

Compliance Communication, Reporting, and Investigation Policy

Department:	Compliance, Corporate	Policy No:	
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:

2. The purpose of this policy is to strengthen P3 Health Group Holdings, LLC’s (“**P3**”)¹ compliance program and facilitate its adherence to the Compliance Authorities (defined below) by the creation and maintenance of an effective process for the secure and reliable response to, reporting and investigation of actual or suspected violations of those Compliance Authorities or other questions regarding same. It is intended to supplement but not replace existing policies or procedures for reporting of specific events within P3 or to various governmental agencies including those that address the reporting of alleged incidents of fraud, waste and abuse (“**FWA**”) (and other events specifically addressed in state or federal law, or those that address notification within P3 of routine operational events).

3. SCOPE:

- a. This policy applies to all of P3’s Workforce Members (defined below).
- b. This policy describes P3’s objectives and policies regarding compliance communications, reporting and investigations.

4. 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.

¹When 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.

Board of Managers: P3’s Board of Managers.

Client Plan Sponsor: Any entity that holds a contract directly with CMS who is involved with the Medicare Advantage (“**MA”**) benefit (“**MAO”**) or Part D benefit program, and who contracts with P3 to provide certain services (e.g., Blue Cross Blue Shield of Arizona).

CMO: P3’s Chief Medical Officer.

CMS: Centers for Medicare and Medicaid Services.

Compliance Authorities: P3’s Code of Conduct, P3’s related compliance policies and procedures or any of the laws, regulations, guidelines or other authorities governing P3’s operations.

Compliance Committee: P3’s Compliance Committee.

Compliance Event: Any known or suspected violations of the Compliance Authorities.

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 MA benefit or 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.

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.

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.

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.

Workforce Member: Includes all P3 employees and independent contractors providing services to P3 or for the benefit of P3, including physicians, other healthcare providers, subcontractors, vendors, participating providers, suppliers, and FDRs.

4. POLICY:

P3 strongly encourages all of its officers, employees, vendors, patients and other Workforce Members to communicate to P3 management any questions, issues or concerns they may have regarding the applicability of the Compliance Authorities.

In addition, P3 requires all of its officers, employees, vendors and other Workforce Members to report any Compliance Events without fear of retribution or retaliation. P3 will fully investigate all reports of Compliance Events and take such remedial and/or disciplinary action as it may deem appropriate upon completion of the investigation.

In addition to the foregoing:

- P3 is committed to conduct its business in accordance with the Compliance Authorities and expects all of its officers, employees, customers, vendors and other Workforce Members to assist in fulfilling that commitment by reporting to it in accordance with this policy any actual or suspected that violations of the Compliance Authorities or other Compliance Events.
- P3 further seeks to promote a company-wide awareness and understanding of how the Compliance Authorities impact its operations and encourages all staff or anyone doing business with it to bring to its attention any questions they may have on those authorities independent of the obligation to report Compliance Events.
- P3 recognizes that the credibility of this commitment depends to a significant degree on the extent to which a reliable process exists to encourage the communication, reporting and investigation of compliance questions, issues, concerns or events that will result in a thorough investigation and appropriate remedial or disciplinary action where necessary.
- There is no distinct line between various events that may require reporting to governmental agencies pursuant to existing state or federal law, those that may require notification or reporting to P3 management and Client Plan Sponsors according to existing P3 policies and procedures, and those which, due to the scope, breadth or seriousness of the situation, may also rise to the level of an actual or suspected material violation of the “Compliance Authorities.” Supervisors play a key role in responding to compliance questions whether or not they rise to the level of a “Compliance Event.” While P3 encourages its staff to discuss compliance concerns and report issues through normal business channels, a process must exist to ensure that all such issues questions, concerns or events are quickly and effectively communicated to the appropriate levels of P3 for investigation and follow up. Moreover, P3 also recognizes there may be situations where reporting within normal business channels is impractical or inappropriate requiring direct access to various levels of management as set forth below.
- Reports may be made orally, by telephone, in person, in writing, by fax or by email to the Compliance Officer. **P3 has established a compliance hotline that is available 24 hours a day, seven days a week, by calling (844) 680-0872.**
- Reports may be made anonymously and will in any case be held in the strictest of confidence except as may be necessary to complete an investigation and any required enforcement action.

- P3 will in no case tolerate retaliation or retribution against those who in good faith report actual or suspected Compliance Events, questions, issues or concerns. Any reports of such retaliation or retribution will be investigated thoroughly and appropriate discipline will be imposed, up to, and including, termination.

5. PROCEDURE / ACTION:

A. General Compliance Questions, Issues or Concerns: P3 encourages all Workforce Members and anyone else doing business with it to communicate general compliance questions, issues, or concerns to P3 management through any one of the following methods.

- 1.1 Direct written or oral communication by fax, mail, email, telephone, or personal contact to the reporter's immediate supervisor.
- 1.2 Direct written or oral communication by fax, mail, email, telephone, or personal contact to any member of P3's management.
- 1.3 Direct written or oral communication by fax, mail, email, telephone, or personal contact to any member of P3's Compliance Committee.
- 1.4 Direct written or oral communication by fax, mail, email, telephone, or personal contact to P3's Chief Compliance Officer.

B. Compliance Events — Obligation to Report: In addition to the discretionary communication of general compliance questions, issues or concerns addressed above, all P3 staff, regardless of position or status, are required as a condition of employment with P3 to immediately report to it all Compliance Events. The failure to report such events may be grounds for disciplinary action, up to, and including, termination.

- 2.1 P3 vendors, consultants or contractors not in the direct employ of P3 are strongly encouraged to report to P3 such Compliance Events and the failure to do so may be grounds for termination of the contract or other business relationship with P3.
- 2.2 Compliance Events may be reported to P3 through any of the methods set forth at sections 5(A)(1.1) through 5(A)(1.4), above.
- 2.3 Any person who receives a report of a compliance question, issue or concern pursuant to section 5(A)(1.1) through 5(A)(1.4), above, which he or she believes constitutes a Compliance Event should immediately and without further discussion bring that report to the attention of P3's Compliance Officer. No one should attempt to investigate, mitigate, correct or otherwise involve themselves in the activities giving rise to the Compliance Event nor discuss it with others outside of the context of the specific reporting protocol set forth below except as directed by the P3's Compliance Officer or legal counsel.
- 2.4 Any person making a report of a Compliance Event should be encouraged to provide as much information as possible relating to the Compliance Event; however, in no shall any person making such a report be required to identify him or herself. All reports may at the discretion of the person making the report be made anonymously.

C. Report Processing and Investigation

- 3.1 General Compliance Questions, Issues or Concerns:** Upon receipt of a general compliance question, issue or concern not rising to the level of a Compliance Event, the recipient should attempt to address the question within normal business channels by reference to the Compliance Authorities or if unsure of the answer, by referring the matter to his/her supervisor or any member of P3's Compliance Committee as he or she may deem appropriate under the circumstances.
- 3.2 Compliance Events:** Upon receipt of a report of a compliance question, issue or concern which he or she determines to constitute a Compliance Event, the Compliance Officer will, except where the CMO is alleged to be implicated in the event, immediately bring the report to the attention of the CMO (who is a member of the Board of Managers) to determine whether the matter warrants retention of legal counsel. In the event the CMO is alleged to be implicated in the Compliance Event the Compliance Officer shall confer with such other P3 officer(s) as he or she deems appropriate.
- 3.2.1** In the event a decision is made to retain legal counsel, no further internal discussion or investigative activity shall take place regarding the report except as directed by that counsel.
- 3.2.2** In the event a decision is made not to retain counsel at this time, the Compliance Officer will conduct a thorough investigation.
- 3.2.3** If at any time during the course of such an investigation it is determined that the situation warrants the retention of legal counsel, the Compliance Officer will immediately suspend the investigation and the process shall follow that set forth at section (C)(3.2.1), above.
- 3.3 Confidential Investigations:** Those staff assigned to complete any investigation of a Compliance Event shall treat the investigation as entirely confidential and shall reveal no details thereof or otherwise discuss the content or status of the investigation with P3 staff or any other party except as may be directed by the Compliance Officer or legal counsel pursuant to sections (C)(3.2.1) and (C)(3.2.3), above. Failure of staff to respect the confidentiality of any investigation of a Compliance Event may be grounds for disciplinary action, up to, and including, termination.

D. Referral for Follow Up Remedial or Enforcement Action

- 4.1** Upon completion of the investigation all investigation reports, statements, forms and other supporting documentation shall be provided only to the Compliance Officer or legal counsel depending on who is directing the investigation in accordance with section (C)(3.2), above.
- 4.2** The Compliance Officer or legal counsel, as the case may be, will distribute the report documentation to the Compliance Committee and Board of Managers and will confer with them on further referrals to supervisory staff in the affected programs and then to the Human Resources Department or other programs required to take enforcement or remedial action.

E. Documenting the Investigation

- 5.1** P3 will adopt a written or electronic process to document the nature of the report, the investigation of the report, the outcome of the investigation and any disciplinary or remedial action taken as a result thereof and any response that may be required to the person or persons who made the report. The Compliance Officer shall be responsible for oversight of the documentation of such reports.

6. DOCUMENTATION / REFERENCES:

SUPPORTING DOCUMENTS

N/A

CROSS-REFERENCED P&PS

N/A

MANUAL

Medicare Managed Care Manual Chapter 21

Medicare Prescription Drug Benefit Manual Chapter 9

RELEVANT REGULATORY CITATIONS

42 CFR § 422.502(b)(vi)

42 CFR § 423.502(b)(vi)

7. HISTORY

DATE	REVISED BY	REASON FOR REVISION/CONTENT CHANGED