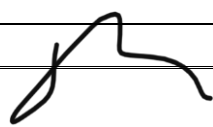


CHOICE PHYSICIANS NETWORK POLICIES AND PROCEDURES	Policy & Procedure #: COMP Replaces/Revised:
Department: Compliance	Orig Eff Date: 12/01/2012
Subject: Compliance Program	Revised Date: 07/17/2023
Approval Signature: 	Reviewed Date: 04/10/2024

Introduction

Choice Physicians Network (CPN) has implemented a Compliance Program to provide a systematic process dedicated to insure that management, Team Members, business associates, first tier, downstream, and other associated individuals/entities comply with applicable health care laws, Medicare Part C & D requirements, and, any and all applicable regulations and standards. CPN has no related entities. The program includes:

- A. Standards, policies and procedures to support and sustain program objectives;
- B. Oversight at Board and senior management levels;
- C. Reporting compliance activities and outcomes to the Governing Board ("Board"), senior management, CPN Team Members and applicable regulatory agencies.
- D. Screening of business associates, first tier, downstream, and other affiliated individuals/entities for the presence/absence of program related adverse actions and/or sanctions.
- E. Education and training generic to health care regulatory requirements; specific to CPN job functions; and, to business associates, first tier, downstream and other external affiliates.
- F. Ongoing auditing and monitoring of the organization's compliance performance.
- G. Enforcement measures enacted when issues of non-compliance are identified.
- H. Preventive practices to identify potential compliance issues and to implement actions that lower risk and/or mitigate effects.
- I. Evaluation to determine the effectiveness of the compliance program.

Compliance Program

A. Purpose

- 1. To focus attention and maintain compliance with federal, state and contractual health care specific laws, regulations and requirements.
- 2. To reduce the organization's risk of non-compliance with any and all of these requirements.
- 3. To develop a culture of compliance within the organization and to communicate the importance of this goal to all internal Team Members and external affiliates.

B. Compliance Program Scope

1. The following provide the structural components of the CPN Compliance Program:
 - a. Written policies and procedures and standards of conduct;
 - b. Designation of a Compliance Officer and high level oversight;
 - c. Effective lines of communication;
 - d. Ongoing education and training;
 - e. Auditing and monitoring;
 - f. Reporting and prompt response to non-compliance and detected offenses;
 - g. Enforcement, disciplinary guidelines and prevention; and,
 - h. Methods for measurement of the effectiveness of the program.
2. The following provide the regulatory and legal components of the CPN Compliance Program:
 - a. All sub-regulatory guidance produced by the Center for Medicare and Medicaid Services (CMS) for Medicare Advantage Plans including Manuals, Guides, Part D requirements and Memos;
 - b. Contractual Commitments;
 - c. Applicable Civil Monetary Penalties and Exclusions;
 - d. Prohibition on Inducement to Beneficiaries
 - e. United States Federal Sentencing Guidelines
 - f. Code of Federal Regulations, Title 42 specifically 42CFR 400, 403, 411, 417, 422, 423, 438, 1001 and 2003;
 - g. California Code of Regulations, Title 28 et al.;
 - h. California Code of Regulations, Title 22, Sections 51000-53999;
 - i. California Welfare & Institutions Code, Section 14100 et seq.;
 - j. Health & Safety Code, Section 1340 et seq. (CA Knox-Keene Act);
 - k. Deficit Reduction Act of 2005, Sections 6031 and 6032;
 - l. DHCS Contract and subsequent Amendments, All Plan Letters and Guidance;
 - m. California Insurance Code, Title 10 of the Code of Regulations;
 - n. The Health Insurance Portability and Accountability Act (HIPAA) of 1996 and subsequent updates;
 - o. Applicable Provisions of the Federal Food, Drug and Cosmetic Act;
 - p. The Federal False Claims Act;

- q. California False Claims Act;
- r. Health Information Technology for Economic and Clinical Health Act (HITECH Act);
- t. Anti-Kickback Statutes; and,
- u. Confidentiality of Medical Information Act (COMIA).

C. Compliance Program Structural Components

1. Written policies, procedures and standards of conduct.

- a. Written policies, procedures and standards of conduct are distributed to all Team Members, including employees (full-time/part-time, temporary employees, interns, volunteers, consultants), Managers, and Directors, Board Members, providers, business associates, first tier, downstream and other associates at all levels of the organization within 90 days of hire, when updates occur, and annually thereafter.
- b. The Code of Business Conduct and Ethics
Code of Business Conduct and Ethics demonstrates CPN's commitment to the compliance program and articulates the core values and principles that guide the organization's business practices. It is communicated in the following ways:
 - 1) The Code is distributed to employees within 90 days of hire, when there are updates, and annually.
 - 2) The Code is documented and provided to new employees in the Employee Handbook upon initial employment.
 - 3) The Code is articulated to new employees during orientation as well as subsequent Introductory Training sessions.
 - 4) Employees are required to acknowledge their understanding of The Code of Business Conduct and Ethics and their commitment to comply with its intent upon initial employment and annually thereafter.
 - 5) Performance Evaluations include compliance with The Code of Business Conduct and Ethics.
 - 6) Exit interviews include a question related to the Employee's observations of compliance with The Code of Business Conduct and Ethics and ability to express compliance concerns during their tenure.
- c. Conflict of Interest process to ensure that the Board Members, officers, directors, managers and legal counsel employed by CPN are free of conflicts of interest. A Statement of Economic Interests (Form 700) is required at the time of initial employment/membership and annually thereafter. The Statement must be in compliance with The Political Reform Act (Gov. Code Sections 81000-91014). When applicable, individuals must disqualify themselves from participating in decisions which may affect their personal economic interests. Conflicts of interest must be disclosed to CPN immediately. Personal,

familial or business relationships that could interfere with CPN's ability to conduct business may be conflicts of interest. Additionally, CPN employees must not engage in activities that compete with CPN business that may be conflicts of interest. Additionally, CPN employees must not engage in activities that compete with any of CPN's lines of business nor invest in entities they select, manage or evaluate as an entity supporting CPN. Health care providers and business partners must be sensitive to these relationships and avoid creating situations that could encourage a CPN employee to violate these policies. Additionally, this Act has prohibitions against receiving gifts and honorariums under defined circumstances.

d. Operating Policies and Procedures

Operating policies and procedures have been developed to:

- 1) Address principle business risks;
- 2) Define the program structure and the processes for monitoring and communication of contractual and regulatory changes and operating policies will be reviewed and updated annually to incorporate changes in applicable laws, regulations and other program requirements;
- 3) Identify practice weaknesses;
- 4) Describe how the compliance program operates and the consequences of HIPAA; security; marketing; provider payments; sanctions; confidentiality; information management; and, education and training.

2. Designation of a Compliance Officer, Organizational Structure and High Level Oversight.

a. The Compliance Officer Responsibilities

- 1) The Compliance Officer (CO), who is an employee of CPN, reports directly to Senior Management and to the Board of Directors on a semi-annual basis. CPN's Compliance Officer (CO) provides the Board of Directors, senior management and Upstream Health plan with an executive summary of the effectiveness of the compliance program.
- 2) The Compliance Officer advises the organization on required policies; oversees the development, distribution and implementation of policies; assures that policies accurately and effectively communicate legal and regulatory requirements; periodically reviews policies and initiates needed updates.
- 3) Senior Management defines the organizational structure of the Compliance Program and the authority and responsibilities of the Compliance Officer and Team Members of the Compliance Department.

b. The Board Responsibilities and Oversight

- 1) The Board is responsible for annual review and approval of the Compliance, Fraud, Waste and Abuse, and HIPAA Program Plans as well as the adoption of some written standards such as The Code of Business Conduct and Ethics. The Board has ultimate responsibility for monitoring and support of the compliance program.
 - 2) The Board conducts oversight of the compliance program through semi-annual review of its effectiveness as well as periodic updates of significant compliance issues as may be necessary.
 - 3) The Board maintains a knowledge of the impact of regulatory and/or contract changes as well as policy changes and health reform impact on compliance through initial and annual compliance training.
 - 4) The final appointment approval and removal of the Chief Compliance Officer are under the control of the Board.
- c. Chief Officer Responsibilities
- 1) The Chief Officers are responsible for providing adequate resources for the operation of the compliance program and participates in policy development to assure their consistency across organizational functions. The Chief Officers advise the Board and request resources as required.
- d. The Compliance Committee Responsibilities
- 1) The Compliance Committee, which is internal to CPN and accountable to senior management and the Board, is a multidisciplinary body that meets quarterly. The CO is in attendance along with the Chief Officers. Directors, and/or their designees, are responsible to report their respective compliance monitoring and performance indicators. All Compliance Department Team Members attend and provide reports specific to their program responsibilities.
- e. Legal Counsel Responsibilities
- 1) Legal counsel is responsible for monitoring and assisting with enforcement activities by federal and state agencies; for advice regarding government regulations and the implications of non-compliance; for attendance at Board meetings to advise and guide actions for compliance related issues; and, for guidance when suspected non-compliance may involve criminal misconduct, civil law violations or significant overpayment liability.

3. Effective Lines of Communication.

- a. Reporting Compliance Concerns

- 1) CPN requires all Team Members, including employees (full-time/part-time, temporary employees, interns, volunteers, consultants), Managers and Directors, Board Members, providers, business associates, first tier, downstream and other associates at all levels of the organization to report compliance concerns and suspected or actual misconduct and assist in the resolution as needed. 42 C.F.R. §§ 422.503(b)(4)(vi)(E). This requirement is communicated through:
- 2) New Team Member orientation programs and Introductory training;
 - a. The requirement that all Team Members submit signed acknowledgements of their understanding of and agreement with the Code of Business Conduct and Ethics, the Fraud, Waste and Abuse Plan and the HIPAA Plan upon initial employment and annually thereafter;
 - b. The requirement that providers submit signed acknowledgement of their receipt of the Provider Manual which delineates compliance reporting responsibilities;
 - c. Annual training for all CPN Team Members by the Compliance Department that includes publication of the existence, intent, process and mechanisms available for raising compliance concerns and, training relative to CPN's zero-tolerance policy for retaliation or retribution against a Team Member or associate who reports suspected compliance violations or misconduct, including recent examples of whistleblower settlements.
 - d. On-going, and whenever significant changes are made to the process for compliance concern submissions, education, training, encouragement and advice to report incidence of non-compliance.
 - e. Member Handbooks, Evidence of Coverage (EOCs) and newsletters.
 - f. Provider Manuals, newsletters and bulletins.
 - g. Publication of Compliance Hotline on internal and external web sites.
 - h. An annual survey to assess compliance effectiveness and act as a reminder of available reporting mechanisms.
 - i. The "Vendor Code of Conduct" (See attached Vendor Code of Conduct) applicable to business associates, first tier, and downstream entities, and those with whom CPN has a business relationship is included with new and/or revised contracts; and, is posted on the CPN website.
- 3) Confidential/ Anonymous Reporting Mechanisms
 - 1) Team Members can make reports directly through Supervisors,

Managers, Directors, Chief Officers, Human Resources and/or the Compliance Department.

- 2) Open channels of communication are available throughout the organization including the CEO open-door policy for all Team Members.
 - 3) A 24/7 Compliance Hotline with Spanish and English capability and a dedicated Compliance Department fax and E-Mail address for confidential reporting are available to Team Members, Members, Providers, business associates, first tier and downstream entities, and any individual/entity with a compliance concern. Calls and other reports may be made anonymously.
 - 4) Clear instructions as a part of compliance training on what those reporting compliance concerns can expect relative to timely response and the preservation of confidentiality.
- c. Documentation/Tracking of Compliance Related Issues
- 1) The Compliance Department maintains a log of Hotline calls with response and resolution outcomes. A report of Hotline usage is provided Quarterly to the Compliance Committee, which includes senior management, and the Quality Management Committee (QMC); and, annually to the Board.
 - 2) Risk assessments and State and CMS reports are maintained in the Compliance Department as are the results of investigations and corrective actions implemented.
 - 3) Reports of Team Member compliance disciplinary actions are maintained in the confidential files of the Human Resource Department.
 - 4) Fraud and abuse and HIPAA breach data is entered into a compliance data base with quarterly reporting to the Compliance Committee and the QMC; and, annual reporting to the Board, DMHC and CMS.
 - 5) Confidential medical information breach reporting to State agencies, the Federal Office of Civil Rights and/or the Federal Department of HHS in compliance with the reporting requirements of each agency.
 - 6) The Compliance Department maintains a log of Member discrimination allegations reported to the Department by Grievance and Appeals. Allegations of discrimination based on race, ethnicity, national origin, religion, sex, age, mental or physical disability or mental condition, sexual orientation, claims experience, medical history, evidence of insurability (including conditions arising out of acts of domestic violence, disability,

genetic information, or source of payment are addressed. CPN will not differentiate, or discriminate against any Member as a result of his/her enrollment in a Health Benefit Plan, payment source, state of health, need for Health Services, status as a litigant, status as a Medicare or Medicaid beneficiary. Allegations of Member discrimination are reviewed by the Director of Compliance or a designee. Criteria used to determine the substantiation of discrimination include, but are not limited to, the specificity of the allegation; the behavior displayed that led to the allegation; and, the provider's history relative to the number of previous and/or current discrimination allegations. Allegations that are substantiated will be referred to a Medical Director for peer review action and to regulatory bodies in compliance with contractual requirements.

4. Ongoing Education and Training.

- a. Ongoing Education and Training related to CPN compliance policies, contract and regulatory/legislative requirements is provided to the Board, Chief Officers, Executive Officers, volunteers, all temporary and permanent Team Members (part-time and full-time employees, interns, volunteers, consultants, managers, directors), business associates, first tier and downstream entities.
 - 1) Chief Officer training is provided by the Compliance Department Team and/or legal counsel upon initial hire and annually thereafter. Training includes compliance program changes and legal/regulatory updates.
 - 2) Board training is provided by the Chief Executive Officer/Chief Compliance Officer upon initial appointment and annually thereafter.
 - 3) Training is provided upon initial employment within 90 days; whenever significant changes are made to the Compliance Program; upon changes in regulatory or contractual requirements; as legislative updates; and, on an annual basis related to specific job related functions. Training includes:
 - a. Reinforcement of the organization's commitment to compliance.
 - b. Content and changes in the CPN Compliance Plan.
 - c. Privacy/confidentiality issues; regulatory updates; and, recent health care compliance related adverse actions such as penalties and settlements.
 - d. Fraud, waste and abuse issues; regulatory updates; and, recent health care compliance related adverse actions such as penalties and settlements.
 - e. Laws that may directly impact their job related functions such as anti-kickback laws; privacy breaches; the False Claims Act; and, the consequences of non-compliance.
 - f. Changes in contractual and regulatory requirements and updates on the

- consequences of non-compliance with these requirements.
- g. Responsibilities to report concerns or misconduct.
 - h. After the training, a written test will be given to assess the effectiveness of the training. Team Members must achieve a score of no less than 90% or retake the training and testing.
- 4) Business associates and first tier and downstream entities receive annual compliance training at the time of initial contracting and annually thereafter through an Internet based presentation, which measures the effectiveness of training with pre and post training testing, with the requirement to submit an attestation of attendance if they have not fulfilled the Medicare training requirement with another contracted Medicare entity.
- 5) Training strategies include, but are not limited to:
- a. On-line tutorials.
 - b. Lectures and participative classroom presentations.
 - c. Professional association seminars.
 - d. Videos and webinars.
 - e. Internal informative memos.
- 6) Education/Training Enforcement
- a. A failure to comply with these education requirements is grounds for discipline up to and including termination.
 - b. Assessments for training subjects are performed through a review of applicable OIG guidance; fraud alerts; consultation with legal counsel; identified organizational risks; changes in laws, regulations and/or guidance.
- 7) Documentation of education/training activities is retained by sign-in forms, signed attestations and the completion of testing results for at least ten years, or longer if required by applicable law.
- 8) Contractors, business associates, first tier and downstream entities Training.
- a. The requirement for compliance with all federal, state, contract and guidance regulations/communications is acknowledged upon execution of a contract with CPN. Additionally, a Vendor Code of Conduct inclusive of business associates, first tier and downstream entities is included with the contract and acknowledgement of its receipt is required.
 - b. Identified and/or potential compliance issues are brought to

the attention of individuals/entities with responsibility for the compliance related functions and services.

- c. Identified non-compliance issues are addressed directly with the responsible individual/entity and on-site education and training is offered to assist in mitigating future episodes of non-compliance.
- d. Updates on current legislative changes, regulatory and contractual guidance; and, significant changes to the Compliance Program are provided as applicable.
- e. Contractors, business associates, first tier and downstream entities training strategies include, but are not limited to:
 - i. CPN University Training.
 - ii. Newsletters.
 - iii. Provider Manuals and on-site presentation of the Manual to explain content.
 - iv. On-site education and training tailored to the attendees business and/or identified non-compliance.
 - v. External website training information.

5. Ongoing Monitoring and Auditing.

CPN has developed a monitoring and auditing component of the Compliance Program to test and confirm compliance across functional areas with contractual, legal and regulatory requirements. The monitoring and auditing processes are documented to show subject, method and frequency, which occurs and reported to the Compliance Committee and Board of Directors at least annually.

- a. For purposes of this Program, auditing refers to a formal review of compliance with a specific set of internal and/or external standards. Audits may be proactive, such as those which occur prior to billing; retrospective, such as those which occur after billing and/or as a result of organizational history; and baseline, in which the initial audit results in a series of identical audits in order to compare baseline data against progress to achieve a measurable objective.
- b. Risk assessments are broad based audits used to identify opportunities for improvement. Areas selected for risk assessments include the results of past internal and/or external reviews; Member/Provider satisfaction surveys; Member/Provider complaints and grievances; payment denial logs; issues identified by data mining; and, regulatory and government issuances such as the OIG annual Work Plan, DHCS All Plan Letters, fraud alerts, HPMS Memos, Medicare Manuals and other guidance information sources.

- c. CPN utilizes both internal and external resources to conduct the audit program. It is the organization's expectation that the Team Members responsible for the audit content cooperate with the audit process by providing access to documents and other information requested.
- d. For purposes of this Program, monitoring refers to reviews that are repeated on a regular basis during the normal course of business. Areas selected for monitoring include progress subsequent to a corrective action plan and/or preventive risk measure; risk areas that are generic to all health care Plans and/or those specific to CPN; issues previously discovered and corrected by the Compliance Program; and, reviews of sustained compliance with the internal and/or external components of the Compliance Program.
- e. Methods of review include, but are not limited to:
 - 1) Provider/Contractor, subcontractor, downstream entity site visits;
 - 2) Provider/Contractor, subcontractor, downstream entity initial contract and annual Medical Management Audits;
 - 3) External reviews of medical and financial records that support claims for reimbursement and Medicare cost reports;
 - 4) Questionnaires and survey results;
 - 5) Team Member interviews.
- f. Adverse findings routinely require corrective action plans, designed to identify the root cause of compliance failures; to implement actions directed at improving performance and/or eliminating risk; and, to ensure that desired results are being sustained. Follow-up auditing and/or monitoring is conducted to assess the effectiveness of these processes.
- g. CPN has established a fraud, waste and abuse plan to:
 - 1) Organize and implement a strategy to identify suspected cases of fraud, abuse and/or waste to reduce costs caused by fraudulent and abusive activity to the State and Federal Government, CPN and its Providers, Members and others.
 - 2) Support the organization's commitment to comply with all applicable state and federal standards.
 - 3) Protect CPN and its partners in the delivery of health care services through the timely detection, investigation and prosecution of suspected fraud.
 - 4) Establish a culture that promotes prevention, detection and resolution of inappropriate conduct.

- h. CPN has established a HIPAA Plan to:
 - 1) Accept and comply with a common set of general provisions and definitions related to HIPAA guidelines.
 - 2) Identify and apply any State law pre-emption requirements to HIPAA regulations.
 - 3) Establish CPN Compliance and Enforcement procedures, based upon HIPAA Standards and implementation specifications.

6. Reporting and Prompt Response to Non-Compliance and Detected Offenses.

- a. When potential and/or actual non-compliance is reported or suspected, the following steps are taken:
 - 1) The activity(ies) causing the non-compliance will be promptly halted and/or mitigated to the extent possible to prevent harm to individuals, entities and/or CPN.
 - 2) Investigations will be promptly initiated in accordance with the Fraud, Waste and Abuse Plan; the HIPAA Plan; the Compliance Plan; and, or, in consultation with the Compliance Officer who has the authority to open and close investigations.
 - 3) Corrective action will be implemented as appropriate for identified non-compliance. These may include, but are not limited to:
 - a. Initiation of corrective action plans and/or agreements.
 - b. Repayment of identified over-payments.
 - c. Initiation of Task Forces to address process and/or system deficiencies that may have caused or contributed to the non-compliance.
 - d. Additional education and training.
 - e. Modification of policies and procedures.
 - f. Discipline or termination of Team Members or contracts.
 - 4) Preventive measures will be implemented to avoid similar non-compliance in the future.
- b. Investigations may consist of an informal inquiry or involve formal steps such as interviews and document collection, depending on the circumstances involved.
- c. Investigations are conducted in consultation with the Compliance Officer who has the final authority to determine this process.
- d. Internal investigations are routinely performed by the Compliance

Team and involve other Team Members who have knowledge of the non-compliant issues. Referrals to legal counsel and/or other external experts are determined by the Compliance Officer.

- e. The timeliness and progress of the investigation is documented by the Compliance Team; and, along with any evidence obtained, is safeguarded through the use of passwords and locked storage for authorized access only.
- f. Documents and evidence obtained during investigations is retained for a period of no less than ten (10) years.
- g. Reporting of these activities and their results is provided to:
 - 1) The Chief Officers; appropriate Management; and, the Compliance Committee;
 - 2) The Board, if the Compliance Officer deems there is a significant non-compliance finding;
 - 3) Governmental authorities, as determined by the Compliance Officer, if there is an obligation to report misconduct that violates criminal, civil or administrative law within a reasonable time of discovery;
 - 4) The sponsor actual or suspected Medicare program noncompliance or potential FWA within ten (10) working days of becoming aware of or notified of such activity.
 - 5) Responses to government inquiries and investigations will be coordinated by the Compliance Officer.
 - 6) Regulatory Agencies within the required timeframes.

7. Enforcement, Disciplinary Guidelines and Prevention.

- a. A screening program is in place for business partners in order to avoid relationships with individuals and/or entities that tend toward inappropriate conduct. This process includes:
 - 1) Prior to hiring or contracting and monthly thereafter , review of the Office of Inspector General's (OIG) List of Excluded Individuals and Entities (LEIE) that are excluded from participation in government health care programs.
 - 2) Prior to hiring or contracting and monthly thereafter a monthly review of the GSA System for Award Management (SAM).
 - 3) A monthly review of the Medi-Cal sanction and exclusion list.
 - 4) Any staff, volunteer, downstream entity, or Governing Board Member identified on an exclusion list prior to hire will not be hired or contracted. Any staff, volunteer downstream entity, or Governing Board Member identified on an exclusion list screened monthly will be removed from Medicare work immediately and the plan sponsor will be notified within 10 working days.

- 5) Criminal record checks when appropriate or as required by law.
 - 6) Standard reference checks, including credit for Team Members.
 - 7) Review of the National Practitioner Databank (NPDB).
 - 8) Review of professional license status for sanctions and/or adverse actions.
- b. Disciplinary policies and procedures for Team Members are developed and implemented by the Human Resources Department in collaboration with the Compliance Officer.
 - c. Contract language relative to compliance requirements is written in collaboration with the Compliance Officer and/or his designee.
 - d. Credentialing policies and procedures are developed and implemented by the Credentialing Department under the Direction of the Credentials Committee and with the collaboration of the Compliance Officer and/or his designee.
 - e. A process is in place to communicate enforcement and disciplinary standards to Team Members and business associates. The process includes:
 - 1) Education and training emphasizing that Team Members and business associates are expected to report suspected incidence of unlawful conduct and non-compliance and assist in the resolution.
 - 2) Well publicized policy that violation of compliance standards may result in disciplinary actions up to, and including, termination of employment and/or contracts.
 - 3) Examples of noncompliance or unethical behavior includes but are not limited to the following topics:

Ethical violations	Wrongful Discharge
Unsafe Working Conditions	Internal Controls
Quality of Service	Vandalism and Sabotage
Sexual Harassment	Theft
Discrimination	Conduct Violations
Alcohol and Substance Abuse	Threats
Fraud	Bribery and Kickbacks
Conflict of Interest	Improper Conduct
Theft and Embezzlement	Violation of Company Policy
Violation of the Law	Misuse of Company Property
Falsification of Contract, Reports or Records	

- f. Disciplinary actions may be recommended/taken by:
 - 1) The Chief Executive Officer

- 2) Human Resources Department
- 3) CPN Peer Review Sub-Committee
- 4) The Compliance Committee

8. Assessment of Compliance Effectiveness.

- a. Written Policies and Procedures and Standards of Conduct
 - 1) Policies and procedures are comprehensive, understandable and capable of being fully applied.
 - 2) Policies and procedure requirements have been communicated to Team Members and are accessible internally.
 - 3) Team Members acknowledge training on The Code of Business Conduct and Ethics requirements in writing upon initial employment and annually thereafter.
 - 4) Board Members acknowledge The Code of Business Conduct and Ethics through an annual approval process.
 - 5) Policies and procedures have been reviewed annually and revised in accordance with changes in compliance requirements and/or corrective actions for identified compliance issues.
- b. Designation of a Compliance Officer and High Level Oversight
 - 1) Team Members can identify the individual within the organization who acts as the Compliance Officer.
 - 2) The Compliance Committee oversees the compliance activities and results as evidenced in the quarterly Compliance Committee Minutes.
 - 3) Senior management is informed of compliance activities and identified risk issues as evidence by their attendance at the Compliance Committee.
 - 4) The Board receives a report of compliance activities and identified risk issues as evidenced by the Board Minutes.
- c. Effective Lines of Communication
 - 1) Team Members are surveyed to evaluate their satisfaction with the Compliance Program and their knowledge of the reporting mechanisms.
 - 2) Potential compliance issues are being reported and reviewed by the appropriate Compliance Official and/or the Compliance and Quality Management Committees as evidenced by the presence/absence of reporting and the Committee Minutes.
- d. Ongoing Education and Training

- 1) There is documentation that training and education of Team Members has occurred.
 - 2) Team Members have passed the post training test with a score of no lower than 90%; or, if not, have retaken the training and testing modules with a passing score of no lower than 90%. Team Members who do not achieve this passing level after retraining are referred to management for appropriate intervention.
 - 3) CPN has documentation that proves that The Code of Business Conduct and Ethics; fraud, waste and abuse policies and procedures; and, confidentiality of Protected Health Information (PHI) has been made available to all Team Members.
 - 4) There is documentation in Team Member files showing discipline for Team Members who do not complete training or who do not return the receipt of The Code of Business Conduct and Ethics.
- e. Auditing and Monitoring
- 1) There is a regular auditing and monitoring program in place that is consistent with CPN's scope of business operations.
 - 2) The Board of Directors are notified if significant issues were identified through this process.
 - 3) If appropriate, government agencies were notified of adverse findings in a timely manner.
 - 4) When required, written corrective action plans have been produced and followed when adverse findings were made.
 - 5) There is evidence that overpayments have been promptly refunded in compliance with policies and procedures.
 - 6) There is evidence that analysis of the results of repeat audits indicate improvement following implementation of corrective actions.
- f. Reporting and Prompt Response to Non-Compliance and Detected Offenses
- 1) Ongoing harm is halted or mitigated promptly upon discovery of confirmed non-compliance.
 - 2) Corrective action responses to investigations are consistent with legal and relevant regulatory agency requirements.
 - 3) Monitoring efforts indicate that the preventive measures taken in response to non-compliance are effective in eliminating future instances of similar non-compliance.
- g. Enforcement, Disciplinary Guidelines and Prevention
- 1) CPN has policies and procedures addressing enforcement of

compliance standards and discipline of individuals/entities that violate them.

- 2) Business partners are screened before initiating a relationship and monthly thereafter to assure that they have not been excluded by the OIG, Medicaid and/or Medicare.
- 3) Enforcement and disciplinary standards are communicated throughout the organization.
- 4) Audit recommendations are implemented timely and to the satisfaction of the auditing entity.

9. Records Retention, Management and Access

a. Records Retention and Management

- 1) In compliance with Federal and/or State requirements, at a minimum 10 years, records retention schedule includes, but is not limited to employee records, contracts, trainings (Code of Conduct, General Compliance, FWA), financial records, work products, and Federal OIG/SAM or state specific exclusion screenings. Method or procedure for record retention may include electronic, hard-copy, cloud repository, or offsite storage.

b. Plan Access to and Requests for Delegate/Vendor Records

- 1) In compliance with Federal and State requirements CPN and its designees shall comply with all applicable state and federal record keeping and retention requirements and shall permit health plan sponsors and/or their designees to have, with appropriate working space and without charge, on-site access to and the right to perform an Audit, examine, copy excerpt and transcribe any books, documents, papers, and records related to Member's medical billing information.

c. Health Plan Sponsors and Designees Access

- 1) CPN will grant health plan sponsors and their designees access at reasonable times upon demand to the books, records, and papers of CPN relating to the services.
- 2) CPN provides to Members, to the cost thereof, and to payments CPN receives from Members or others on their behalf, including billing and assignment. Health Plan Sponsors and/or their designate may review, audit, and duplicate such records. CPN shall maintain such records and provide such information to Health Plan Sponsors and the Director of the California

Department of Managed Health Care as may be necessary for the Health Plan Sponsor's compliance with the requirements of the Knox-Keene Act.

- 3) CPN shall maintain such records for at least ten (10) years, and such obligations shall not be terminated upon a termination of the Agreement, whether by rescission or otherwise.