ethics Hotline
        i. P3's compliance and ethics hotline is accessible by calling (844) 680-0872.
        ii. P3's compliance and ethics hotline is accessible twenty-four (24) hours a day, seven (7) days a week.
        iii. The caller may choose to remain anonymous.
        iv. The Compliance Officer or their delegated representative receives, documents, and manages calls.
    c. Request for a Compliance Action Form is available on the P3 Health Partners Intranet and the Website at https://p3healthgroup.sharefile.com/d/0633fba1eef34da9.
    d. To report to the Compliance Officer call (844) 680-0872. This line is available 24 hours a day, 7 days a week and 365 days per year.

5. Any information received by the Compliance Officer is handled in the same manner as calls received on P3's compliance and ethics Hotline.

6. The Compliance Officer will review all reports of suspected violations. They will maintain, to as great a degree as practical, the confidentiality of the identity of any individual who submits a report of suspected violation, as allowed by law.

7. The Compliance Officer will conduct an investigation, conducting internal discussions and investigations, and will report findings to the Compliance Committee, regulatory and/or law enforcement agency, as appropriate.

6. DOCUMENTATION / REFERENCES:

SUPPORTING DOCUMENTS
Compliance Action Form

CROSS-REFRENCED P&PS
N/A

MANUAL:
Medicare Managed Care Manual (MMCM), Chapter 21, Section 50.4
Prescription Drug Benefit Manual, Chapter 9, Section 50.4

RELEVANT REGULATORY CITATIONS
42 C.F.R. § 422.503(b)(4)(vi)(D-E)
42 C.F.R. § 423.504(b)(4)(vi)(D-E)

7. HISTORY:

DATE	REVISED BY	REASON FOR REVISION/CONTENT CHANGED

COMPLIANCE REFERRAL FORM

Instruction: The purpose of this form is to report complaints of fraud, waste, and abuse in the Medicare Parts C & D Programs. P3 Health Partner's Compliance Officer may contact you upon receipt of this complaint, so please be sure to furnish sufficient contact information. To ensure compliance with all applicable laws, do not send Protected Health Information (PHI) via email unless encrypted.
Please send completed document to mnutile@p3hp.org

COMPLIANCE REFERRAL FORM	
Date of Referral:	
Type of Issue:	
Medicare Advantage Issue (Part C)	
Prescription Drug Benefit Issue (Part D)	
Both Part C and Part D Issue	
Complainant Contact Information:	
Name	
Telephone	
Street Address	
City	
State	
Zip Code	
Email	
Beneficiary Information:	
Name	
Member ID Number	
Telephone	
Street Address	
City	
State	
Zip Code	
Email	
Date of Birth	
Primary Language	
Subject/Suspect Information:	
Name	
Provider ID Number	
Tax ID Number	
NPI Number	
DEA Number	
Medicare Provider ID Number	
Telephone	
Street Address	
City	
State	
Zip Code	
Email	
Type of Business:	
Primary Care	
Specialist	
Pharmacy	
Durable Medical Equipment	

Laboratory	
Radiology	
Medical Supply	
Ambulance	
Other	
Referral Submitted By:	
Name	
Telephone	
Street Address	
City	
State	
Zip Code	
Email	

Description of Findings/Allegations: Please provide a detailed description of the nature of the fraud issue including the following: description of fraudulent activity; how did you discover the issue; CPT codes involved; States where the fraud activity took place; description of individuals and/or businesses involved in the alleged illegal activity; dates that the fraud occurred; names and contact information for victims; and copies of documentation regarding the fraudulent activity including letters, advertising, etc.
How was the issue discovered (data mining, phone call from member or provider, routine monitoring): Description of the Incident: • Who was involved: • What occurred: • When did it happen: Please provide all relevant details including member's XBU number, claim number, date of service, name of provider, CPT code, etc. What actions were taken before sending the referral to the Compliance Officer?* • Reviewed part C claims: • Reviewed part D claims: • Contacted the member or provider: • Contacted another internal department: • Completed additional research not noted above: Please give a brief description research completed and what was discovered by the research. ***Please submit all information that was collected and reviewed by you or your department as an attachment to the email, such as medical records and correspondence.**