

COMPLIANCE PROGRAM
Medical Associates Health Plan, Inc.
and
The Medical Associates Clinic Health Plan of Wisconsin

INTRODUCTION

Medical Associates Health Plan, Inc., and The Medical Associates Clinic Health Plan of Wisconsin are committed to compliance with all legal, contractual, and ethical expectations, and promoting an organizational culture that expects, encourages, and supports ethical and compliant conduct. This Compliance Program is designed, implemented, and enforced to demonstrate its commitment to assuring compliance with all applicable federal and state laws, regulations, and standards that govern the health insurance industry. All policies and procedures reflect the combined organizational goal to meet or exceed compliance standards. The companies are dedicated to ethical conduct in all interactions with health plan enrollees, clients, health care providers, regulators, vendors and contractors, and in the community.

This document provides a high-level summary of the Compliance Program. The Program is a collaborative approach that encompasses:

- standards, policies, procedures;
- communication, training and education;
- monitoring and auditing;
- reporting, investigation, enforcement; and correction;
- resources and oversight.

This Program is established to be proactive, to detect and prevent non-compliant conduct, and to provide a high level of assurance that activities and processes are in conformance with all legal requirements. The terms integrity and compliance are both used in this document. Integrity refers to conduct that meets ethical and organizational standards regardless of whether a law requires such conduct. Compliance means acting in accordance with applicable laws, regulations, policies, procedures and other explicit standards.

ORGANIZATION

Medical Associates Health Plan, Inc., is licensed as a health maintenance organization in the states of Iowa and Illinois. The Medical Associates Clinic Health Plan of Wisconsin is licensed as a health maintenance organization in the state of Wisconsin. The entities collectively do business as Medical Associates Health Plans (“MAHP”). MAHP offers managed care products and services to employer groups within a service area that includes certain counties in Iowa, Illinois, and Wisconsin. MAHP also has contracts with the Centers for Medicare and Medicaid Services (CMS), under the authority of Section 1876 of the Social Security Act, to offer HMO (Health Maintenance Organization) health plan products (Part A and Part B) to Medicare-eligible individuals in certain counties in Iowa, Illinois, and Wisconsin. MAHP has entered into contractual relationships to

provide a broad range of professional medical and hospital services to members and enrollees in health plan products.

Medical Associates Clinic, P.C., (“MAC”) is the majority shareholder of Medical Associates Health Plan, Inc., and, pursuant to an intercompany Service Agreement, has an exclusive contract with The Medical Associates Clinic Health Plan of Wisconsin to provide or arrange for the provision of health care services and supplies. In accordance with an intercompany agreement, MAC also provides staffing and establishes standards and procedures to assure the likelihood of desired health outcomes for MAHP enrollees that are safe, effective, patient-centered, timely, efficient, and equitable.

PURPOSE

MAHP promotes a culture of integrity and ethical conduct and is committed to complying with all applicable laws and regulations. The organization’s Compliance Program is intended to affirm that MAHP:

- Tracks and audits compliance-related initiatives;
- Implements written policies, procedures and standards of conduct to promote integrity and to detect and prevent non-compliant conduct;
- Takes appropriate steps to detect and deter the potential for fraud, waste or abuse, and/or criminal conduct;
- Implements and conducts effective training and education on compliance and compliance-related processes;
- Develops clear lines of communication with key personnel throughout the organization;
- Complies with all applicable legal requirements in all operations and activities;
- Administers appropriate Risk Assessment actions and follow up;
- Acts as an avenue for employees, physicians and contracting providers to express compliance-related concerns anonymously and without fear or concern for retaliation; and
- Monitors adherence to action plans to ensure prompt response and corrective action(s) to any identified issues.

GOVERNING AUTHORITY

The MAHP Compliance Program is overseen by a Compliance Officer and Compliance Committee, which ultimately report to the MAHP Board of Directors. Compliance Committee meeting minutes are shared with the Board for review and action. The MAHP Compliance Officer reports to the CEO, with direct access to and regular communication with the Board. In addition, Medical Associates Clinic has established a Compliance Oversight Committee to act as a conduit for reporting all compliance-related issues to the MAC Board of Directors. MAHP Compliance Committee meeting minutes are shared with the Compliance Oversight Committee, which meets at least twice per year. Meeting minutes of the Compliance Oversight Committee are shared with the MAC Board for review and action.

Compliance Officer

The MAHP Chief Operating Officer is the appointed Compliance Officer. The MAHP Compliance Officer is responsible for the overall leadership, implementation, operations, and monitoring of the MAHP Compliance Program. This includes the express authority to:

- Develop and oversee priorities for the Compliance Program.
- Ensure compliance reports are regularly provided to the MAHP Compliance Committee, MAHP CEO, and MAHP Board of Directors, including reports regarding the implementation of the Compliance Program; the identification and resolution of suspected, detected or reported instances of noncompliance; and compliance oversight and audit activities.
- Direct investigations, or delegate the responsibility to direct investigations, regarding compliance issues, including the authority to interview employees, health plan enrollees, and/or providers and other FDRs (first tier, downstream, and related entities), as needed and appropriate.
- Review company contracts and other documents pertinent to MAHP, CMS, state, and/or other regulatory bodies to ensure compliance with applicable law, including reporting requirements.
- Coordinate resources to ensure the ongoing effectiveness of the Compliance Program.
- Independently seek advice from legal counsel as necessary and appropriate.
- Develop and implement methods and programs to encourage employees to report noncompliance and potential fraud, waste and abuse (FWA) without fear of retaliation.
- Respond to and investigate reports of potential FWA; develop appropriate corrective or disciplinary actions, if necessary; and report FWA to CMS, appropriate federal or state authorities, or law enforcement, in a timely manner.
- Conduct, or delegate the performance of, internal audits in any area or function related to the business of MAHP.
- Develop, or delegate the responsibility to develop, disciplinary mechanisms to consistently enforce the standards and policies of the Compliance Program;
- Develop, or delegate the responsibility to develop, policies to respond to detected offenses and non-compliant conduct and to initiate corrective action plans to prevent such offenses and non-compliant conduct.
- Recommend policy, procedure, and process changes to maintain the effectiveness of the Compliance Program.

Compliance Committee

The MAHP Compliance Officer is the Chair of the MAHP Compliance Committee. Members of the Compliance Committee serve to advise the Compliance Officer and are day-to-day implementation and support of the Compliance Program. The MAHP Compliance Officer and Compliance

Committee report to and are accountable to the MAHP CEO. The Compliance Committee is designed to broadly represent the various business functions and operations of MAHP. Committee participants may include but are not limited to:

- Chief Operating Officer
- Chief Medical Officer
- Director of Operations
- Director of Finance
- Director of Quality & Health Care Services
- Manager of Compliance
- Compliance Analyst (Commercial)
- Compliance Analyst (Medicare)
- Clinical Pharmacist
- IT & Provider Relations Manager
- Manager of Claims
- Manager of Member Services
- Manager Quality Improvement
- Manager Underwriting/Financial Analysis
- Manager Health Care Services
- Configuration Supervisor

The Committee meets quarterly, or more frequently as necessary, to enable reasonable oversight of the Compliance Program. This includes developing strategies to promote compliance; to detect any potential regulatory violations or non-compliant conduct, including through the use of the anonymous MAHP Compliance Hotline and other fraud reporting mechanisms; and to respond and communicate appropriately to identified risks. Additional functions of the Committee include:

Corporate Oversight

Provide regular and ad hoc reports to the Board of Directors on the activities and status of compliance within the organization, with recommendations to the Board as needed, including as to compliance-related issues that have been identified, investigated and/or resolved.

Report on operational trends via a Compliance Dashboard tool that tracks compliance-related activities and timeliness.

Code of Conduct

Support the Code of Conduct, which provides written standards of conduct and expectations for all employees and representatives, and which specifies that failure to comply with the Compliance Program may lead to discipline, including termination of employment.

Act as a resource in coordination with Human Resources and Senior Management in the development of appropriate sanctions and disciplinary mechanisms, including possible termination of employment and/or legal action, to assure consistent enforcement of the Code of Conduct.

Policy and Procedure Documentation

Oversee documentation and communication of all written compliance policies and procedures.

Auditing and Monitoring Compliance

Audit and monitor key indicators of MAHP performance, including but not limited to:

- Regulatory updates of new or amended statutes and regulations
- Compliance Work Plan
- Communications review, tracking and distribution of guidance from CMS, including via the Health Plan Management (HPMS) System
- Inquiries from and responses to state Departments of Insurance

- Potential HIPAA-related disclosures and non-compliance
- Medicare training and changes
- Exclusion and preclusion screenings
- MAHP Compliance Hotline complaints
- Claims internal audits and results
- Medicare data validation and other reporting requirements
- Medicare complaint tracking via HPMS
- Finance audits and reporting
- Coding audits and results
- Corporate internal audits and results

System for Communication of Complaints and Compliance Concerns

Ensure that effective lines of communication exist for complaints from enrollees, employees, providers and others, and that anonymity of complaints is maintained.

Monitor the system and mechanisms for enrollees, employees, Board members and FDRs to ask compliance questions and to report any potential instances of non-compliance and/or potential FWA confidentially or anonymously (if desired, such as through the Compliance Hotline) and without fear of retaliation.

Ensure prompt response to issues raised through all lines of communication.

Document and report on all issues of non-compliance, including but not limited to hotline calls received.

Training and Education

Evaluate the effectiveness of training and educational activities as they relate to compliance, cybersecurity, and fraud, waste and abuse.

Track scoring and provide feedback to appropriate personnel.

Investigation and Remediation of Identified Risks

Monitor compliance through audits and formal organizational risk assessments and assist in reducing noncompliance in identified risk areas.

Identify areas of potential risk as it relates to fraud, waste and abuse, and ensure formation of appropriate monitoring and auditing of such activities.

Maintain the internal auditing processes, as well as the Compliance Work Plan, and communicate with appropriate staff to ensure ongoing compliance activities.

Activities and recommendations of the Compliance Committee are recapped in minutes and presented to the MAHP Board of Directors, the MAC Compliance Oversight Committee and MAC Board of Directors for review, recommendation and action as needed. The Compliance Committee shall perform a regular assessment of the Compliance Program to evaluate its effectiveness and implement improvements as appropriate, which shall be summarized and provided to the Compliance Oversight Committee and Boards of Directors. The confidential nature of issues presented to and discussed by the Compliance Committee will be respected and maintained.

Compliance Department and Staff

The Compliance Program is additionally supported by Compliance Department staff that conduct day-to-day compliance-related tasks and ongoing monitoring and review of statutory and regulatory requirements applicable to the MAHP business and operational functions. Important areas of focus for the Compliance Department staff include but are not limited to:

- Federal regulatory requirements. Federal statutes and regulations that are applicable to the business of MAHP include those related to the Health Insurance Portability and Accountability Act of 1996 (HIPAA); the Employee Income Retirement Security Act (ERSIA); the Patient Protection & Affordable Care Act (ACA); the Mental Health Parity and Addiction and Equity Act (MHPAEA); and the Consolidated Omnibus Budget Reconciliation Act (COBRA).
- Medicare and CMS. Medicare and CMS requirements applicable to MAHP are analyzed on a regular basis, including through review, communication and follow-up on HPMS communications and educational resources distributed by the Medicare Learning Network.
- OIG and FWA Risk Areas. OIG risk areas, as identified on the Action Work Plan of the Office of Inspector General (OIG), are monitored on a regular basis, and follow-up is implemented as appropriate by MAHP operational departments.
- FDR Oversight. MAHP's commitment to compliance includes measures to ensure that FDRs are aware of and in compliance with applicable regulations and requirements in MAHP's contracts with CMS. MAHP has developed a process to validate that FDRs meet contract requirements, complete an annual Compliance Attestation, follow a Code of Conduct for non-retaliation, and incorporate a non-retaliation policy for their own employees.
- State regulatory mandates and requirements. State statutes and regulations that are applicable to the business of MAHP include those related to small and large group commercial insurance requirements and data privacy and confidentiality laws.

CODE OF CONDUCT and POLICIES AND PROCEDURES

MAHP's Compliance Program is supported by the Code of Conduct for employees, which is incorporated herein by reference. The Code of Conduct is designed to guide employees in conducting business professionally; in furtherance of the principles, values, and mission of the organization; and in compliance with all applicable laws, regulations, and standards. Employees annually review and agree to conduct themselves in accord with the Code of Conduct and the MAHP's Compliance Program. The Code of Conduct is regularly reviewed and updated to remain current.

MAHP is committed to having written policies and procedures in place and to communication of them to employees and staff. Employees are expected to comply with MAHP policies and procedures, including but not limited to those policies and procedures relevant to this Compliance Program.

EDUCATION and TRAINING

Effective compliance is an ongoing effort. MAHP recognizes the importance of providing continued education and training regarding ethics and compliance issues in an understandable manner for employees, business associates, providers, and contractors. Compliance-related training is

required for all employees upon hire and on at least an annual basis and may include but is not limited to:

- Compliance Plan overview
- Code of Conduct and company expectations
- Business ethics and integrity
- Fraud, Waste and Abuse laws and obligations
- Cybersecurity awareness
- HIPAA and confidentiality laws and obligations
- Employee responsibilities
- Reporting policies and procedures

Annual online compliance training is scored and tracked, and feedback is provided back to the training recipient. The MAC Human Resource Department is responsible for initiating and tracking annual employee compliance training. The MAHP Medicare Compliance Analyst is responsible for initiating and tracking annual training for brokers. Additional staff compliance training and education, including education and training on an as-needed basis to address or augment certain topics or focus areas, is tracked and overseen by departmental managers and/or the Compliance Department. Policy, procedures, and standards are reviewed, updated, and communicated on a regular basis, typically annually.

LINES OF COMMUNICATION

MAHP is committed to conducting all business with integrity. MAHP has established lines of communication to ensure confidentiality, anonymity, and non-retaliation for any individuals who report noncompliance or unethical conduct. Employees are encouraged to seek guidance or clarification on any compliance-related issues from supervisors, managers or directors and/or directly from the Compliance Officer or any member of the Compliance Committee. Employees may report any concern regarding potential non-compliance with laws, regulations, standards or policies anonymously or confidentially and without fear of retaliation. MAHP will protect, to the fullest extent permitted by law, the identity of individuals who report compliance concerns. The only requirement is that reporting of noncompliance, or unethical behavior contrary to the Code of Conduct, is done in good faith. Confidentiality and anonymity will be maintained between and among the Compliance Officer, members of the Compliance Committee, employees, managers, governing body, and FDRs, as well as for our health plan enrollees and other public persons.

Reporting may occur through:

- 1) A direct supervisor, manager or director
- 2) Compliance Officer
- 3) Compliance Committee Member
- 4) Human Resources, or
- 5) Compliance hotline: (563) 584-4795

Employees also have the right to report issues directly to U.S. Department of Health and Human Services Office for Civil Rights at:

- Online: <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>
- Email: OCRMail@hhs.gov

- Phone: 1-800-368-1019, TDD: 1-800-537-7697

RESPONSE and ENFORCEMENT

MAHP is committed to appropriate response and enforcement of any identified compliance issue. All employees have a responsibility to report conduct that is unlawful. Non-compliance with applicable laws, regulations, standards of conduct, or policies and procedures will subject an employee to appropriate discipline up to and potentially including termination of employment.

Upon receipt of notice of a potential compliance issue, MAHP will investigate the issue and report relevant findings to the Compliance Committee, the Compliance Oversight Committee, and/or the Board of Directors. Compliance issues may be identified through reports from any individual or through monitoring and auditing activities. Compliance investigations will be documented and corrective action plans for remediation will be implemented as appropriate to the circumstance. Additional action may include but not be limited to providing additional training, modifying or correcting procedures, disciplining employees, and/or making any reports required by law in a timely manner.

CONCLUSION

The MAHP Compliance Program is intended to promote an organizational culture of integrity and ethical conduct, and to assure compliance with applicable federal and state laws and regulations. The Program will be evaluated, reassessed, and amended as necessary. MAHP is committed to an effective Compliance Program that is appropriately prioritized, responsive to change, adequately resourced, empowered, and designed and enforced to meet or exceed all governmental expectations.



11/2023

Jill Mitchell
Chief Operating Officer
Compliance Officer

Date

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