HealthCare Partners, IPA
HealthCare Partners, MSO

CORPORATE

COMPLIANCE PROGRAM

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Contents

Introduction

HealthCare Partners, IPA and HealthCare Partners, MSO (HCP) is committed to promoting a culture of honesty and integrity in its business standards, in association with the delivery of health care through its provider network, and in compliance with healthcare program and payor requirements. To assist in this effort, and in accordance with the compliance program guidance published by the Office of Inspector General (OIG) of the U.S. Department of Health and Human Services, HCP has established and implemented a Compliance Program ("the Program").

An effective Compliance Program institutes guidelines and internal controls that detect, prevent and correct healthcare fraud, waste, and abuse and other non-compliant activity. The elements of an effective compliance program as defined by the OIG and as described within are the basis of HCP's Program. While this Program does not address every possible regulation, it provides a framework for compliant, ethical, and legal behavior and practices that are expected of all HCP employees, officers, temporary workers, and contractors, also known as HCP "Workforce" members.

The Program is approved and adopted by HCP's Executive Leadership and updated at least annually to meet the needs of HCP and to comply with changes in relevant laws, rules, and regulations.

HCP provides the Program to its Workforce members upon onboarding and it is made accessible through a central policy and procedures repository.

Statement of Policy

It is the intent of HCP to comply with all applicable federal and state laws and regulations mandated by the Centers for Medicare and Medicaid Services (CMS), the Office of the Inspector General (OIG), New York State Office of the Medicaid Inspector General (NYS OMIG), and the New York State Department of Health (DOH). This Program serves to detect, prevent, and correct fraud, waste, and abuse as addressed in the False Claims Act and other non-compliant activities in healthcare.

Applicability

This Compliance Program shall address the activities of all HCP employees, executive leaders, temporary workers, and contractors. "Contractors" shall be deemed to include all contracted providers and suppliers, first tier entities, downstream entities and any other entities involved in the delivery of, payment for or monitoring of benefits and services provided by HCP. HCP shall perform the functions specified in this Program in connection with its own activities. For the purposes of this Program, all employees, officers, temporary workers, and contractors shall be referred to as "Workforce" members.

Program Purpose

The purpose of this Program is to establish and maintain a culture that meets the highest standards of ethical, professional, and business conduct. To underscore HCP's continued commitment to compliance and to provide its Workforce with guidance that will enable them to act in accordance with applicable federal and state laws, rules, and regulations the organization has adopted this

comprehensive Program. The Program provides HCP's Workforce with the framework to perform their daily roles honestly, legally, and responsibly with respect to the CMS, NYS OMIG, DOH, and other regulatory agencies, and to members and the community at large, while at the same time advancing the mission of using resources to achieve optimum health care outcomes and providing exemplary service.

Towards achieving that goal, HCP has employed the following Program to:

- Assist in carrying out our daily activities within appropriate ethical and legal standards;
- Provide oversight for compliance with laws, regulations, and special conditions imposed upon it by any licensing or regulatory authorities;
- Avoid irregularities in payment, reimbursement, and other transactions;
- Assist in maintaining our obligations to patients, affiliated physicians, third-party payors, subcontractors, independent contractors, vendors, consultants, and to our colleagues according to regulatory requirements; and
- Provide excellent patient care via our provider network.

Compliance Program Elements

The OIG guidance includes the following fundamental elements of an effective compliance program which are the basis of HCP's Program:

(1) Written policies, procedures, and standards of conduct
(2) Designated Compliance Officer and Compliance Committee
(3) Open lines of communication
(4) Non-intimidation and non-retaliation*
(5) Effective training and education
(6) Internal auditing and monitoring
(7) System for prompt response and corrective action
(8) Well publicized disciplinary standards

* The OIG requires seven elements of an effective compliance program. Some states, such as New York, require an additional essential element that describes a non-intimidation and non-retaliation policy for reporting compliance issues.

(1) Written Policies, Procedures, and Standards of Conduct

HCP has developed and adopted policies, procedures, and standards of conduct that are designed to preclude fraud, waste, and abuse and other violations related to the provision and billing of health care services that could result in criminal and/or civil liability, reputational or financial harm to HCP. These guidelines are also intended to ensure that the organization maintains high business and legal standards that are in compliance with federal and state laws, rules, and regulations, help

to identify areas of non-compliance, and provide a structure for reporting, investigating, and resolving compliance concerns.

The Office of Corporate Compliance is responsible for the development, review, and revision of all policies and procedures that address compliance expectations. HCP department heads are responsible for developing and updating policies and procedures specific to the operations their respective departments perform for HCP. Policies and procedures are created and updated in accordance with current laws and regulations and are approved by members of HCP's Executive Leadership, Compliance Committee, and/or department heads as appropriate.

Compliance with standards of conduct set forth in the Program, Code of Conduct (the "Code"), and HCP's policies and procedures is the responsibility of all HCP's Workforce members. Written policies and procedures, the Program, and the Code are found in HCP's policies and procedures manuals located in a central repository accessible to all employees. Certain policies, including the Code, are accessible to contractors, consultants, and vendors through HCP's public website.

Code of Conduct

The Code is the foundation of HCP's Compliance Program and outlines its expectations for ethical conduct. It is intended to complement, but not replace, existing policies and procedures found in HCP's policies and procedures manuals. If there is no existing policy on a particular subject matter, the Code shall become the applicable policy. If you have questions about the provisions in the Code, you should consult your supervisor or the Corporate Compliance Officer.

The HCP Code of Conduct sets forth the following principles and standards designed to guide and govern the HCP Workforce:
- HCP shall comply with all applicable laws and regulations;
- HCP shall conduct its affairs in accordance with the highest ethical standards and business practices;
- All HCP Workforce members shall avoid conflicts of interest;
- HCP shall strive to attain the highest standards for all aspects of patient care;
- HCP shall provide equal opportunity and shall respect the dignity of all its members, providers, and fellow employees; and
- HCP shall maintain the appropriate levels of confidentiality for information and documents entrusted to it.

The Code is updated annually, or more frequently as needed, to respond to changing conditions, policies, and regulations.

Policies and Procedures

In addition to the Code and Program, HCP's policies and procedures address clinical, financial, administrative and operational functions including:

- **Claims and Billing Compliance:** HCP has processes for identifying overpayments and underpayments within its network while taking into consideration all regulatory

requirements and, if applicable, for the timely reporting and reimbursement of any identified overpayments in accordance with CMS. This includes, but is not limited to reporting, repayment, and recoupments associated with:

> (i) Improper billing, coding, and/or documentation (e.g., unbundling, upcoding, duplicate billing, and billing for services not rendered, not medically necessary, or provided by a unsupervised non-physician)

> (ii) Improper coverage determinations, services or enrollments at any level

HCP also uses a variety of web-based tools and resources to facilitate the claims review and validation process as described under "Internal Monitoring and Auditing" in this Program.

- **Accreditation and Credentialing:** HCP maintains a high-quality network of providers for its member community through its accreditation and credentialing standards. HCP's credentialing staff complies with required professional credentialing requirements which includes, but is not limited to documentation of professional training and education, up-to-date state licensure and certifications, background checks and sanction screening (e.g., no record of fraud or professional misconduct), and malpractice claims history. Providers are screened to confirm compliance with the credentialing criteria and again during the provider's respective re-credentialing period. Any providers who do not meet the compliance standards will undergo review by HCP's Credentialing Committee.

- **HIPAA, Privacy, and Member (Patient) Confidentiality:** HCP has established policies and information security standards in place to ensure that Workforce members preserve the privacy, integrity, and confidentiality of members' Protected Health Information (PHI). These policies meet requirements with applicable federal and state laws such as the Health Insurance Portability and Accountability Act (HIPAA), the HIPAA Security Rule, HITECH Act, and other best practice and industry standards. PHI shall be safeguarded to the highest degree possible in compliance with the requirements of security and privacy rules and standards established under HIPAA. Any breach of security is reported with accordance to these procedures and guidelines.

- **Cybersecurity**: In accordance with the New York State Department of Finance Cybersecurity Requirements, HCP has established policies, procedures, and controls to preserve the security of our Controlled Unclassified Information (CUI) and technology infrastructure from accidental or intentional unauthorized access, modification or destruction.

- **Standards and Quality of Care:** HCP has developed and implemented processes to support the organization's goal of providing exemplary quality service to its members through its provider network. HCP's Quality Improvement and Utilization Management staff and corresponding committees, work collaboratively to conduct routine monitoring and assessments of the effectiveness, efficiency, equity, safety and timeliness of the delivery of patient care. Policies and practices are implemented to address any deficiencies and support performance improvement including: identifying gaps in patient care, coordinating

effective care, services and resources, member education, and promoting member and provider engagement.

- **Response to Non-Compliance & Corrective Action:** HCP has established processes for conducting a timely inquiry of any possible instance of non-compliance. HCP will work to remediate any actual violations of federal and state laws, rules, and regulations to lessen the probability of reoccurrence. Corrective actions may include policy and procedure updates, remedial training, recommendations for appropriate disciplinary action with respect to individuals involved in the non-compliant activity, internal reporting to the Executive Leadership, Compliance and other relevant committees, and if appropriate, voluntary external reporting to governmental agencies as well as reimbursement of overpayments within a reasonable time period (no more than 60 days after the discovery of the potential violation).

  Moreover, it is HCP's policy to cooperate fully, involving outside counsel as necessary, with health plans, law enforcement agencies, or their designees, in response to audits, oversight activities, and official inquiries (e.g., subpoenas, search warrants) to investigate potential or alleged non-compliance.

- **Reporting & Non-Retaliation:** HCP enforces policies that emphasize confidentiality, anonymity and non-retaliation for compliance-related questions, or reports for potential non-compliance. HCP strictly prohibits retaliation against any Workforce member who raises a compliance concern or reports a compliance issue in good faith.

- **Sanction Screening:** HCP has developed policies and procedures to address the employment or retention of, or contracting with, individuals or entities that are excluded, debarred, disqualified or otherwise deemed ineligible from participation in Medicare, Medicaid, or other federal health care programs. These policies ensure and document the initial (i.e., prior to start of employment/business relationship) and ongoing monthly screening of HCP's Workforce against the Office of Inspector General (OIG) List of Excluded Individuals and Entities (LEIE), General Services Administration (GSA) System for Award Management (SAM), and New York State Office of the Medicaid Inspector General (NY OMIG) List of Restricted and Excluded Providers. In addition to proactively screening against the federal and state exclusion lists to identify any confirmed matches of Workforce members, HCP's exclusion screening policy requires all Workforce members to promptly notify the Office of Corporate Compliance in the event that they become excluded, debarred, disqualified, or ineligible from administering, delivering, ordering, furnishing, or prescribing benefits, care, or services to HCP managed members.

  HCP will not knowingly employ, retain, or contract with any individuals or entities that are included on such lists. If any of the aforementioned parties are on such lists, HCP shall require the immediate removal of such parties from any work related directly or indirectly to federal health care programs, and shall take such further corrective actions as may be necessary, including fulfilling reporting or reimbursement obligations in accordance with CMS regulations, if applicable.

- **Record Retention:** HCP has internal controls and standards to ensure that business documents, financial reports and accounting records, member information, and other documents comply with applicable record retention requirements. All records shall remain accurate, true, and complete with respect to HCP's legal, financial, and other reporting obligations. This includes all records documenting corrective action plans imposed for misconduct related to the administration or delivery of federal or state health care benefits and follow up compliance oversight reviews.

- **Conflict of Interest (COI) Management:** HCP employs a process to manage or eliminate any potential or actual conflicts of interest, or the appearance thereof, between HCP, its employees, and any entity with which HCP has a business relationship. This process includes a disclosure protocol that enables HCP to effectively address any conflicts of interest derived from ownership, control or contractual arrangements, outside employment, kickbacks, self-referrals or other incentives that could influence decisions or actions taken by its Workforce members on behalf of HCP. To assist in this process, HCP has implemented a COI policy that is distributed to all employees upon onboarding in conjunction with the *Conflict of Interest Disclosure and Attestation* form. The attestation requires Workforce members to certify: (1) that the individual has reviewed and understands HCP's Conflict of Interest Policy; (2) that the individual has disclosed any potential COI or has nothing to disclose that would constitute a COI; and (3) if any conflicts have been disclosed, that the individual has obtained management approval (i.e., is under a COI management plan) or has eliminated the conflict. The Executive Leadership or Compliance Committee, as appropriate, will review any interests disclosed to determine if they rise to the level of a conflict of interest. All disclosed interests will be reviewed, and eliminated or managed in accordance with HCP's Conflict of Interest Policy.

- **Kickbacks, Inducements, and Self-Referrals:** HCP is committed to complying with the Anti-Kickback Statute and all laws that prohibit illegal remuneration, such as kickbacks, bribes, improper or excessive payments, free or below market rents or fees for administrative services, or interest-free loans. HCP's policy is not to knowingly or willingly offer, pay, solicit or accept payment or any other remuneration or benefit to induce referrals of items or services payable by Medicare, Medicaid or other federal health care program as enforced in HCP's Antifraud, Waste, and Abuse Program. Similarly, and in accordance with the federal Stark physician referral law, HCP prohibits our providers from referring Medicare or Medicaid patients to an entity for certain "designated health services" if the provider (or immediate family member) has a financial interest.

The Code of Conduct, Program, and the applicable policies and procedures are made available to employees at time of hire, when the standards are updated, and annually thereafter. As a condition of employment, HCP's employees and officers certify that they have received, read, understand, and will comply with all written standards of conduct. HCP also disseminates applicable standards of conduct and policies to its contractors, consultants, and vendors upon onboarding.

(2) Compliance Structure and Oversight

HCP has designated a Corporate Compliance Officer (CCO)/Privacy Officer vested with the responsibility of developing, implementing, and monitoring the effectiveness of the Program. The CCO reports directly to the EVP of Administration and has reporting responsibilities to a Compliance Committee, which is comprised of members of the Executive Leadership, regarding the operation of the Program as well as compliance activities including but not limited to the identification and mitigation of potential compliance issues.

The EVP of Administration, Corporate Compliance Officer and staff are collectively known as the Office of Corporate Compliance and collaboratively implement the day-to-day operations of the Program.

Corporate Compliance Officer (CCO)/Privacy Officer

The Office of Corporate Compliance is responsible for communicating applicable regulatory and compliance standards to HCP employees, including management and Executive Leadership, and assisting key personnel in establishing systems, policies, and procedures that foster compliance and mitigate risk.

In addition to the foregoing, the CCO's duties include the following:

- Creating an annual work plan to direct compliance and operations efforts that will eliminate potential areas of vulnerability and improve Program effectiveness.

- Developing and monitoring implementation and compliance with HCP compliance policies and procedures through the creation and implementation of the risk assessment process.

- Reporting, at least on a quarterly basis, or more frequently as necessary, to HCP's Executive Leadership and Compliance Committee on the status of the Program implementation, the identification and resolution of potential or actual instances of non-compliance, and HCP's compliance auditing and monitoring activities.

- Creating and coordinating Annual Compliance Training and other educational outreach, in collaboration with the Human Resource Department and other key stakeholders as needed, to ensure that HCP's Workforce members are knowledgeable of the Program; its written standards of conduct, policies, and procedures; and applicable statutory, regulatory, and other requirements.

- Tracking and reporting to the Compliance Committee and the Executive Leadership on the status of compliance training initiatives.

- Developing and implementing methods and programs that encourage the HCP community to report suspected fraud, waste, and abuse and other misconduct without fear of retaliation.

- Maintaining the compliance reporting mechanism and ensuring timely response to reports of fraud, waste, and abuse or other misconduct, including the coordination of internal

investigations with appropriate departments and the development of appropriate corrective or disciplinary actions, if necessary.

- Reporting any potential fraud, waste, and abuse or misconduct related to Medicare or Medicaid to the health plans, CMS, NYS OMIG, their designee and/or law enforcement, when and as appropriate, in accordance with applicable law.

- Maintaining a record for each incident of potential or substantiated fraud, waste, and abuse received through any of the reporting methods (i.e., Compliance Hotline, mail/email, in-person), which describes the initial report of non-compliance, the method of investigation and documentation (including the respective timeline of events, actions taken and key contact information for individuals involved), the investigation outcome, and all corrective and/or disciplinary action(s) taken as a result of the investigation.

- Overseeing the development and monitoring the implementation of corrective action plans.

- Monitoring compliance with privacy policies and procedures regarding the safe use and handling of protected health information (PHI) in compliance with federal and state HIPAA regulations and Information Security requirements, including the investigation and reporting of any breach incidents.

- Providing oversight of HCP's sanction screening process to ensure that the applicable federal and state exclusion lists have been checked with respect to all Workforce members to assure they are not included on such lists. This is done in collaboration with the Human Resources, Credentialing, and Contracting departments as applicable before entering into employment or business relationships and monthly thereafter.

Compliance Committee

The Compliance Committee provides oversight of the Program and assists the CCO in the performance of his/her duties. HCP's Compliance Committee is coordinated and led by the CCO under the direction of the EVP of Administration and composed of the following members of Executive Leadership and management:

- Corporate Compliance Officer/Privacy Officer,
- EVP of Health Care Operations,
- EVP of Administration,
- EVP of Quality and Business Operations,
- SVP of Technology and Operations Integration,
- VP of Claims Operations,
- VP of Finance,
- VP of Human Resources,
- VP of Medical Management,
- Senior Manager of Health Plan Operations, and
- Senior Director of Customer Engagement.

Other HCP management and staff are invited to attend on an ad hoc basis and dependent upon relevant agenda items for discussion.

The Compliance Committee has a strong commitment to maintaining an effective and proactive compliance strategy for HCP. In collaboration with the Office of Corporate Compliance, the Compliance Committee strives to uphold this commitment by carrying out the following responsibilities and duties:

- Providing continuous monitoring of the Program, measuring efficacy, and recommending improvements to enhance the effectiveness of the Program, as necessary or appropriate.

- Promoting and maintaining a high level of compliance organization-wide by developing strategies to raise awareness, including through education, communication, and other compliance resources.

- Ensuring HCP has up-to-date policies and procedures that meet legal requirements, enhance processes, and address changes in the regulatory landscape.

- Facilitating the identification of specific objectives, responsibilities, and timelines associated with the annual work plan.

- Assisting in the risk assessment process in conjunction with key stakeholders and departments to identify and assess significant compliance risk areas for mitigation.

- Overseeing internal auditing and monitoring activity, including ensuring corrective action plans are created, implemented, and monitored to address identified risk areas.

- Guiding implementation of HCP's Antifraud, Waste, and Abuse Program, including developing strategies to prevent and detect fraudulent activity and other potential violations.

- Reviewing HCP's internal controls system to ensure that policies and processes collectively facilitate effective and efficient execution of the organization's daily operations, as well as compliance with applicable laws and regulations.

- Supporting the CCO's needs for sufficient staff and resources to effectively implement the Program.

- Ensuring HCP has a system for its Workforce to ask compliance questions, and report potential instances of fraud, waste, and abuse confidentially or anonymously (if desired) without fear of retaliation.

- Providing guidance on appropriate responses to reports of health care fraud, consulting with outside legal counsel, as appropriate, for assistance.

- Meeting at least bi-monthly, to discuss compliance activities, potential or substantiated fraudulent activity or misconduct, and other elements of the Program.

- Evaluating, at least annually, the performance of the Compliance Committee and reassessing the adequacy of the Compliance Committee Charter with respect to its responsibilities and duties as described.

(3) Open Lines of Communication

All members of the HCP community are expected to promptly report non-compliant activity. HCP has an established system that fosters open lines of communication between the Compliance Officer and the organization's Workforce, and members of the Compliance Committee, and that supports and promotes good faith reporting of compliance concerns as they are identified (i.e., with the reasonable belief the reported act is illegal or a violation of policy). Reporting non-compliant activity is essential to the success of the Program and in decreasing fraudulent activity and other actual or suspected misconduct. Any individual who fails to report any such instances in a timely manner may be subject to disciplinary action and/or the suspension or termination of any business relationships.

This system provides mechanisms that are easily accessible to all employees, contracted providers, consultants, and vendors for receiving, recording, and responding to compliance questions, or reports of potential or actual non-compliance while maintaining confidentiality, allowing anonymity if desired (e.g., through its "Compliance Hotline"), and ensuring non-retaliation against individuals reporting compliance concerns.

Compliance Hotline

Having a mechanism for reporting suspected compliance issues is one way HCP detects fraud, waste and abuse, and other misconduct such as inappropriate billing, coding, and documentation, improper claims submissions, HIPAA and patient privacy issues, conflicts of interest, and violations of the Code or Program. Without assistance from the HCP community, it is impossible for the organization to know about every possible compliance issue and take corrective action.

HCP utilizes an independent third-party vendor to operate a designated toll free telephone line, also known as HCP's "Compliance Hotline", for reporting suspected health care fraud and other misconduct. The Compliance Hotline is available 24 hours a day, 7 days a week.

Toll Free Compliance Hotline:
(888) 475-8376
(Caller May Remain Anonymous)

HCP Workforce members may also report compliance concerns online using a secure web intake tool managed by the same third-party vendor. The online reporting can be accessed via:

hcphotline.ethicspoint.com
(Online Form may be used for anonymous reporting)

HCP's Workforce members are encouraged to use this number to report suspected health care fraud and other non-compliant activity as soon as they become aware of a potential violation.

Reports of compliance concerns may also be made directly to your supervisor (who should immediately refer the matter to the Corporate Compliance Officer (CCO)), directly to the CCO in person or in writing, via email to mphillips@hcpipa.com, or to Human Resources or the Chief Information Security Officer as appropriate.

Corporate Compliance Officer/ Privacy Officer **Office of Corporate Compliance**	**Monique Phillips** **Call:** (516) 941-2122 **Email:** mphillips@hcpipa.com OR **Mail:** HCP Corporate Compliance Attn: Office of Corporate Compliance 501 Franklin Avenue, Ste. 300 Garden City, NY 11530
Human Resources	**Robin Salsberg** **Call:** (516) 941-2124 **Email:** rsalsberg@hcpipa.com
Chief Information Security Officer	**Lisa Rodgers** **Call:** (516) 941-2154 **Email:** lrodgers@hcp.ipa.com

Reporting mechanisms are promoted on HCP's public website, and included in training, internal signage, Compliance communications, and other outreach materials.

Confidentiality, Documentation, and Investigation

Reports to the Compliance Hotline (whether by phone or online) may be made anonymously, if desired. The CCO monitors this system. Callers should offer as much information as possible to assist the CCO in conducting a proper and thorough investigation of any reported non-compliance. The CCO will promptly review and investigate all reported violations of the Code, policies and procedures, laws and regulations and maintain any related information and documentation in a manner that ensures confidentiality to the extent possible.

In the event the results of an investigation indicate non-compliance, the CCO will make recommendations for remediation to the Executive Leadership, Compliance Committee, Quality Improvement Committee, or other appropriate stakeholders to prevent reoccurrence. Such recommendations may include, but are not limited to: (1) updating and/or creating new policies and procedures, (2) implementing relevant training and education, (3) enforcing disciplinary action relative to employees involved in the non-compliant activity, and/or (4) reporting and/or reimbursement to federal/state payors and governmental authorities, if applicable.

The CCO will report probable violations related to fraud, waste, and abuse involving its' providers, members, and vendors to the appropriate federal or state law enforcement agency.

Any complaints or allegations against the Chairperson or any other executive leaders will be reviewed independently by the Corporate Compliance Officer with outside counsel, as appropriate.

(4) Non-intimidation and Non-retaliation

Under no circumstances will HCP tolerate intimidation or retaliation against an employee or any other person who makes a report of suspected or actual misconduct to the CCO, their supervisor, the Human Resources Department, the Compliance Hotline or other reporting mechanisms, to law enforcement or a government agency. Employees are protected from retaliation by federal law and HCP's Whistleblower & Non-retaliation Policy. Any employee who believes they have been retaliated against for reporting, in good faith, any misconduct, and/or for participating in an investigation, should report the matter to the CCO or Office of Corporate Compliance directly, or through the Compliance Hotline. The CCO, in collaboration with the Executive Leadership will promptly and thoroughly investigate the allegation.

Any employee who, regardless of position or title, HCP believes engaged in acts of retaliation will be subject to disciplinary action, up to and including termination.

(5) Effective Training and Education

HCP provides effective training and education to its Workforce, including the Executive Leadership, contracted providers, consultants, and vendors, on its standards of conduct and expectations, compliance issues, Program operations, policies and procedures, and applicable laws and regulations. Education is provided through a number of different outreach methods such as in-person training, web-based training modules, organization-wide emails, and other initiatives and compliance resources. The CCO is responsible for overseeing HCP's compliance training efforts in collaboration with the Human Resources Department and ensures that the training is updated at least annually to reflect any material changes in regulations or policy.

The following is a description of HCP's compliance training initiatives:

New Employees

All new employees must participate in in-person training as part of the new employee orientation which is conducted within the first 30 days of employment at HPC. Each employee's knowledge of the training content is demonstrated by his/her achieving a passing score on the corresponding quiz. HCP's mandatory new employee compliance training modules include the following:

- *Code of Conduct*
- *Fraud, Waste, and Abuse (FWA) Awareness*
- *HIPAA and Privacy Training* (must be completed on first day of employment)
- *Cybersecurity*
- *Respectful Workplace*

- *Workplace Harassment*
- *Employee Injury & Illness Prevention*

Current Employees

All employees are required to participate in annual compliance training which includes: Code of Conduct, FWA Awareness, HIPAA and Privacy, and Cybersecurity training modules. Additionally, on a yearly basis, employees whose positions involve work that, by its nature, may present significant opportunities to observe fraud, receive annual specialized training. This includes job-appropriate aspects of fraud detection, reporting, and investigation.

Contractors, Consultants, and Vendors

HCP contracts with downstream entities who are deemed to have met the FWA training requirements in compliance with CFR 422.503(b)(4)(vi)(C) (1) (2) through enrollment into the Medicare program.

In the unlikely event HCP has a contract with providers and suppliers who currently are not enrolled in the Medicare program, HCP offers initial and annual trainings to those providers and suppliers and to their contracted downstream entities to comply with CFR 422.503(b)(4)(vi)(C)(1)(2) regulation requirements. The training educates primary care providers about general compliance program requirements and fraud, waste, and abuse detection, prevention, and reporting expectations through distribution of appropriate printed material and/or web based training. Refresher training is made available as appropriate.

Other Training, Tracking and Documentation

Training may also be administered from time-to-time to HCP's Workforce members as the result of recommendations from final audit reports, corrective action measures, or as needed to address identified deficiencies, and new or updated policies and regulations.

HCP's retains documentation of new hire, annual compliance training, contractor/consultant/ vendor education, and other specialized instruction through HCP's Learning Management System's tracking and reporting tools, sign-in sheets, and training certifications.

(6) Internal Monitoring and Auditing

HCP has a system for the routine identification and assessment of compliance risk areas within the organization in an effort to prevent fraud, waste, and abuse. As a component of the assessment process the CCO will conduct periodic reviews, audits, and other evaluations of key risk areas such as: business operations, claims, coding and billing practices, quality of care, credentialing, compliance with policies, laws, and regulations, and other compliance risk areas that may be identified through reports to the Compliance Hotline or other reporting mechanisms, audit reports and risk assessment results, and corrective action plans.

Antifraud, Waste and Abuse Program

HCP's actively employs an antifraud program overseen by the Office of Corporate Compliance, which includes periodic internal monitoring and auditing of its operations, and developing an annual work plan that identifies scheduled audits to be performed for measuring compliance effectiveness and identifying areas for improvement. Through interviews and communication with consultants, legal counsel, and others, an analysis of past investigations and audits, review of Medicare and Medicaid coverage decisions, utilizing authoritative government resources (e.g., OIG work plan and CMS publications), and applying other assessments, the CCO will identify areas for operational improvement and/or instances of possible non-compliance. Any material matters will be reported to the Compliance Committee for direction and support in implementing corrective action.

HCP tracks performance indicators to monitor and measure antifraud program success. Performance indicators to be tracked include the following:

    a. Number of cases of suspected fraud reports recorded by HCP
    b. Number of cases investigated
    c. Number of cases referred to law enforcement
    d. Number of cases prosecuted (to the extent this is known by HCP)

HCP has procedures for internal monitoring, auditing, testing and confirming compliance with Medicare and Medicaid regulations, sub-regulatory guidance, contractual agreements, and all applicable state and federal laws, as well as internal policies and procedures in order to protect against potential fraud, waste, and abuse.

Risk Assessments

The annual risk assessment is an integral component of HCP' Risk Management Program and the basis for the development of HCP's annual work plan. The CCO is responsible for conducting an annual risk assessment to identify, evaluate, and manage risks to HCP's operations. Any identified risks are reported to the Compliance Committee, including an evaluation of the risk level for each identified risk, underlying causes, possible consequences, the existing internal controls, the likelihood of reoccurrence, and any further action that needs to be taken by HCP to minimize or mitigate the risk.

HCP also includes in its risk assessment a process for responding to all monitoring and audit results, as well as a strategy to monitor and audit contractors involved in the administration or delivery of benefits.

The CCO utilizes audit results, compliance and quality reviews, industry standards and new developments, guidance issued by government agencies, and other relevant resources to facilitate conducting a comprehensive risk assessment.

Additional periodic risk assessments may be conducted as needed to identify and evaluate any risks associated with introducing new, or updating existing, processes, technology, and/or products to HCP.

The CCO provides ongoing monitoring of HCP's annual risk assessment, which includes, but is not limited to, the following monitoring tools and activities:

- Utilization of products for fraud detection, claims processing and validation, and coding reviews when appropriate including: HCP Proprietary Claims Auditing Reports, Virtual Examiner, Virtual Auth Tech, TC3 Code Review, EncoderPro, and DRG Claims Management.

- Utilization of products in concert with the Chief information Security Officer (CISO) for intrusion detection and prevention, data loss prevention, vulnerability and penetration testing: Proofpoint, Spiceworks, FortiGate, Zix, Varonis and Idera.

- Examining the performance and efficacy of the Program including review of training completion and effectiveness, the incident reporting mechanism (e.g., Compliance Hotline log), investigation files, sanction screening process, compliance with HCP's standards of conduct and policies, and conflict of interest management.

- Conducting follow up reviews of processes, systems, and specific areas previously identified as the result of the risk assessment to measure the effectiveness and progress of corrective action plans implemented to address any deficiencies and underlying problems.

(7) Response System and Corrective Action
HCP conducts timely investigations and responds appropriately to any compliance issues identified through monitoring, inquiries, or reports of suspected HIPPA violations, cybersecurity violations, fraud, waste and abuse, and any violation of HCP's Code, policies, and applicable laws and regulations. HCP promptly reports any violations if applicable, to the appropriate law enforcement agency(ies), assisting with law enforcement investigations, taking appropriate response measures and correction action when any violation is found to have occurred.

In the event any of HCP'S employees are contacted by outside agents and/or payors requesting HCP business information, employees are required to immediately notify the CCO.

(8) Well-Publicized Disciplinary Guidelines
HCP's Code is made available to all Workforce members upon onboarding, and is intended to provide general ethical conduct standards to follow and to assist HCP in the organization's commitment to maintaining a culture of compliance. Any person, who actively or passively participates in, encourages, facilitates, or permits non-compliant behavior, including misconduct that impacts participation in government health care programs such as Medicare or Medicaid, or who fails to report suspected or actual violations may be subject to disciplinary action. Enforcement of disciplinary action may include retraining to address the identified issue, oral or written reprimands, suspension, or employment or contract termination as described in the Code and HCP's personnel policies. In addition to disciplinary action, HCP will take other remedial measures as appropriate.

Managers and supervisors may also be disciplined for failing to prevent or detect non-compliance with applicable laws and regulations where reasonable diligence could have led to the discovery of any issues.

HCP maintains a "zero tolerance" policy towards any illegal conduct and expressly prohibits any activity that its Workforce claims to have been undertaken for the benefit of HCP. The degree and appropriateness of disciplinary action will be determined by the Executive Leadership (in consultation with the Office of Corporate Compliance, the Human Resources Department, and the individual's supervisor) while taking the following factors into consideration:

- the nature and severity of the violation;
- whether the violation was committed intentionally, accidentally, negligently or recklessly;
- whether the individual had previously committed any other violations and/or has a pattern of non-compliance;
- whether the individual self-reported his/her misconduct; and
- the extent to which the individual cooperated in the investigation related to the misconduct.

The consequences of non-compliance will be consistently applied and enforced in order to preclude future incidents or the reoccurrence of misconduct.

Conclusion

HCP believes that by implementing an effective compliance program it will more effectively meet all applicable compliance requirements and reduce the risk of fraud, waste, and abuse and other violations. HCP recognizes that the implementation of this Program may not entirely eliminate misconduct. However, it reflects HCP's sincere effort to comply with federal, state, and local laws and regulations through the establishment of this Program.

This Program has been approved and adopted by the Executive Leadership of HealthCare Partners, MSO effective January 25, 2019. This Program supersedes the 2015 "Compliance Plan" document.

Regulatory References	
False Claims Act (31 U.S.C. §§ 3729-3733)	Administrative Remedies for False Claims (31 U.S.C. §§ 3801-3812)
Federal False Claims Act (31 U.S.C. § 3730(h)	Social Services Law § 145-b False Statements
New York False Claims Act (State Finance Law, §§ 187-194)	45 CFR Part 160 and Subparts A and E of Part 164 (HIPAA Privacy Rule)
Health Information Technology for Economic and Clinical Health ("HITECH") Act of 2009 (Title XIII of Division A and Title IV of Division B of American Recovery and Reinvestment Act)	45 CFR Part 164 and Subparts A and C of Part 160 (HIPAA Security Rule) 23 NYCRR 500 (NYSDFS Cybersecurity Requirements)

Related HCP Polices	
"Antifraud, Waste and Abuse Program"	"Disciplinary Action"
"Code of Conduct and Professional Conduct"	"Effective Training and Education"
"Compliance with Deficit Reduction Act 2005"	"Record Retention"
"Compliance Policies and Procedures"	"Whistleblower & Non-Retaliation"
"Confidentiality of Member Information"	"Cybersecurity Program"