



Title: Reporting and Investigating Compliance Concerns	
Policy/Procedure #: 23-007	Date Posted: 09/17/2025
Initial Effective Date: 8/9/2011	Date Last Revised: 09/17/2025
Author: Jason Tankel, VP & Chief Compliance and Internal Audit Officer	
Executive Sponsor: VP & Deputy General Counsel	Final Approver: VP & Deputy General Counsel
Supersedes: 23-007	Dated: 01/10/2024

APPLICABILITY

Northern Light Health adopts the following (and any Attachment(s)) for all its Member Organizations, specifically including, but not limited to, those listed below:

Northern Light Health adopts the following (and any Attachment(s)) for its Member Organizations selected below:

- | | |
|--|--|
| <input type="checkbox"/> Northern Light Acadia Healthcare | <input type="checkbox"/> Northern Light Home Care & Hospice |
| <input type="checkbox"/> Northern Light Acadia Hospital | <input type="checkbox"/> Northern Light Maine Coast Hospital |
| <input type="checkbox"/> Northern Light AR Gould Hospital | <input type="checkbox"/> Northern Light Mayo Hospital |
| <input type="checkbox"/> Northern Light Blue Hill Hospital | <input type="checkbox"/> Northern Light Medical Transport |
| <input type="checkbox"/> Northern Light CA Dean Hospital | <input type="checkbox"/> Northern Light Mercy Hospital |
| <input type="checkbox"/> Northern Light Continuing Care, Lakewood | <input type="checkbox"/> Northern Light Pharmacy |
| <input type="checkbox"/> Northern Light Eastern Maine Medical Center | <input type="checkbox"/> Northern Light Sebecook Valley Hospital |
| <input type="checkbox"/> Northern Light Health Foundation | <input type="checkbox"/> Work Health |
| <input type="checkbox"/> Northern Light Health Home Office | <input type="checkbox"/> Other (list): _____ |

SCOPE

This Policy applies to all Northern Light Health Member Organization Workforce Members.

RELATED POLICIES/PROCEDURES

- [System Policy 23-005, Fraud, Abuse and False Claims](#)
- [System Policy 23-006, Non-Retaliation](#)

DEFINITIONS

Good Faith Reporting: Means that a Workforce Member has provided what they reasonably believe to be truthful information that indicates a potential violation of policy, law or regulation. A violation need not have occurred for a report to have been made in good faith.

Substantial Violation: A violation of law, rule or regulation which may impact licensure, reimbursement, or accreditation, or which may lead to a legal claim or a government investigation and includes any allegation of criminal conduct on the part of an individual or the organization.

Workforce Member: Individuals providing services to or on behalf of the organization (such as employees, volunteers, Board members, medical staff members, students, trainees, and contractors).

PURPOSE

Northern Light Health is committed to conducting business ethically and in compliance with laws and regulations. This Policy requires Workforce Members to report concerns about possible unethical business practices or violations of the Code of Conduct, policies, laws or regulations. Anyone who engages in Good Faith Reporting of a concern, or who provides information in conjunction with or otherwise participates in a resulting investigation, is protected from retaliation under the Northern Light Health Non-Retaliation Policy.

POLICY AND PROCEDURE

A. Reporting Alleged Violations

1. Northern Light Health requires Workforce Members to promptly report ethical, compliance, privacy or legal concerns internally so that the organization may investigate and take immediate remedial action if required. Each Workforce Member must internally report any activity that appears to violate laws, rules, regulations, policies, standards, conditions of participation, or the Northern Light Health Code of Conduct.
 - a. Workforce Members concerned that there may have been a Substantial Violation must report this concern immediately and directly to your Compliance Officer, the Northern Light Health Senior Vice President and Chief Legal Officer, or a member of executive leadership.
 - b. Workforce Members are required to report other ethical, compliance, privacy or legal concerns through one of the following means:
 - (1) To your supervisor
 - (2) To your manager
 - (3) To your department head
 - (4) To a member of executive leadership
 - (5) To your Compliance Officer
 - (6) To the Northern Light Health VP & Chief Compliance and Internal Audit Officer
 - c. Workforce Members may also report alleged violations to an appropriate state or federal agency as provided for under certain state and federal laws and regulations, or to an accrediting body. Workforce Members must first report such violations internally so that Northern Light Health may immediately take any necessary remedial action.

2. **Northern Light Health Compliance Line.** If you feel uncomfortable reporting a concern using one of the above options, you may confidentially or anonymously report to the Northern Light Health Compliance Line at 1-866-621-2122, through the “Compliance Hotline Reporting” icon on the intranet home page, or through the web allegation form by copying and pasting the following link into your web browser: <https://www.mycompliancereport.com/>. Select “Begin New Report” and use “nlh” as your Access ID.
 - a. The Compliance Line is answered, and the web allegation form is received by, an independent third-party company who sends all reports to the Northern Light Health Compliance Officer.
 - b. Callers will receive an issue tracking number and PIN to retrieve information about the status of their reports.
 - c. If you report a concern anonymously, it is important that you clearly describe the situation you believe is a violation, clearly identify anyone involved in or with knowledge about the situation, when and with what frequency the situation occurred (or is occurring) and state the location of the alleged conduct. There may be instances when the Compliance Officer may need to communicate with the anonymous reporter utilizing the Compliance Line in effort to gather pertinent information. Provision of this information facilitates proper investigation of your concern. Without this information, the Compliance Officer may be unable to conduct an investigation.
3. **Confidentiality.** Every reasonable effort is made to protect the confidentiality of information provided in connection with a reported concern to the extent allowed by law unless maintaining confidentiality would create a significant health or safety risk, or could significantly impair the ability to conduct a thorough investigation.

B. Investigations

1. Any alleged violation will be acted on promptly by the individual receiving a report of non-compliance from a Workforce Member. This individual or their designee may investigate the report, or may instead refer the matter to their Compliance Officer and/or Regional HR VP for investigation.
 - a. Prior to any investigation, the investigator will take precautions to avoid any real or apparent conflicts of interest on the part of individuals involved in the inquiry or investigation process. If the investigator has or appears to have a conflict of interest, the investigator shall refer the matter to a disinterested investigator.
 - b. Prior to any investigation, the investigator will consider whether the issue(s) raised involve(s) potential violation of law or regulation. If so, the investigator must consult with their Compliance Officer or Northern Light Health Legal Services before proceeding.
 - c. The investigator shall make every reasonable effort to maintain confidentiality throughout the investigation, and shall inform all individuals involved in the

investigation of the responsibility to maintain confidentiality. Individuals who inappropriately disclose confidential information relating to an investigation may be subject to disciplinary action up to and including termination.

2. The investigator is responsible for developing and coordinating all aspects of the investigation plan to include, as appropriate, communications with management personnel, research, interviews, document requests, record-keeping and document retention.
3. The investigator will prepare a written report of findings. Such written report will indicate whether or not the investigation found credible evidence that a violation occurred with a recommendation on whether corrective and/or disciplinary action is warranted. At a minimum, the written report shall state:
 - a. The allegation(s) that were addressed in the investigation;
 - b. Documents/policies/laws/standards/regulations relevant to the allegations;
 - c. A summary of interviews and analysis of the facts;
 - d. Recommendations for further actions, if supported; and
 - e. If appropriate, a copy of the report will be provided to the involved manager(s), the Member Compliance Officer, and/or the Regional HR VP, who will decide whether further action is warranted.

If a Compliance Officer conducts or otherwise is involved in the investigation, the elements of the required written report must be recorded electronically in the Northern Light Health Compliance Activity Reporting System (CARS) in MediRegs. If the concern was reported through the Northern Light Health Compliance Line, the Compliance Officer will provide a brief statement to the reporter in response to their report.

4. **Attorney-Client Privilege.** If an investigation is conducted under attorney-client privilege, the investigator will follow procedures as directed by Northern Light Health Legal Services.
- C. Post-Investigation Audits.** Post-investigation audits may be conducted on a periodic basis to monitor compliance, as appropriate, with findings.
- D. Record Retention.** Documentation relating to investigations will be retained for a period of seven years (current year + 6 years).

Direct any questions regarding this Policy to your Compliance Officer.

REFERENCES

None.

ATTACHMENTS

[Web Allegation Form](#), linked above this Policy as an External Link

This document was approved by the committee(s) noted below on the date(s) as noted:

Leadership Council, 7/21/2011

Compliance Committee, 9/13/2023, 9/10/2025

Compliance Task Force, 9/26/2017, 12/11/2019, 11/10/2021

ERM Compliance Task Force, 10/27/2015