

Corporate Compliance Plan 2018



Introduction:

Community Health Choice Inc. and Community Health Choice Texas (Community) are dedicated to ensuring that all Federal and state laws, rules, regulations and procedures that include Medicaid, CHIP and Federal Marketplace Exchanges are complied with in a timely and effective manner.

All Community Board Members, officers, employees, contractors, providers and members are expected to meet the various regulatory and legal requirements. For these reasons, Community has developed and instituted the following Corporate Compliance Plan. The Plan is designed to ensure Community fulfills all statutory and contractual obligations in a fair, accurate and consistent manner, supporting the Ethics & Compliance Policy.

The Corporate Compliance Plan not only addresses health care fraud, waste and abuse, but also the requirements and obligations set forth by the Texas Department of Insurance (TDI), Health and Human Services Commission, (HHSC), Centers for Medicare & Medicaid Services (CMS), URAC, employment, whistleblower and insurance laws. The plan covers the following areas, but is not limited to:

- Community's Code of Conduct
- Written Policies & Procedures
- Designation of a Compliance Officer and Compliance Committee
- Risk Assessment and Risk Audit Plans
- Compliance Training and ongoing education
- Lines of Communication
- Enforcement of Standards
- Auditing and Monitoring
- Responding to detected offenses and developing corrective action plans

Regulatory compliance is not an option, it is required. Failure to comply with all applicable Federal and state regulations exposes Community to fines and potential loss of its government programs which are essential to fulfilling the organization's mission statement. Non-compliance with the plan and all regulatory statutes undermines Community's reputation and credibility with its members, providers, delegates and employees.

The compliance plan will be reviewed on an ongoing basis and as new laws are adopted or new techniques developed, the compliance plan will be reviewed and updated as appropriate.

Written policies will be reviewed, at a minimum annually, or whenever there are updates to statutes, rules, contractual requirements or program instructions. Each operational and clinical business unit at Community is responsible for developing, maintaining and implementing written Policies and Procedures (P&P), for activities performed in the respective areas. These P&Ps address statutes, rules, contractual requirements and program instructions applicable to the areas of responsibility. Employees will be required to review applicable policies within ninety (90) days of hire and at least annually or whenever policies are updated. Community's Board of Directors may elect to participate in development of P&Ps as part of its oversight duties.

Community's Board of Directors, as the chief governing body for the organization, is responsible for the review and approval of the Corporate Compliance Plan. Community's Board of Directors will delegate authority for the development and implementation of the Corporate Compliance Plan to the Executive Quality & Corporate Compliance committee (EQCC). The EQCC accepts the responsibility of administering the Corporate Compliance Plan. The EQCC has the authority from the governing body to

oversee any monitoring and evaluation activities conducted. The Corporate Compliance Officer will periodically report the status of corporate compliance activities to the EQCC and the Board of Directors.

Code of Conduct:

Upon employment, each employee is provided with the Code of Conduct, additionally all current employees shall be provided a copy of the Code of Conduct upon request or when any changes are made to the Code of Conduct. Each employee will acknowledge receipt of the Code of Conduct.

Community's successful business operations and reputation have been built upon a solid commitment to the principles of fair dealings and the ethical conduct of our employees. Our reputation for integrity and excellence requires we carefully observe the spirit of the letter of all applicable laws and regulations, as well as a scrupulous regard for the highest standards of conduct and personal integrity.

The continued success of Community is dependent upon our customers' trust. Community is dedicated to preserving that trust through our employees' commitment and duty to act in a way that will merit the continued trust and confidence of the public.

Community will comply with all applicable laws and regulations and expects its directors, officers and employees to conduct business in accordance with the letter, spirit and intent of all relevant laws and to refrain from any illegal, dishonest or unethical conduct.

Requirements of each employee, officer, director and delegate:

- Respect and protect the privacy of members, providers and fellow employees by maintaining Protected Health Information (PHI) and Personally Identifiable Information (PII), in strict confidence.
- Recognize the dignity of all people, be fair and impartial in business, and offer equal opportunity to everyone regardless of sex, race, color, creed, national origin or sexual orientation.
- Conform to all laws that apply to Community's business wherever it is conducted
- Display good judgment and high ethical standards in all business dealings.
- Conduct all Community business affairs with courtesy, honesty, fairness and integrity. These qualities are evidenced by truthfulness and the absence of deception or fraud or misrepresentation. Special attention should be paid to dealing with instances where payment is involved and to all coding matters.
- Refrain from providing or accepting gifts or any other thing of value where the intent or effect is to prejudice either Community or the recipient in favor of the donor.
- Understand the legal and ethical position of Community and its employees to avoid concerns regarding fraud and abuse arrangements or practices.
- Avoid deliberately creating, maintaining or submitting records, reports or statements that are inaccurate, false or misleading.
- Avoid establishing undisclosed or unrecorded funds or assets can be established. All items of income and expense and all assets and liabilities must be entered into financial records and must be accurately and adequately described. All reports submitted to governmental authorities must be accurate and complete and all transactions shall be executed in accordance with management's authorization.
- Maintain confidential information received for business purposes and not use the knowledge for personal gain or disclose to competitors, suppliers, contractors, other employees or any other unauthorized individuals. Employees may not use confidential information in a way that is not related to Community's business activities during and after their employment.
- Respect and protect the privacy of members and fellow employees by maintaining Protected Health Information (PHI) and Personally Identifiable Information (PII), in strict confidence.

- Avoid participation in activities that could conflict or appear to conflict with their responsibilities to Community. A conflict of interest occurs if an employee's activities or responsibilities are detrimental to the interest of Community or result in an improper or illegal gain from them. Employees may not realize any profit or gain as a result of their position with Community.
- Decline any gifts, loans or other special preferences from a person or organization that does or wants to do business with Community. The only exceptions are gifts of limited value extended as a business courtesy or appropriate business related expenses.
- Avoid providing gifts, loans or other benefits to a physician, potential member or client in order to obtain referrals or beneficial arrangements from clients or as an inducement to enroll in Community. Except as permitted under state and federal guidelines. Gifts to physicians, clients, members or potential members are appropriate only if the monetary value is modest; the benefit is part of marketing, educational or other ordinary business activity, and the benefit does not violate any applicable law. Occasional business meals or entertainment events are acceptable provided they are of reasonable cost and the business purpose is clearly documented. In the case of Medicaid and CHIP beneficiaries, it will not exceed the value set forth in regulations.
- Avoid the use of Community's funds for improper or illegal activities. There will be no payments to government officials to secure sales or obtain a favorable treatment. Gifts to or entertainment of government officials or employees are prohibited because these actions could be construed as attempts to influence government decisions. The only exceptions are gifts of limited value extended as a business courtesy or appropriate business related expenses.
- Report promptly actual or potential infringements of law, regulation, policy or procedure to Community's SIU and/or the Compliance Officer.

In general, the use of good judgment, based on high ethical principles, will guide an employee with respect to lines of acceptable conduct. If a situation arises where it is difficult to determine the proper course of action, the matter should be discussed openly with the immediate supervisor and, if necessary, with the Human Resources Department or Compliance Officer for advice and consultation.

It is the employee's duty and responsibility to report any suspected improper, unethical, or illegal activity to your immediate supervisor, Human Resources Manager, Community Corporate Compliance Officer, Community Hotline, or the Special Investigation Unit.

Compliance with this policy of business ethics and conduct is the responsibility of every Community employee. Disregarding or failing to comply with this standard of business ethics and conduct could lead to disciplinary action, up to and including possible termination of employment.

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Addendum: Code of Conduct – First Tier, Delegated & Related Entities (FDRs)

The following outlines Community's expectations of how our partners conduct business, and all who interact with the Community. The Code of Conduct is applicable to suppliers, vendors, contractors, consultants, agents and other providers of goods and services who do, or seek to do, business with the Community.

People

1. Encourage a diverse workforce and provide a workplace free from discrimination, harassment or any other form of abuse.
2. Respect human rights, consistent with local cultural norms, and prohibit all forms of forced or compulsory labor.
3. Establish an appropriate management process and cooperate with reasonable assessment processes requested by Community.
4. Provide safe and humane working conditions for all employees and contractors.

Performance

1. Comply with all applicable state and federal laws, rules, and regulations, including all applicable state and federal privacy laws, including HIPAA/HITECH Act, TDI, CMS, and HHSC guidance, where applicable.
2. Consistent with Community's policy as outlined in the Code of Conduct, pursue the ethical handling of actual or apparent conflicts of interest when conflicts or appearance of conflicts are unavoidable, including through full disclosure to Community, (DelegationOversight@Chchealth.org), any transaction or relationship that reasonably could be expected to give rise to a conflict.
3. Observe Community's policies regarding gifts and entertainment and conflicts of interest when dealing with the organization's associates, Medicaid and CHIP beneficiaries on Community's behalf.
4. Ensure no OIG or GSA excluded individuals or legal entities perform any function for Community.
5. Notify Community of any employee or contractor disciplinary actions taken as a result of a material compliance infraction.
6. Compete fairly for our business, without paying bribes, kickbacks or giving anything of value to secure an improper advantage.
7. Keep financial books and records in accordance with all applicable legal, regulatory and fiscal requirements and accepted accounting practices.
8. Promote, utilize and measure engagement of small and diverse suppliers as required under applicable Texas law.

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COMPLIANCE OFFICER:

Purpose:

Community recognizes the importance of fostering a compliance culture. To this end, Community maintains and supports an Executive Quality & Corporate Compliance committee (EQCC), and a Compliance Officer vested with clear roles, responsibilities and objectives. The Compliance Officer reports to the Board of Directors.

Policy:

Community's Compliance Officer (The Officer) will serve as an integral part of Community's Compliance Plan. The Officer will serve as the focal point for compliance activities with direct access to the President/CEO and Board of Directors of Community. The Officer will also be responsible for developing, operating and monitoring the Compliance Program delegating such responsibilities where appropriate. The Officer does not hold other responsibilities that could lead to self-policing of her activities.

Authority:

The Officer has the following authority:

- Interview or delegate the responsibility to interview the sponsor's employees and other relevant individuals regarding compliance issues
- Review company contracts and other documents pertinent to the government programs
- Review or delegate the responsibility to review the submission of data to regulatory agencies to ensure that it is accurate and in compliance with reporting requirements
- Independently seek advice from legal counsel
- Report potential Fraud, Waste and Abuse (FWA), to regulatory agencies, its designees or law enforcement
- Conduct and/or direct audits and investigations of any FDR delegate
- Conduct and/or direct audits of any area or function involved with government programs
- Recommend policy, procedure, and process changes.
- Oversee Corrective Action Plans, (CAP), submitted by business owners

Roles and Responsibilities:

- Oversee and monitor the implementation of the compliance program
- Report on a regular basis to the President, EQCC and the Board of Directors.
- Revise the compliance program, periodically, due to changes in the needs of the organization, in law, or policy procedures of governmental agencies
- Develop, coordinate and participate in multifaceted educational and training programs that focus on the elements of the compliance program
- Coordinate internal compliance reviews and monitoring activities
- Develop policies and programs that encourage managers and employees to report suspected fraud and other improprieties without fear of retaliation.
- Oversee the Special Investigation Unit.
- Design and coordinate internal investigations (e.g. responding to reports of problems or suspected violations) and issue any resulting corrective action (e.g. making necessary improvements to policies, practices, and taking appropriate disciplinary action) working through the Compliance Program.
- Coordinate personnel issues with the Human Resources department and Network Management department to ensure that the National Practitioner Data Bank, Cumulative Sanction Report, the OIG and GSA are routinely checked with respect to all employees, officers, directors and managers as well as FDRs to make sure they are not included on any of the lists.
- Report any applicable fraud or misconduct to CMS or HHSC or TDI, its designee and/or law enforcement

- Maintain proper documentation for each report of potential fraud, waste or abuse received through any of the reporting methods (i.e. hotline, mail, in-person). Such documentation includes all corrective and/or disciplinary action(s) taken as a result of the investigation, the respective dates when each of these events and/or actions occurred, and the names and contact information for the person(s) who took and documented these actions.
- Oversee the development, and monitor, the implementation of corrective action plans.
- Independently investigate and coordinate potential fraud investigations/referrals and where applicable, coordinating and cooperating with the appropriate external agency. The Officer, as appropriate, collaborates with other sponsors, state Medicaid Programs, Medicaid Fraud Control Units (MCFUs), commercial payers, and other organizations when a FWA issue is discovered that may involve multiple parties.

Compliance Committee:

Community has established an Executive Quality & Corporate Compliance committee (EQCC) to advise and assist the Compliance Officer in the implementation of the compliance program. The committee will consist of members of the executive management.

Roles and Responsibilities:

The Committee's responsibilities shall:

- Meet at least quarterly, and as necessary
- Analyze the industry environment, legal requirements with which it must comply and specific risk areas
- Work with appropriate departments to promote compliance
- Recommend and monitor the development of internal systems and controls to carry out Community's standards, policies and procedures
- Determine the appropriate strategy/approach to promote compliance with the program and detection of any potential violations through hotlines and other fraud reporting mechanisms
- Support the duties of the Compliance office
- Review and address reports of monitoring and auditing of areas in which Community is at risk of compliance deficiencies, fraud, waste or abuse
- Ensure effective corrective action plans are implemented and monitored.

Current committee as indicated on the committee lists in Attachment A.

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COMPLIANCE TRAINING:

Purpose:

Community believes that in order to achieve and ensure compliance with applicable laws and health program guidance, it is important that the Board of Directors, employees, and FDRs receive appropriate training and education.

Policy:

The below outlines the policy for companywide compliance training. Both general training sessions and specialized training sessions are conducted on an annual basis and considered essential to Community's Corporate Compliance Plan.

Community views compliance training as an integral part of the compliance program, as it is imperative all Community employees and delegates are knowledgeable of applicable laws, policies and procedures as related to specific job functions.

Training and education areas will include the government programs, URAC, various applicable laws and, fraud, waste and abuse. The training will be required of all levels of employees from corporate officers, managers and employees. Community considers the attendance and completion of compliance training a condition of continued employment and failure to comply with training requirements may result in disciplinary action up to and including possible termination.

All employees of Community will go through an initial educational program dealing with the compliance plan which will be a part of new employee orientation and will be conducted on an annual basis for all current employees. The training will include the following, but is not limited to:

- Community's Code of Conduct
- HIPAA
- Fraud, Abuse and Waste Detection & Prevention
- Anti-Kickback Statute and Other Inducements (New)
- Stark Act (New)
- Cultural Competency
- Retaliation Prevention (Management)
- Other specialized areas as deemed necessary and appropriate

General Sessions:

All Community employees will participate in annual compliance training that emphasizes Community's commitment to compliance with all Federal and State statutes, URAC requirements and internal policies.

All employees will be required to sign and date, on an annual basis, a statement reflecting the employee's knowledge and understanding of Community's Code of Conduct and the employee's commitment to upholding the Code of Conduct.

Specialized Training:

Community will conduct specialized compliance training for those employees associated with specifically identified risk areas. These risk areas include, but are not limited to:

- Financial and Operations Data reporting
- Marketing activities
- Utilization Management
- Data Collection and Submission Processes
- Anti-Kickback Statute and Other Inducements

- Beneficiary Protections

Community will also assess the need for periodic professional education courses for relevant personnel. Such courses would be in addition to the internal training sessions provided by Community.

Format of Training:

Each employee of Community shall have at least 1 (one) hour of compliance training annually and additional educational hours as deemed appropriate as related to specialized risk area training and periodic professional training courses. All training shall be logged and documented in the employee's personnel file and be considered a continued condition of employment.

A variety of delivery methods may be employed to conduct compliance training. Methods may include, but are not limited to:

General Compliance Training:

Annual mandated training developed to target areas where there is general risk of noncompliance while reinforcing widely understood areas of compliance such as HIPAA & FWA.

Informal and Ongoing Compliance Training:

Community recognizes the importance of keeping compliance issues at the forefront of its priorities. To that end, Community is committed to continuing the dissemination of the compliance message.

In order to facilitate the above communication, the following actions will be considered:

- Intranet Site to Include a tab or link for compliance messages
 - Include specific articles/reminders related to Community Compliance, Code of Conduct and HIPAA policies
 - Include links to the following: HHSC UMCC, TDI, TAC, HHSC-OIG, CMS, URAC and other applicable websites
 - Include the hotline number in a prominent location on the Intranet site
- Posters
 - Have posters developed and printed then placed in conspicuous locations throughout the organization. Posters will include the hotline phone number
 - Fraud, Waste and Abuse definitions
 - Health Plan's non-punitive policy regarding reporting compliance, FWA, HIPAA, and other federal/state law infractions
- Screen Saver Messages
- Electronic Mail (E-mail)
- Munch 'N Learns
- Newsletter Articles
 - Provider Newsletter articles to remind providers of Community's hotline numbers and other compliance issues
 - Internal Newsletter for employees
 - Member newsletters – hotline numbers, information on FWA, etc.

First Tier, Downstream and Related Entities (FDRs):

FDRs who are enrolled in the Medicare program are deemed to have met the FWA certification requirements consequently Community will exclude Medicare-participating FDRs from the FWA trainings. All other providers will be required to attest to an equivalent training.

Community will provide FDRs access to its website where appropriate links will be made available for all entities to complete FWA training or complete an attestation of completed equivalent training. This attestation will be kept in the FDR's file along with the evidence of completion of training when applicable.

Community will also offer onsite compliance and FWA training to FDRs if requested. Additional provider education is made available on the provider website and provider newsletters. Education includes

information on the required elements as set forth by federal and state laws and appropriate self-reporting requirements. Community encourages all FDRs to complete annual compliance, FWA training and Code of Conduct reviews.

OPEN LINES OF COMMUNICATION:

Purpose:

The below addresses Community's commitment to open lines of communication, free from punitive and retaliatory actions, when good faith reports of FWA as well as other ethical violations, legal violations and code of conduct violations are received. The ability for Community employees to report improper conduct is essential to the success of Community's Compliance Plan.

Policy:

Community is committed to maintaining open lines of communication between the Compliance Officer and Community employees, members, directors and FDRs. These lines of communication are essential to the ongoing success of Community's Compliance Plan. To ensure employees are encouraged to communicate and report incidents of potential fraud, waste or abuse; a written confidentiality and non-retaliation policy is part of the Employee Handbook.

Community encourages all employees to seek clarification, in the event of any confusion or question, with regard to Community policy or procedure from their supervisor, Human Resources or the Compliance Officer. All questions and responses will be documented and dated, and if appropriate, shared with other staff so that standards, policies and procedures can be updated and improved as appropriate to reflect necessary changes or clarifications.

Hotline / Online Reporting:

Community has established a hotline and online reporting system for use by employees, providers, members, and employers to report any suspected fraud, waste or abuse. Employees are encouraged to use the online reporting system, hotline, written communication or any other means to report any suspected FWA, ethical violation, code of conduct violation, etc. to their immediate supervisor, Human Resources, SIU or Compliance Officer. Reporting may be made on an anonymous basis or the individual may request anonymity, but are encouraged to identify themselves so if additional information is needed it can be obtained to fully investigate the complaint.

It must be noted, there may be a point where the individual's identity may become known or may be revealed in certain circumstances when governmental authorities become involved. However; Community will make every effort possible to protect the anonymity of the individual reporting the fraud, waste or abuse, ethical violations, code of conduct violations, etc. All matters reported through the hotline, the online reporting systems, or other communication sources that suggests substantial violations of compliance policies, regulations or statutes will be documented and investigated promptly to determine their veracity.

Community has adopted a no-tolerance policy for retaliation or retribution against any employee who reports suspected wrongdoing.

Routine Communication/Access to the Compliance Officer:

Community believes in fostering open lines of communication. In addition to the Hotline, Community has also established a process by where the employee may seek clarification from the Compliance Officer or a member of the EQCC in the event the employee is confused or has a question about a company policy, practice or procedure. While Community encourages the employee to seek clarification from his/her direct supervisor, the employees, at his/her own discretion may choose to seek clarification directly from the Compliance officer or EQCC without fear of retaliation or retribution.

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ENFORCEMENT OF STANDARDS:

Purpose:

The below outlines Community's policies regarding the consistent enforcement of standards in regards to disciplinary action for all employees who have failed to comply with Community's Compliance Plan.

Policy:

The overall success of Community's Compliance Plan relies on the effective enforcement of standards. To this end, Community's Human Resources Department along with Legal Counsel and the Executive Management Team has developed a disciplinary action policy which will be applied in a clear and consistent manner for all Community employees. The disciplinary policy will be applied to any and all Community employees who have failed to comply with Community's Code of Conduct, policies and procedures, federal and state laws, program rules and regulations, or those who have otherwise engaged in wrongdoing, which have the potential to impair Community's status as a reliable, honest and trustworthy company. Community's own best interest lies in ensuring fair treatment of all employees and in making certain that disciplinary actions are prompt, uniform and impartial. The major purpose of any disciplinary action is to correct the problem, prevent recurrence, and prepare the employee for satisfactory service in the future. Community will not provide financial incentives that promote compromise of quality of care or service.

Although employment with Community is based on mutual consent where both the employee and Community have the right to terminate employment at will, with or without cause or advance notification, Community may use progressive discipline at its discretion. Disciplinary action will be taken as outlined in the Human Resources policies.

Employee Policy/Federal Exclusion List Policy Statement

Purpose:

The below outlines Community's prohibition on employing any individual who has been excluded from a Federal or State Health Care Program. A Federal/State Health Care Program is defined as any health care program (including Federal Marketplace, Medicaid, CHIP or any other plan or program other than the Federal Employees Health Benefits Program), that provides health benefits (whether directly, through insurance, or otherwise), and is funded directly, in whole or in part, by the United States Government or the State of Texas.

Policy:

For all new employees a reasonable and prudent background investigation, including a reference check, is part of every such employment application. The application will require the applicant to disclose any criminal conviction or exclusion action. Individuals who have been recently convicted of a criminal offence related to health care or who are listed as debarred, excluded or otherwise ineligible for participation in a federal health care program will be excluded from employment with Community. The exclusion screening process will also apply to members of Community's Board of Directors and FDRs.

Screening Applicants for Employment:

All successful applicants seeking employment with Community will be screened against federal and state exclusions databases prior to an offer of employment and routinely thereafter.

Community's Compliance officer will be engaging the Human Resource department in implementing screenings to include the federal Specially Designated Nationals(SDN) database upon hire, the Director of Human Resources, will promptly ensure that the individual is screened against the exclusions databases

No individual may be given a binding offer of employment, either orally or in writing, until a satisfactory screening process has been completed. Any offer of employment made prior to the completion of such screening must be conditioned upon the outcome of the screening.

AUDITING AND MONITORING:

Purpose:

The below outlines Community's policy on the auditing and monitoring of Community's Compliance Plan, Texas Medicaid/CHIP programs, Federal Marketplace Exchange, URAC, and all related activities as deemed appropriate by regulatory expectations, the Compliance Officer, the EQCC or other related entity.

Policy:

For the compliance program to be successful, ongoing evaluation and monitoring needs to be undertaken on regularly scheduled intervals. Reporting mechanisms have been established to monitor the compliance program and such reports will be presented to the President, Executive Management Team and Board of Directors. Reports will include information and status on the implementation of the compliance program and suspected non-compliance.

The purpose of such audits is to:

- Ensure compliance with applicable regulations and CMS and Texas Medicaid/CHIP guidance and instructions, all legal and ethical guidance, as well as Community's Code of Conduct.
- Ensure that internal controls surrounding certain financial, managerial and operating information are effective and efficient
- Promote compliance with, and detect deviations from Community's policies, standards and procedures
- Ensure risks are appropriately identified, documented, reported and managed
- Promote quality and continuous improvements of Community's control processes.

There will also be regular, periodic compliance audits by Internal Auditors or contracted external auditors. Performance audits will be conducted by governmental and accreditation agencies, e.g. TDI, HHSC, CMS or URAC.

Internal Auditing & Monitoring:

Community requires ongoing internal monitoring and auditing across all departments to ensure compliance with internal Community policy, all CMS rules and regulations, URAC accreditation rules and regulations, all applicable Federal and State laws and guidelines as well as Community's internal compliance and code of conduct guidelines. No less than on a quarterly basis, compliance reports are generated and reported to Community's Executive leadership staff, the EQCC, and to the Board of Directors.

The areas of examination, and frequency, will be based on the risk assessment process conducted by the risk management organism of Community.

To ensure compliance with regulations, the Internal Audit & Compliance workplans will be utilized in the review of internal operations as well as the oversight of subcontractors performing administrative services for Community's required functions.

Areas of particular focus include, but are not limited to:

- Beneficiary Protections
 - Appeals & Complaints
- Claims Processing
 - Effectiveness of current Claims operations
- Data Analytics

Based on the findings of various internal and external audits, Corrective Action Plans, (CAPs), will be developed to correct any deficiencies and subsequent reviews or studies will be conducted to ensure that the recommended corrective actions have been implemented successfully. CAPs will not be considered for closure until at least three successful operational cycles of the identified deficiency(ines)

Any violations of laws and regulations will be reported to the appropriate authority.

Due to administrative reporting of Internal Audit into the Compliance Officer, external reviewers may be hired to evaluate the effectiveness and efficiency of the compliance program.

Fraud, Waste and Abuse Committee (FWAC):

Community has established a Fraud, Waste and Abuse Committee (FWAC), which meets no less than quarterly and as needed or deemed necessary. The FWA Committee is comprised of Community staff from various departments.

FWAC adopts an annual fraud work plan to target areas of potential fraud, waste and abuse utilizing the HHS-OIG Workplan as well as industry and internal areas of focus.

On a routine basis FWAC reviews reports of suspicious activity, first-tier entity reports of suspicious activity, fraud, waste and abuse and the FWA workplan.

Community's Special Investigation Unit (SIU), shall pull system reports and conduct in-depth analysis of internal operations data. Upon completion of the review the SIU determines appropriate course of action. Incidents of suspected, repeated abusive behaviors are carefully scrutinized and when a determination of suspected FWA is detected, the incident is forwarded to FWAC for final review and determination.

FWAC may also determine if an issue should be forwarded to internal departments for education/intervention and possible corrective action plan development. Provider education is tracked and educational outreach activities are to be reviewed at the time of Provider re-credentialing.

Current FWAC as indicated on the committee lists in Attachment A.

Data Security & Privacy Committee (DSPC):

Community has established a Data Security & Privacy Committee (DSPC), which meets no less than quarterly or deemed necessary. The DSPC is comprised of Community's Data Security and Privacy Officers as well as staff from various departments.

The DSPC is the primary oversight committee to help ensure overall compliance with HIPAA. DSPC meets at least quarterly and on an ad hoc basis if necessary to develop, implement and test physical and technology access controls to PHI and PII.

Current DSPC as indicated on the committee lists in Attachment A.

Delegation Oversight Committee (DOC):

Community has established a Delegation Oversight Committee (DOC), which meets at least quarterly and more frequently, if necessary. The Committee's function is to provide reasonable assurance to the EQCC that delegated services by contracted FDR entities are in line with contractual terms and agreements. The DOC provides oversight of organizations that perform business functions on behalf of Community Health Choice (Community).

Current DOC as indicated on the committee lists in Attachment A.

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PROMPT RESPONSE TO DETECTED OFFENSES:

Purpose: The below outlines Community's policy on detecting, investigating and responding appropriately to detected compliance offenses.

Policy:

Upon reports or reasonable indications of suspected noncompliance, the Compliance officer or other management officials will initiate prompt steps to investigate the suspected conduct to determine whether a material violation of applicable law, regulation or the requirements of the compliance plan has occurred. If such violation has occurred, Community will take immediate steps to correct the problem. Such steps may include but are not limited to:

- Immediate referral to criminal/civil law enforcement authorities
- Development and implementation of a corrective action plan
- Reporting to the appropriate government agency (TDI, HHSC, OIG, Others)
- Submission of overpayments (if applicable)

This also includes the requirement of self-reporting of any violation by Community's employees, member of the Board of Directors or FDR acting on behalf of Community.

Investigations:

The compliance officer will be made aware of all violations or deviations in order to review for trends or patterns that may demonstrate a systemic problem.

Subject to the nature of the alleged violations, an internal investigation may include interviews and a review of all relevant documents. Records of the investigation will contain documentation of the alleged violation(s), a description of the investigative process, copies of the interview notes and key documents, a log of the witnesses interviewed and the documents reviewed, the results of the investigation, e.g., reporting to appropriate law enforcement or governmental agency or any disciplinary action taken and the corrective action implemented. Further, after a reasonable period, the Compliance Officer will review the circumstances that formed the basis for the investigation to determine whether or not similar problems have been uncovered.

If an investigation of an alleged violation is undertaken and the Compliance Officer believes the integrity of the investigation may be at stake because of the presence of individuals under investigation, those individuals will be removed from their current Community activity until the investigation is completed. In addition, the compliance officer will take appropriate steps to secure or prevent the destruction of documents or other evidence relevant to the investigation. If it is determined that disciplinary action is warranted, it will be prompt and imposed in accordance with Community's written standards of disciplinary action.

Reporting:

The following outlines the structure for reporting non-compliant acts:

- Community employees, members, contractors, providers, and others report any acts of non-compliance to Community's Compliance officer, hotline, or through other communication channels,
- If the evidence is credible, the Compliance officer, SIU, and/or Human Resources will initiate an investigation,
- If after reasonable inquiry, the evidence leads Community to believe that the conduct may violate criminal, civil or administrative law, Community will do the following;
 - report the existence of misconduct to the appropriate governmental authority,
 - all reports must be made within a reasonable period, but not more than sixty (60) days after determining that there is credible evidence of a violation as prompt

- reporting demonstrates to authorities Community's willingness to correct and remedy any issues
- Develop appropriate corrective action plans as necessary and appropriate to ensure detected offenses do not occur again in the future.

When reporting misconduct to the government, Community will provide all evidence relevant to the alleged violation of applicable Federal or State law(s) and potential cost impact. Once the investigation is completed, the Compliance Officer will be required to notify the appropriate governmental authority of the outcome of the investigation, including a description of the impact of the alleged violation on the operation of the applicable healthcare programs or their beneficiaries. If the investigation ultimately reveals that criminal or civil violations have occurred, the appropriate Federal and State officials will be notified immediately.

This Compliance Plan does not, in any way, prohibit any employee from reporting any wrongdoing directly to a governmental or law enforcement agency.

Current Compliance Monitoring Plan as indicated in Attachment B.

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Attachment A - Compliance Committees List

Executive Quality & Compliance Committee (EQCC)

Chief Administrative Officer
Chief Financial Officer
Chief Information Officer
Chief Medical Officer
Chief Operations officer
Compliance & Risk Management Officer
General Counsel
SVP, Strategic Planning & Partnership
VP, Member Operations
VP, Performance Excellence

Fraud Waste & Abuse Committee (FWAC)

Chief Medical Officer
Director Claims
Director Contracting
Director Pharmacy Analytics
Associate Medical Director
Special Investigative Unit Auditor
Sr Manager Internal Audit
SVP, Strategic Planning & Partnership

Data Security & Privacy Committee (DSPC)

Chief Administrative Officer
Chief Data Security Officer
Compliance & Risk Management Officer
Compliance Health Policy Analyst
Director Human Resources
General Counsel

Delegation Oversight Committee (DOC)

Compliance & Risk Management Officer
Director Call Center
Manager Claims Quality Assurance
Director Contract Administration
Director Contracting
Director Credentialing
Director Provider Relations
Director Utilization Management
Manager Encounter Data
Director Accreditation
Vendor Relationship and Administrative Manager
Compliance Auditor

