

Inter Valley Health Plan

Dept: Corporate Compliance Committee

POLICIES AND PROCEDURES

Effective Date: May 24, 2016

Policy No: P403

Subject: Compliance Program, Related Policies and Procedures, and Standards of Conduct

Revised: 3-31-2017, 3/1/2018, 5/1/2019, 5/15/21, 9/2021

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Reviewed and Accepted By:

(Committee or Department Head) _____ Corporate Compliance Committee _____



9-17-2021

Authorized Signature: _____ **Date:** _____

POLICY:

Inter Valley Health Plan (Plan) has formal Compliance Program with related written policies, procedures, and standards of conduct clearly stating its strong commitment to prevent, detect and mitigate fraud, waste and abuse (FWA) and to comply with all applicable Federal and State standards, which include, but are not limited to:

- Medicare Part C and D statute, regulations and program manuals;
- Federal False Claims Act;
- Anti-Kickback Statute;
- Physician Self-Referral ("Stark") Statute;
- Beneficiary Inducement Statute;
- Fraud Enforcement and Recovery Act of 2009; and Health Insurance Portability and Accountability Act (HIPAA).

DEFINITIONS:

Compliance Program - All sponsors are required to adopt and implement an effective compliance program, which must include measures to prevent, detect and correct Part C or D program noncompliance as well as FWA. The compliance program must, at a minimum, include the following core requirements:

1. Written Policies, Procedures and Standards of Conduct;
2. Compliance Officer, Compliance Committee and High Level Oversight;
3. Effective Training and Education;
4. Effective Lines of Communication;
5. Well Publicized Disciplinary Standards;
6. Effective System for Routine Monitoring and Identification of Compliance Risks; and
7. Procedures and System for Prompt Response to Compliance Issues.

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In order to be effective, a Plan’s compliance program must be fully implemented, and should be tailored to the unique needs of organization, operations and circumstances.

A compliance program will not be effective unless the Plan devotes adequate resources to the program.

Adequate resources include those that are sufficient to do the following:

1. Promote and enforce its Standards of Conduct
2. Promote and enforce its compliance program;
3. Effectively train and educate its governing body members and employees
4. Effectively establish lines of communication within itself and between itself and its FDRs;
5. Oversee FDR compliance with Medicare Part C and D requirements;
6. Establish and implement an effective system for routine auditing and monitoring; and
7. Identify and promptly respond to risks and findings.

An effective compliance program cannot be achieved unless the CEO (or senior-most leader) and other senior management, as appropriate, are engaged in the compliance program. The CEO and senior management must recognize the importance of the compliance program in the sponsor’s success.

The CEO and senior management should ensure that the compliance officer is integrated into the organization and is given the credibility, authority and resources necessary to operate a robust and effective compliance program. The CEO must receive periodic reports from the compliance officer of risk areas facing the organization, the strategies being implemented to address them and the results of those strategies. The CEO must also be advised of all governmental compliance enforcement activity, from Notices of Non-compliance to formal enforcement actions.

First Tier/Downstream/Related Entity (FDR) is any party that enters into a written arrangement, acceptable to CMS, with persons or entities involved with the MA benefit or Part D benefit, below the level of the arrangement between an MAO or applicant or a Part D plan sponsor or applicant and a first tier entity. These written arrangements continue down to the level of the ultimate provider of both health and administrative services. (See, 42 C.F.R. §, 423.501).

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Fraud is knowingly and willfully executing, or attempting to execute, a scheme or artifice to defraud any health care benefit program or to obtain (by means of false or fraudulent pretenses, representations, or promises) any of the money or property owned by, or under the custody or control of, any health care benefit program. 18 U.S.C. § 1347.

FWA means fraud, waste and abuse.

Governing Body means that group of individuals at the highest level of governance of the sponsor, such as the Board of Directors or the Board of Trustees, who formulate policy and direct and control the sponsor in the best interest of the organization and its enrollees. As used in this chapter, governing body does not include C-level management such as the Chief Executive Officer, Chief Operations Officer, Chief Financial Officer, etc., unless persons in those management positions also serve as directors or trustees or otherwise at the highest level of governance of the sponsor.

Monitoring Activities are regular reviews performed as part of normal operations to confirm ongoing compliance and to ensure that corrective actions are undertaken and effective.

Standards of Conduct - also known in some organizations as the “Code of Conduct” or by other similar names, state the overarching principles and values by which the company operates, and define the underlying framework for the compliance policies and procedures. Standards of Conduct should describe the sponsor’s expectations that all employees conduct themselves in an ethical manner; that issues of noncompliance and potential FWA are reported through appropriate mechanisms; and that reported issues will be addressed and corrected. Standards of Conduct communicate to employees and FDRs that compliance is everyone’s responsibility from the top to the bottom of the organization. For that reason, and because Standards of Conduct are the most fundamental statement of the sponsor’s governing principles, Standards of Conduct should be approved by the sponsor’s full governing body

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Written Policies & Procedures - Compliance policies and/or procedures are detailed and specific and describe the operation of the compliance program. Compliance policies may address issues such as sponsors' compliance reporting structure, compliance and FWA training requirements, the operation of the hotline or other reporting mechanisms, and how suspected, detected or reported compliance and potential FWA issues are investigated and addressed and remediated. Sponsors should update the policies and procedures to incorporate changes in applicable laws, regulations, and other program requirements.

I. Procedure:

Corporate Compliance Program and related written policies and procedures: 1.

1. Articulate Inter Valley Health Plan's commitment to comply with all applicable Federal and State statutory and regulatory requirements;
2. Describe compliance expectations as embodied in the Standards of Conduct and Ethics;
3. Implement operations of the compliance program, including Prevention, Detection, and mitigation of fraud, waste, and abuse annual risk assessment; work plan; and auditing plan; and description of ongoing monitoring efforts to support compliance program
4. Describe ramifications and/or penalties for failing to comply with standards of conduct, policies, and procedures, report instances of suspected non-compliance in good faith, and the failure to act in an ethical manner.
5. Ensure continued operation and maintenance of the compliance program
6. Provide guidance to associates and others on dealing with and reporting in good faith without fear of retaliation potential compliance issues, including fraud, waste and abuse and avoidance of conflicts of interests;

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7. Describe obligations of employees, management, governing board members and first tier, downstream and related entities (FDRs) to report violations of law and policy to Inter Valley Health Plan, Hotline, the Centers for Medicare & Medicaid Services (CMS), CMS' designate, the Department of Health Care Services (DHCS), law enforcement, and/or other regulatory agencies as appropriate and the process to communicate compliance issues as described in policy "P202 Reporting Potential Issues of FWA and Potential Non-Compliance";
8. Describe how potential compliance issues, including fraud, waste, and abuse are promptly investigated and resolved timely by the Plan;
9. Specify the disciplinary actions that can be imposed for violations of law and ethics, Compliance Program noncompliance and fraud, waste and abuse; and
10. Includes a policy of non-retaliation for good faith participation in the compliance program, including but not limited to reporting potential compliance and fraud, waste, and abuse issues, investigating issues, conducting self-evaluations, audits and remedial actions, and reporting to appropriate officials.
11. Each functional area of the health plan and FDRs are required to have policies and procedures in place that specify the duties that employees must perform in their day-to-day work in order to ensure that applicable regulations and laws are followed and to avoid fraud, waste and abuse.
12. Operational and functional area functional area policies and procedures are reviewed annually and updated to reflect changes to requirements, as applicable. Necessary revisions are made promptly if there is a change in the law or circumstance which materially affects policies and/or procedures. The Executive Owner is responsible for ensuring the policy is compliant with federal and state laws, regulations, accreditation standards, and other Plan policies. The Operational and functional area must be a Manager, Director, or VP or above and has final approval authority for a policy.
13. The Compliance Department maintains policies and procedures that support the Compliance Program and the seven elements of an effective compliance program. The

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Compliance Officer works with the Corporate Compliance Committee to review these policies and procedures on an annual basis for possible revisions that may result from a change in company policy or changes in applicable laws or regulations.

- The Corporate Compliance Committee reviews and approves substantive changes to the policies and procedures that support the Compliance Plan prior to such changes becoming effective.
- Policy recommendations from the Corporate Compliance Committee are then provided to the Board Compliance Committee annually.
- The Compliance Officer works with the Corporate Compliance Committee to update to the Compliance Program.
- Policies are stored on the Plan’s Intranet, Provider Portal, in Compliance Department and in respective functional areas, and are available to all associates.

14. Compliance Program, Standard of Conduct; and related policies and procedures are distributed annually and upon update to employees, governing board, and FDRs.

15. Compliance Program Standards of Conduct related policies are available on the plan Provider Portal for FDR access and review.

Standards of Conduct:

1. All associates, Directors, and FDRs are required to familiarize themselves with the laws, regulations, and guidelines applicable to their jobs and to put forth their best efforts to follow the laws, rules, and regulations.
2. The Standards of Conduct and Ethics establishes the standards of conduct that employees, governing board members and FDRs to follow.
3. Those who violate the standards in the Standards of Conduct and Ethics are subject to disciplinary action up to and including termination of employment or contract.
4. The Plan reviews the Standards of Conduct and Ethics on an annual basis for possible revisions that may result from a change in Company policy or changes in applicable laws or regulations.
5. In support of creating a company culture of compliance, the Standards of Conduct and Ethics

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are endorsed by the Chief Executive Officer, Corporate Compliance Committee with acceptance and approval from the Board Compliance Committee and governing board.

6. The Standards of Conduct are available to all associates via the employee handbook, , and the Corporate Compliance Program.

- An acknowledgment form is required during employee onboarding & newly appointed board members and annually for all thereafter to confirm receipt and understanding of the
- Compliance Program, Standards of Conduct and related compliance policies and procedures.

7. These documents are forwarded via email to FDRs annually and upon update and are also available to FDRs and other providers via the Plan provider portal

8. New employees receive copies of the Corporate Compliance Program and the Employee Handbook, which both contain the Standards of Conduct, during new hire onboarding orientation.

9. Updates to Corporate Compliance Program, Standards of Conduct, and related policies are forwarded to employees, governing board members and FDRs upon approval of updates for publication.

10. Records of compliance, fraud, waste, and abuse investigations, corrective actions, meeting minutes and other pertinent information pertaining to Inter Valley Health Plan's compliance are maintained for a minimum of ten (10) years.

References: Title 42 Code of Federal Regulations (CFR) 422.503(b)(4)(vi)(A)423.504(b)(4)(vi)(A) CMS Medicare Managed Care Manual Chapter 21 – Medicare Compliance Program Guidelines Prescription Drug Benefit Manual Chapter 9 – Medicare Compliance Program Guidelines