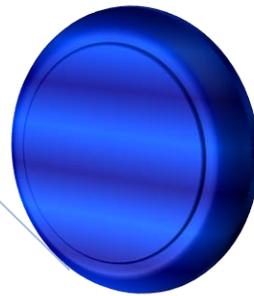
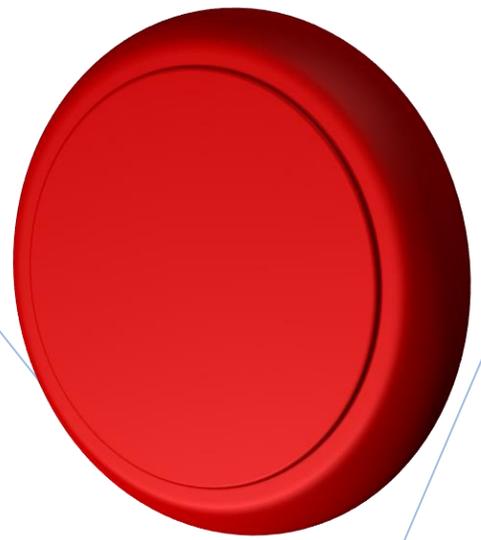


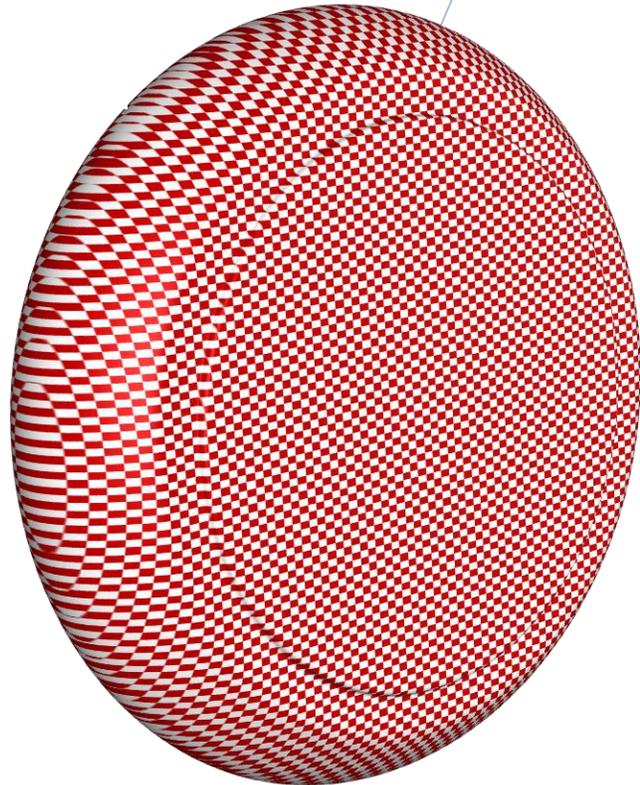


INTEGRA

Managed Care



**COMPLIANCE
PROGRAM**



Contents

COMPLIANCE PROGRAM OVERVIEW	2
I. WRITTEN POLICIES AND PROCEDURES	4
A) Integra’s Standard of Conduct	5
B) Employee Handbook and Orientation	5
C) Conflict of Interest	6
D) Gifts	7
II. COMPLIANCE OFFICER, COMPLIANCE COMMITTEE, BOARD OF DIRECTORS AND INTEGRA MANAGMENT ..	8
A) The Compliance Officer and Compliance Committee	8
B) Integra’s Board of Directors	10
C) Integra’s Management	11
III. TRAINING AND EDUCATION	12
A) Fraud, Waste and Abuse and HIPAA Privacy and Security Training	12
B) New Hire Orientation	13
C) Annual and Continuous Training	13
D) Compliance Staff Training	14
E) First Tier Entity and Downstream Entity Fraud, Waste and Abuse Training	14
IV. EFFECTIVE LINES OF COMMUNICATION AND REPORTING MECHANISMS	15
A) Integra’s Compliance Hotline (833-480-0010)	15
B) Open Door Policy	15
C) Exit Interviews	15
D) Integra’s Non-Retaliation Policy	15
E) What to Reprot- Defined	16
V. WELL PUBLICIZED DISCIPLINARY GUIDELINES	20
VI. AUDITING AND MONITORING	22
A) Compliance Work Plan	22
B) External Auditing	22
C) Internal Monitoring	22
D) Internal Monitoring of First Tier Downstream Entities	23
VII. SYSTEMS FOR RESPONDING TO COMPLIANCE ISSUES	24
A) Non-compliance, Fraud and Abuse Investigation Process	24
B) Organizational Response to Non-Compliance and Suspected Criminal Activity	25
C) Self-Disclosure to Government Authorities	26
F) Next Steps After Self- Disclosure	27
VIII. NON-INTIMIDATION AND NON RETALIATION	29
HOW TO CONTACT YOUR COMPLIANCE OFFICER	30

COMPLIANCE PROGRAM OVERVIEW

The mission of the Compliance Program is to enable Integra to uphold the highest ethical business standards and to remain compliant with all applicable City, State and Federal statutes and regulations including the requirements set forth in its contract with both Centers for Medicare and Medicaid Services (CMS) and New York State Department of Health (NYSDOH).

Integra Managed Care (Integra) requires staff members adhere to legal and ethical standards at all times and has therefore developed a comprehensive Compliance Program that conforms to the requirements prescribed by the Federal Sentencing Guidelines- as articulated by the Office of Inspector General (OIG), the Centers for Medicare and Medicaid Services (CMS), and the New York State Office of the Medicaid Inspector General (OMIG).

The Compliance Program's purpose is to objectively and systematically monitor and evaluate Integra's compliance with federal and state laws, regulations, standards and contract requirements with respect, and to identify, correct and prevent actual and potential issues of non-compliance and fraud, waste and abuse.

Integra's Compliance Program is specifically designed to (1) set forth the standards to which its staff should adhere; (2) establishing a process for continuous monitoring, ensuring these standards are met and correcting any action that falls short of it; and establish a process which enables staff to report possible violations without fear of retaliation. Additionally this Compliance Program provides a system for the Compliance Department to respond appropriately and timely to issues of misconduct and non-compliance.

As a CMS approved Medicare Plan and a New York State approved MLTC, Integra is fully aware of its fundamental obligation to its members and its agreement with NYS DOH to ensure that its participation in the government reimbursement systems and health plan operations are consistent with all applicable laws.

The Compliance program as developed accomplishes this by having:

1. Written policies and procedures;
2. a Code of Conduct that is to be followed by all Integra staff;
3. a designated Compliance Officer and Compliance Committee charged with periodically reporting compliance activities directly to Integra's governing body;
4. continuous training and education for new and existing employees;
5. designated systems that provide effective lines of communication to the Compliance Officer;
6. disciplinary processes and procedures to address policy violations;
7. auditing and monitoring systems that enable routine identification of specific compliance risks;

8. procedures and systems to (1) promptly respond to compliance issues, (2) appropriately and effectively correct such issues, and (3) identifying and reporting compliance issues to the appropriate governing body; and
9. a company-wide policy of non-retaliation and non-intimidation to protect and encourage reporting of misconduct and regulatory violations.

In addition, Integra's Compliance Program includes sections that address the following:

- **Self-Disclosure-** Integra is committed to (1) detecting potential fraud, waste and abuse (2) voluntarily disclosing these issues to the appropriate regulatory authority and (3) returning inappropriate payments to the appropriate government agency.
- **Delegation Oversight-** Integra may delegate functions required under its contract with New York State Department of Health and/or CMS to another entity through written agreement. Integra however, remains accountable for ensuring that such functions are carried out in accordance to all regulatory standards set forth in its contract with NYS DOH and CMS. Integra will continuously review the operations, policies and procedures of delegated entities to ensure compliance with federal, state, and local regulatory requirements.

I. WRITTEN POLICIES AND PROCEDURES

Integra has developed compliance policies and procedures that detail (1) values and company behavioral expectations, (2) internal standards for compliance with all laws and regulations governing Medicare, Medicaid and Managed Care, and (3) consequences for misconduct and non-compliance. These policies are to be reviewed annually and revised to reflect any internal policy and regulatory changes.

These policies are developed under the supervision and direction of the Compliance Officer and are, at a minimum, to be provided to all individuals who are affected by the specific policy at issue. Integra shall also, upon request, provide all contractors with a copy of the Code of Conduct and the way to report complaints.

All Integra employees and contracted individuals must comply with company policies. Conduct that does not comply with these policies is not authorized by Integra. If the employee or sub-contractor performs a task that is outside the scope of his/her employment or is not in compliance with Integra policy, Integra may subject the employee/contractor to disciplinary action including oral or written warnings or reprimands, suspensions, terminations, and/or financial penalties up to and including termination of employment or the contract.

Disciplinary action will be taken on a fair and equitable basis. These disciplinary actions also apply to a supervisor who directs or approves the person's improper actions or is aware of those actions but does not act appropriately to correct them, or who otherwise fails to exercise appropriate supervision.

If at any time, any employee or contracted professional becomes aware of any apparent violation of Integra's policies, he or she should report it to his or her supervisor or to the Compliance Officer. All persons making such reports are assured that such reports will be treated as confidential; such reports will be shared only on a bona fide need-to-know basis. Integra will take no adverse action against persons making such reports in good faith, whether the report ultimately proves to be well-founded. If an employee does not report conduct known to violate Integra's policies, that employee may be subject to disciplinary action up to and including termination of employment or termination of that person's contract with Integra.

Integra's Plan requires that the promotion of, and adherence to, the elements of the compliance program is a factor in evaluating the performance of all relevant employees. Such employees are to be periodically trained in new compliance policies and procedures.

Integra policies require that managers:

- Discuss with all relevant employees the compliance policies and legal requirements applicable to their function;
- Inform all relevant personnel that strict compliance with these policies and requirements is a condition of employment; and

- Disclose to all relevant personnel that Integra will take disciplinary action up to and including termination for violation of these policies or requirements.

A) Integra's Code of Conduct

Integra is fully committed to ensuring that its staff conducts company business with the highest ethical standards. The Code of Conduct establishes Integra's business expectations for staff to adhere to this high standard whenever he or she acts on the behalf of the company whether in dealings with fellow employees, Violations of legal or ethical requirements jeopardize the welfare of Integra or its parent company Personal Touch Home Care, its employees as well as the health plan's beneficiaries.

Integra acknowledges that Medicare and Medicaid program requirements apply to First Tier, Downstream, and Related Entities (FDR), and Delegated Entities, to whom Integra has delegated functions. The Board of Directors, all Integra employees and contracted individuals must comply with all applicable laws and regulations of the State of New York and Federal government, as well as the rules, policies and procedures promulgated by Integra. Compliance by all Integra staff with all applicable statutory, regulatory and other requirements related to the Medicaid and Medicare programs are a critical component of Integra's program to detect and prevent fraud, waste and abuse.

All Integra new hires, including corporate officers, directors and managers, are given the Code of Conduct brochure and Compliance Program during the mandatory new hire orientation and annually thereafter. Each employee is required attest as a condition of employment that they have (1) read and understand Integra's policy and expectation on conduct, (2) will abide by it during the entire term of their employment, and (3) acknowledge that they have a duty to report any alleged or suspected violations. Staff members who fail to comply with policies, procedures, Federal, State, local rules and regulations are subject to disciplinary action up to and including dismissal.

B) Employee Handbook and Orientation

Integra conducts a mandatory new hire orientation for all new staff. During orientation each new employee is given a copy of Integra's Employee Handbook. The Employee Handbook serves as a manual for staff that outlines what the employee should expect during their employment with Integra and what Integra expects of its employees. The manual provides a description of Integra's employment policies and procedures further addresses the following:

- i. ***Integra's Code of Conduct-*** This is Integra's commitment to conducting business in a manner that is lawful and ethical. Staff members must comply with the rules that apply to their position as well as the rules regarding health plan operations.
- ii. ***Compliance-*** Integra is obligated to fully comply with all Federal, State, and Local rules and regulations including identifying, correcting and reporting violations of law and ethical principles.
- iii. ***Fraud, Waste and Abuse-*** Integra works to educate its staff on fraud and abuse laws. It is essential to business operations that employee have the knowledge necessary to prevent, detect and deter fraud, waste and abuse at Integra. The Compliance Program is designed to highlight

the importance of reporting any suspected fraud and abuse and submitting accurate claims and reports to the appropriate government entity.

- iv. **Privacy-** Integra strives to conform to laws and regulations regarding the privacy and security of member and employee information. As a health plan, Integra is entrusted with sensitive information regarding its members and aims to protect their privacy rights individuals with respect to any information regarding a member that is protected by the law.
- v. **The False Claims Act (FCA)** - The FCA is a federal law intended to prevent fraud in programs such as Medicaid and Medicare. Pursuant to this law, Integra prohibits the submission of a false claim for payment of a federally funded or state sponsored health care program.
- vi. **Qui Tam Provisions-** Under the FCA, an individual with knowledge of false claims may file a lawsuit on behalf of the government. This is considered a civil suit and is commonly referred to as a qui tam suit.
- vii. **Sexual Harassment-** The Equal Employment Opportunity Commission (EEOC) states “It is unlawful to harass a person because of that person’s sex.”¹ Harassment includes but is not limited to unwelcomed advances, requests for sexual favors and other verbal and/or non-verbal behaviors. Integra has a zero tolerance policy for such behaviors and any staff found violating this policy is subject to disciplinary action up to and including dismissal.
- viii. **The Americans with Disabilities Act (ADA)-** The ADA is a national mandate to eliminate discrimination against individuals with disabilities. Pursuant to Integra’s contract with New York State DOH, Integra’s employees are required to serve disabled individuals in the same manner in which they serve all other plan members.

C) Conflict of Interest

It is Integra’s policy that governing body members and employees act in the best interest of Integra at all times. Integra’s Conflict of Interest policy prohibits any activity in which an employee’s private interest conflicts with Integra’s business interests. Affiliates, agents, vendors, FDRs, and providers are expected to act in the best interest of Integra and its members at all times with respect to their provision of contracted services.

Generally a conflict of interest exists when an obligation or situation resulting from an individual’s personal activities or financial affairs may adversely influence his or her judgement in the performance of his or her job duties. Integra’s senior management and executive management are required to disclose annually any potential conflicts through a signed attestation. They to also attest to resolve any conflicting interest they are realized. In cases where it is not clear whether there may be a conflict, disclosures can be made to the Compliance Officer or the Chief Operating Officer of Integra. Integra’s Conflict of Interest Policy is intended to provide guidance on addressing conflicts as well as ways to

¹ http://www.eeoc.gov/laws/sexual_harassment.cfm

avoid any situation where an employee's personal affairs or financial affairs are or may appear to be in conflict with their responsibility to act in the best interest of the company.

D) Gifts

- i. ***Solicitation of Gifts-*** Employees are prohibited from soliciting gifts, gratuities, tickets or entertainment from suppliers, vendors, customers or contracted entities, regardless of their value. Employees are not at any time to accept case or cash equivalents as gifts. Food or flowers received will be distributed throughout the company.

- ii. ***Gifts to Medicaid/Medicare Recipients-*** Integra employees may not provide any item to a Medicaid recipient with an individual fair market value of five (5) dollars or more and may not provide any item to a Medicare recipient with an individual fair market value of fifteen (15) dollars or more. If any gifts are to be provided they must be provided to everyone whether or not the recipient enrolls in an Integra plan. Cash and cash equivalents are prohibited from being provided to any recipient as well.

II. COMPLIANCE OFFICER, COMPLIANCE COMMITTEE, BOARD OF DIRECTORS, INTEGRA MANAGEMENT, AND HIGH LEVEL OVERSIGHT

A) The Compliance Officer and Compliance Committee

Pursuant to Integra's contract with New York State Department of Health "it is the obligation of the plan to designate a compliance officer and establish a compliance committee pursuant to 42 CFR 438.608(b) (2)." The compliance officer and compliance committee are contractually obligated to:

- 1. monitor the plan reporting obligations and ensure that the required reports are accurate and submitted in a timely manner;*
- 2. develop written policies, procedures and standards of conduct that articulate the MLTCP's commitment to adhere to all applicable federal and state standards;*
- 3. conduct appropriate staff training activities in an atmosphere of open communications*
- 4. establish provisions for internal monitoring and auditing; and*
- 5. have provisions for prompt response to detected offenses with provisions for corrective action initiatives where appropriate.*

Integra's Compliance Officer, has the appropriate authority, and responsibility for implementing the Compliance Program and serving as the Chair of the Compliance Committee. With a direct reporting line to the Board of Directors, the Compliance Officer is charged with periodically reporting Integra's compliance activities to the Board of Directors. As Chair of the Compliance Committee the Compliance Officer will also present decisions of the Compliance Committee. The purpose of this report is to assist the Board in identifying and managing the strategic, operational, and financial compliance risks faced by Integra.

The Compliance Officer's duties include but are not limited to:

- Preparing, updating, monitoring and overseeing implementation of Integra's Compliance Program;
- Collaborating with Integra's senior management to provide guidance on improving departmental compliance and supervising internal monitoring systems and working with senior management to implement changes in Integra's needs in accordance with changes with federal and state law and health program policies and requirements;
- Collaborating with Human Resources and department trainers to develop general and department specific compliance awareness trainings and education programs for staff;
- Preparing reports for the Board of Directors, the Quality Assurance Committee, the Credentialing Committee, the Vendor Oversight Committee, and the Vendor Performance Review Committee;
- Develop plan wide risk assessments, audit policies and procedures for regulatory compliance;
- Maintaining current knowledge of all applicable federal and state privacy laws as well as knowledge of compliance initiatives of OMIG, OIG and CMS; and
- Promoting the use of Integra's compliance hotline **(1-833-480-0010)** and other confidential means of reporting compliance, misconduct and privacy violations.

- Assist Integra’s management in coordinating internal compliance reviews and monitoring activities, including annual or periodic reviews of departments and delegated FDR;
- Independently investigate and act on matters related to compliance, including the flexibility to design and coordinate internal investigations and resulting corrective action with all departments, providers, agents, and, if appropriate, independent contractors;
- Develop policies and programs that encourage managers and employees to report suspected fraud and other improprieties without fear of retaliation;

Integra’s Compliance Committee is composed of Integra’s senior management. Their role as members of the committee is to provide oversight of The Compliance Program and department activities. The engagement of senior management is vital to the program as they help promote to their staff ethical behavior and a culture of compliance with all applicable laws and regulations.

The Compliance Committee is responsible for assisting in the identification of and rating risks related to Integra’s operations. The committee will meet quarterly, and record minutes, to (1) identifying which areas of business operation need to be scheduled for a compliance review, (2) reviewing and evaluating statistics, reports and compliance initiatives that are part of the work plan, (3) develop a work plan based on the identification of risks and (4) resolving issues identified through the previous mentioned activities. The Compliance Committee’s responsibilities include:

- Analyzing Integra’s regulatory environment, the legal requirements with which it must comply and specific risk areas;
- Developing strategies to promote compliance and the detection of any potential violations;
- Assisting with the creation and implementation of the compliance risk assessment and of the compliance monitoring and auditing workplan;
- Assisting in the creation, implementation and monitoring of effective corrective actions;
- Developing innovative ways to implement appropriate corrective and preventative action;
- Reviewing effectiveness of the system of internal controls designed to ensure compliance with Medicaid and Medicare regulation in daily operations;
- Ensuring that Integra has appropriate, up-to-date compliance policies and procedures;
- Ensuring that Integra has a system for employees and FDRs to ask compliance questions and report potential instances of Medicaid & Medicare program noncompliance and potential Fraud, Waste, and Abuse (FWA) confidentially or anonymously (if desired) without fear of relation;
- Ensuring that Integra has a method for enrollees to report potential FWA;
- Reviewing and addressing reports of monitoring and auditing of areas in which Integra is at risk for program noncompliance or potential FWA and ensuring that corrective action plans are implemented and monitored for effectiveness; and
- Providing regular and ad hoc reports on the status of compliance with recommendations to Integra governing body;
- Reviewing and approving compliance and FWA training and ensuring that training and education are effective and appropriately completed.

The committee may consist of:

- The Chief Executive Officer (CEO)
- The Chief Operating Officer (COO)
- The Chief Financial Officer (CFO)
- The Chief Medical Officer (CMO)
- The Director of Compliance/Compliance Officer
- The Vice President of Clinical Operations
- The Vice President of Business Development
- The Vice President of IT
- The Vice Present of Healthcare Analytics
- The Vice President of Finance
- The Director of Utilization Review
- The Director of Quality Management
- The Director of Enrollment/Eligibility
- The Director of Member Services
- The Director of Provider Relations

B) Integra's Board of Directors

The Board is responsible for adopting, approving, instituting and overseeing the Compliance Program designed to include measures that prevent, detect, and correct non-compliance with the NYS DOH and CMS program requirements as well as measures that prevent, detect, and correct fraud, waste, and abuse in accordance with federal and state laws, regulations and standards. Integra's compliance officer attend's Integra's Board of Director's meetings to advise the Board on matters related to Integra's compliance with Medicaid & Medicare related, federal, state, regulatory, contractual and other applicable requirements.

The Board:

- Ensures written policies and procedures and standards of conduct articulate the health plan's commitment to comply with all applicable state and federal laws and regulations;
- Approve Integra's Code of Conduct and sets a high ethical standard and reflects Integra's core mission and values;
- Ensure the proper implementation of the Compliance Program; and supporting Integra's compliance officer with the resources and items necessary to effectively implement the program.

Items discussed during the Board of Directors meeting may include:

- Reviewing and developing strategies to promote compliance and the detection of any potential violations of Integra's Medicaid & Medicare programs;
- Reviewing and approving Medicaid & Medicare compliance work plan, Fraud, Waste and Abuse (FWA) training, and ensuring that training and education are effective and appropriately completed;
- Reviewing and approving the Medicaid & Medicare compliance work plan;
- Reviewing all Medicaid & Medicare related corrective actions;
- Reviewing the effectiveness of the system of internal controls designed to ensure compliance with Medicaid & Medicare regulations in daily operations;

- Reviewing and addressing reports of monitoring and auditing of Medicaid & Medicare program related areas in which the sponsor is at risk for program noncompliance or potential FWA and ensuring that corrective action plans are implemented and monitored for effectiveness; and
- Reviewing regular and ad hoc reports on the status of Medicaid & Medicare related compliance.

C) Integra's Management

Compliance is a fundamental part of Integra's daily operations. For the Compliance Program to be effective, Integra's management must remain aware of their responsibility, and that of their staff, to understand and act in accordance with the rules outlined in the Standard of Conduct and all laws, rules and regulations governing the plan's operations. Furthermore senior management is charged with understanding and being alert for specific compliance risks including potential fraud, waste, abuse and/misconduct pertaining to their area of responsibility. In addition, management must:

- Develop, implement and maintain standards, policies and procedures relevant to their areas of responsibility;
- Provide training to all of their employees on these standards;
- Develop monitoring procedures to be used periodically to determine compliance with standards, policies and procedures, and laws and regulations;
- Enforce the Standard of Conduct;
- Facilitate and cooperate in the investigation of any suspected instances of violations of the Compliance Program and/or the Standard of Conduct and in any resulting corrective actions;
- Report any suspected violations of laws or regulations to the Compliance Officer or Compliance Hotline **(1-833-480-0010)**, in order to facilitate corrective actions;

III. TRAINING AND EDUCATION

Once an organization has adopted compliance standards, it must communicate them to its staff to ensure that employees know and understand the organization's rules. Integra uses various methods to communicate its policies to staff including, but not limited to (1) classroom trainings, (2) e-learning activities, (3) posters, (4) emails and (4) meetings. Compliance training during new hire orientation and targeted trainings specific to an employee's role demonstrates Integra's commitment to compliance.

Training programs will be updated based on changes to regulations and requirements, findings from risk assessments, auditing and monitoring, and if audits of training programs demonstrate a need for improvement. The Compliance Officer and Compliance Committee will ensure that there is specialized compliance training and education for supervisors, employees, and all others with responsibilities in business operation areas. The Compliance Officer and Compliance Committee may periodically distribute memorandums and educational material on updates to the laws, regulations and policies and procedures, as required.

The Compliance Program's core educational trainings and education will consist of (1) fraud, waste and abuse, (2) Health Insurance Portability and Accountability Act privacy and security, and (3) Standard of Conduct. The following describes the purpose and goals of each training and education modules:

A) Fraud, Waste and Abuse and HIPAA Privacy and Security Training

Within 90 days of hire, Integra staff is required to complete trainings on fraud, waste and abuse and HIPAA privacy and security regulations. Employees are tested at the end of the training and are required to obtain a final score of 80%.

i. The Fraud, Waste and Abuse Training module is designed to:

- Inform staff of Integra's zero-tolerance policy for fraud, and abuse;
- Educate staff on the prevalence of fraud, waste and abuse in health care;
- Educate staff on the False Claim Act, Anti-Kickback Statute and Deficit Reduction Act
- Highlight the business areas vulnerable to fraud, waste and abuse practices;
- Provide examples of suspicious activities and red flags;
- Emphasize the employee's role in the prevention, detection and deterrence of fraud, waste and abuse;
- Emphasize the employee's responsibility in reporting suspected fraud and abuse;
- Inform employees of all avenues available for reporting suspected fraud and abuse.

ii. The HIPAA Privacy and Security module is designed to:

- Educate Integra's staff on what protected information (PI) and protected health information (PHI) is and the laws governing the privacy of such information;
- Inform the staff of Integra's policy to limit the use of PI and PHI to the minimum necessary to accomplish the intended purpose²;

² <http://www.hhs.gov/ocr/privacy/hipaa/understanding/coveredentities/minimumnecessary.html>

- Emphasize the employee’s responsibility and obligation to protect PI and PHI in their possession by not leaving such information exposed and accessible in the workplace;
 - Emphasize Integra’s policy against sharing computer login and password information, as well as sharing computer and email access.
- iii. **Code of Conduct-** The Code of Conduct training sets the behavior standard for Integra’s new hires and for current staff. The Standard of Conduct training emphasizes Integra’s commitment to an ethical business practices as well as what will and will not be tolerated. Each employee is required to attest, as a condition of employment, receipt, understanding, and commitment to follow the standards of conduct and compliance program.

B) New Hire Orientation

Integra provides a mandatory classroom orientation for all new staff members. Within 90 days of hire, new staff must complete the Fraud, Waste and Abuse Training and the HIPAA Privacy and Security Training with a minimum final test score of 80%. Any staff member who does not achieve a passing score must retake the modules. In most cases, retraining and retesting occurs immediately for new hires. In addition, training results as well as certificates of completion must be forwarded to Human Resources (HR) for inclusion in personnel records. Instances of staff failing to meet the minimum competency requirements (a score of 80% or above) will be shared with the Director of HR and arrangements for retesting will be coordinated between departments.

C) Annual and Continuous Training

All of Integra’s staff and governing body must receive mandatory training on the aforementioned modules on an annual basis. Consultants and Business Associates with the potential exposure to PHI are required to complete, at minimum, the Fraud, Waste & Abuse and HIPAA Privacy and Security and meet the testing score requirements. Training materials may also provided to our business associates as well as First Tier, Downstream and Related Entities (FDRs), and follow the same requirements. The Compliance Officer, or relevant department as appropriate, will conduct continuous training on policy changes, regulatory updates, HIPAA privacy and Security, ADA compliance, and The Deficit Reduction Act.

Training can be in person, electronic, in the form of presentations or hard copy distribution of the training with exam.

Each year the Compliance Officer supported by the compliance department will host “Compliance Week.” This is a designated week-long event where the Compliance Officer and his/her staff facilitate interactive activities with Integra’s staff of which includes regulatory refreshers, promoting reporting of compliance issues through the Compliance Hotline **(1-833-480-0010)** and reiterating staff of Integra’s confidentiality and non-retaliation policies.

Integra’s Compliance Officer must periodically re-evaluate education and training initiatives to ensure that they are current. The assessment may include a review of the training methods and education programs in current use by Integra. The Compliance Officer in his/her assessment must consider the any reporting by staff members, corrective action plans, legal and regulatory changes, best practice

standards and outcomes of training initiatives when conducting these assessments. The Compliance Officer is then charged with ensuring that any training moving forward addresses gaps in compliance and identified risks areas.

The Compliance Officer will provide the Compliance Committee and the Board of Directors a report of the staff's completion of the annual training. Staff members who fail to complete the annual training in the time allowed will be subject to disciplinary procedures including suspension. Employees who do not meet the minimum scoring requirements will be subject to retesting until the required score is met.

D) Compliance Staff Training

The Compliance Office must ensure that Compliance staff stays current with all applicable laws and best practices in the compliance profession. To accomplish this, the Compliance Officer must provide Compliance Staff with educational materials and opportunities to participate in webinars, internal and external seminars, and training sessions.

E) First Tier Entity and Downstream Entity Fraud, Waste and Abuse Training

Integra's delegated entities and FDRs are to conduct their own initial and annual fraud, waste and abuse training. They are to report these activities to the Compliance Officer upon request, and if requested, provide access to review their training methods and materials.

IV. EFFECTIVE LINES OF COMMUNICATION AND REPORTING MECHANISMS

Compliance programs are most effective in organizations that encourage staff, members, providers, delegated vendors, and FDRs, to report suspected violations. Integra provides various mechanisms for reporting potential and actual violations with confidentiality and anonymity directly to the Compliance Officer. Integra's affords the following vehicles to report violations.

- A Compliance Hotline (1-833-480-0010)
- Email complianceofficer@integraplan.org
- Compliance link with reporting and contact information on company website
- Open door policy with the Compliance Officer and Compliance Staff
- Confidentiality Policy
- Non-retaliation Policy

Potential and actual violations can also be reported to senior management including supervisors, managers or department heads.

A) Integra's Compliance Hotline (1-833-480-0010)

Integra's Compliance Hotline number is communicated through flyers placed in (1) high traffic areas, (2) department email signatures, and (3) small period gifts such as ID badge lanyards. The Compliance Hotline is also advertised through Integra's website where third parties are provided with the Compliance Officer's reporting email and anonymous reporting number.

B) Open Door Policy

The Compliance Officer maintains and promotes an open door policy with all staff. Any communication brought to the attention of the Compliance Officer especially those related to possible violations of the Compliance Program, the Code of Conduct, or policies and procedures will be investigated thoroughly and in a timely manner. Integra's confidentiality policy ensures that all efforts will be made to keep all reporting of suspected violations in the strictest confidence, unless such confidentiality compromises the integrity of an investigation and hinder corrective action.

C) Exit Interviews

Upon separation from Integra, the Human Resources Department will conduct an exit interview. The interview consists of a series of questions that address compliance, fraud, waste and abuse. This portion of the Compliance Program gives exiting staff members a final opportunity to freely report any compliance concerns. The exit interview also provides the opportunity for the exiting staff member to give his/her feedback on the Compliance Program and suggestions on how the program can be improved.

Member Communications and Education

Communications with beneficiaries must demonstrate the highest level of integrity, honesty and judgment. Integra implements methods to encourage communication among its enrollees and providers. Integra utilizes and has available various lines of communication to interact with Members. Methods of how to access and utilize Integra's communication lines may include:

1. the ANOC/EOC, provided upon enrollment and annually thereafter (Medicare);
2. the Explanation of Benefits;
3. Integra's website;
4. Member Services;
5. Other communications, such as emails, faxes, mail and newsletters.

D) Integra's Non-Retaliation Policy

In order to encourage good faith participation in Integra's Compliance Program, and promote effective lines of communication, and in accordance with the Federal Deficit Reduction Act of 2005 and the New York State Social Services Law, Integra has adopted a policy of non-retaliation and non-intimidation. Under these policies, no Integra employee may be subject to intimidation or retaliation for reporting potential or existing issues of fraud, waste and abuse to the Compliance Officer, or the Compliance Department staff.

Section 6032 of the Deficit Reduction Act provides that any entity receiving state reimbursements or making annual payments of the State plan must³:

- A. Establish written policies for all employees of the entity (including management), and of any contractor or agent of the entity that provide detailed information about the False Claims Act established under sections 3729 through 3733 of title 31, United States Code, administrative remedies for false claims and statements established under chapter 38 of title 31, United States Code, any state laws pertaining to civil or criminal penalties for false claims or statements, and whistleblower protections under such laws, with respect to the role of such laws in preventing and detecting fraud, waste and abuse in Federal health care programs (as defined in section 1128B(f));*
- B. include as part of such written policies, detailed provisions regarding the entity's policies and procedures for detecting and preventing fraud, waste and abuse; and*
- C. include in any employee handbook for the entity, a specific discussion of the laws described in subparagraph (A), the rights of employees to be protected as whistleblowers, and the entity's policies and procedures for detecting and preventing fraud, waste and abuse.*

The New York State Social Services Law §363-d further adds that a compliance program must include: *a policy of non-intimidation and non-retaliation for good faith participation in the compliance program, including but not limited to: reporting potential issues, investigating the issue, self-evaluations, audits and remedial actions and reporting to appropriate officials...*

E) What to Report- Defined

The Compliance Program acknowledges that it is important to ensure that all employees have the appropriate knowledge to identify existing and potential instances of fraud, waste and abuse. The following definitions and examples of fraud, waste and abuse shall serve as a reference guide to better assist staff in carrying out their obligation to report such instances.

³ Deficit Reduction Act of 2005, 42 U.S.C. §1305 P.L. 109-171 (February 8, 2006) <http://www.gpo.gov/fdsys/pkg/PLAW-109pub171/pdf/PLAW-109pub171.pdf>

i. What is Fraud?

CMS defines fraud as “intentional deception or misrepresentation...with the knowledge that the deception could result in some unauthorized benefit.”⁴ CMS also expands this definition and states that in the scope of insurance fraud is:

Any type of intentional deception or misrepresentation made by an entity or person in a capitated Managed Care Organization (MCO), Primary Care Case Management (PCCM) program, or other managed care setting with the knowledge that the deception could result in some unauthorized benefit to the entity, himself or some other person⁵.

It is important to note that CMS clarifies an additional component to substantiating fraud. A behavior can be labeled as fraud only when it is proven that an individual’s behavior was carried out with reckless intent or carried with knowingly. According to the U.S. Department of Health and Human Services (HHS) a person behaves recklessly when his/her actions are taken with disregard for truth or accuracy. HHS does not provide a definition for knowingly, however the Federal Claims Act (FCA) states that a person acts knowingly if he/she (1) has actual knowledge of the information; (2) acts in deliberate ignorance of the truth or falsity of the information or (3) acts in reckless disregard of the truth of the falsity.⁶

The most common fraud violations staff should remain alert for are (1) submitting of a false claim, (2) making a false statement to get a false claim paid and (3) conspiring to get a false claim paid. Health care fraud and abuse however can take on many forms.

Below are examples Integra’s employees can use as a reference in the identification of potential and existing fraud and abuse.

Provider Fraud:	Employee/ Health Plan Fraud	Member Fraud
1. Billing for services that were not provided to the member	1. Cherry picking health enrollees	1. Using a member ID card that does not belong to them.
2. Duplicate submission of a claim for the same services	2. Falsification of member records	2. Providing false information when applying for MLTC program and services
3. Intentional incorrect reporting of diagnosis or	3. Assessing ineligible persons for enrollment as MLTC eligible	3. Using transportation benefit for non-medical services

⁴ Centers for Medicare and Medicaid Services, *Guidelines for Addressing Fraud and Abuse in Medicaid Managed Care*, (October 2000). <http://cms.gov/Medicare-Medicaid-Coordination/Fraud-Prevention/FraudAbuseforProfs/Downloads/GuidelinesAddressingfraudabuseMedMngdCare.pdf>

⁵ Id at 5

⁶ False Claims Act, 31 U.S.C. §3729

procedures to maximize payments		
4. Billing for non-covered services as services covered.	4. Working remotely from home and engaging in activities not related to work	4. Forging or selling prescription drugs

ii. What is abuse?

CMS defines abuse as:

Means or practices in a capitated MCO, PCCM program, or other managed care setting that are inconsistent with sound fiscal, business or medical practices, and result in an unnecessary cost to the Medicaid program, or in reimbursement for services that are not medically necessary or that fail to meet professionally recognized standards or contractual obligations for health care.⁷

According to Medicare.gov, “Abuse happens when doctors or suppliers don’t follow good medical practices, which lead to unnecessary costs...improper payment, or services that aren’t medically necessary.”⁸ This is true whether funds are paid to an MCO, contractor or subcontractor and applies even in instances where the funds are paid directly to an MCO, who then passes the funds to a subcontractor.

Common Abuse Scenarios	1. Questionable billing patterns and practices that result in unnecessary reimbursement to the provider
	2. Overuse of medical or healthcare services

iii. What is waste?

Waste is the intentional or unintentional, thoughtless or careless expenditure, consumption, mismanagement, use or squandering of resources, to the detriment or potential detriment of entities, but without an intent to deceive or misrepresent (as where there is fraud or abuse). Waste also includes incurring unnecessary costs as a result of inefficient or ineffective practices systems or controls.

Examples of Waste in Healthcare	1. Overproduction-doing more than what is needed by the patient or doing it sooner than needed
	2. Over processing- worked performed that is not valued by the patient or caused by definition of quality not aligned with patient need.

⁷ Centers for Medicare and Medicaid Services at 12

⁸ Medicare.gov, Report Abuse and Fraud, <http://www.medicare.gov/forms-help-and-resources/report-fraud-and-abuse/fraud-and-abuse.html>

It is important to note that fraud, waste and abuse are not violations exclusive to one group. Each carry a high potential to be committed by a health care insurance employee, contractor, vendor, provider State employee, Medicaid beneficiary or Medicaid managed care enrollee.⁹

iv. What information is necessary for reporting?

To report incidences of fraud, waste and/or abuse, employees filing the report need only to provide the following information:

- the description of the alleged event or policy violation;
- the date and location of the event or violation;
- identity of persons involved in the alleged violation; and
- names of any witnesses to events or violations.

⁹ Centers for Medicare and Medicaid Services at 12

V. WELL PUBLICIZED DISCIPLINARY GUIDELINES

The Compliance Program provides a system for prompt and thorough correction of violations. Failure to comply with Integra's Compliance Program, Code of Conduct, or company policies and procedures will subject non-compliant employees to disciplinary action. In a collaborative effort with department management and Human Resources, Integra's disciplinary policy will be enforced fairly and consistently. The precise level of discipline will be determined by the nature, frequency and severity of the non-compliant act and may result in the one, some or all of the following: (1) a verbal warning, (2) written warning, (3) suspension, (4) termination, and (5) restitution.

Integra is fully committed to identifying potential regulatory violations prior to hiring and therefore conduct background checks on all new employees and vendors. Integra's background check conduct ensures that new hires and vendors have not been sanctioned or excluded from participation in government sponsored programs. Specifically that they do not appear the OIG, OMIG and Grand Terrorism Sanctions lists.

Integra's vendor agreements address this issue and include language regarding compliance with Integra's standards, regulatory requirements and policies pertaining to actions taken by Integra in response to non-compliance. The Compliance Officer works with the Provider Relations department to conduct monthly checks on excluded and sanctions providers.

A. Methods to Publicize Disciplinary Guidelines:

To set expectations of staff and third parties, Integra publicizes disciplinary standards. These standards include the duty and obligation that issues or concerns will be reported. The follow are examples of the types of publication mechanisms that could be used:

- General compliance training upon hire and annually
- Presentations at department staff meetings
- Third party contracts
- Communications with vendors, providers, delegated entities and FDRs
- Email blasts
- Integra Code of Conduct and Compliance Program

B. Enforcing Disciplinary Standards:

Employees and third parties are advised that disciplinary action will be taken on a fair and equitable basis, that is, all levels of employees are subject to similar disciplinary action for the commission of similar offenses. Managers and supervisors are held accountable to implement the disciplinary policy consistently so that the policy will have the required deterrent effect.

Integra's disciplinary standards are enforced in a timely, consistent and effective manner. Integra maintains records for a period of 10 years. Integra policy requires that Integra utilize government

resources to determine whether such individuals or entities are debarred or excluded. Integra shall review the Department of Health and Human Services Office of Inspector General (OIG), the Office of the Medicaid Inspector General and General Services Administration (GSA) exclusion lists upon hire and monthly to ensure that its employees, board members, officers, subcontractor officers, managers and employees are not included on such lists. These resources are to be used for potential employees (as part of the employment application process, which should also include a reasonable and prudent background investigation) and used to periodically check existing employees and contractors.

If Integra's employees, board members, officers, managers or subcontractors are on such lists, Integra policy requires the immediate removal of such employees, board members or subcontractors from any work related directly or indirectly on all Federal health care programs and take appropriate corrective actions. Furthermore, if a new or existing employee is disbarred, excluded or is otherwise ineligible to perform work related directly or indirectly to Federal health care programs, such status shall, according to Integra policy, be immediately disclosed by employee to Integra.

Pending the resolution of any known criminal charges or proposed debarment or exclusion, such individuals will be removed from direct responsibility for, or involvement in, any Federal health care program. If labor agreements make such removal legally impermissible, the individual will be closely supervised in all aspects of his or her duties that related to Federal health care programs. If the resolution of the matter results in a conviction, debarment or exclusion of a current employee or contractor, Integra shall not continue to employ or contract with such individual for the provision of health care, utilization review, medical social work or administrative services.

VI. AUDITING AND MONITORING

Integra has established systems for routine auditing and monitoring to address compliance risks company-wide. A yearly compliance work plan sets out auditing and monitoring activities necessary for business units to address risks in their perspective areas.

A) Compliance Work Plan

Annually the Compliance Officer develops a compliance work plan identifying company -wide risks based on (1) the health plan's activities, (2) guidance and/or work plans provided by OIG, OMIG and CMS, (3) Integra's contracts with New York State Department of Health and CMS, (4) current industry trends and Integra may consider the following:

- Statutory & regulatory risks based upon guidance from CMS, DOH and other sources
- Identified high risk areas
- Instances of self-identified non-compliance with CMS or DOH requirements
- Complaints filed with DOH/CMS
- Audit, survey or notices of non-compliance from CMS or DOH
- Input from operational areas
- Ongoing operational oversight which indicates the need for audit follow up
- The need for follow up based upon findings and observations from internal and auditing sources
- DOH letters and CMS notices
- Corrective action plan monitoring

The work-plan is then forwarded to the Compliance Committee and Board of Directors for an annual review. The work plan outlines planned activities that are carried out according to department resources, staffing, and the risk rating assigned from high to low priorities.

B) External Auditing

To test the effectiveness of the compliance program, Integra may engage external auditors with expertise in Federal and State healthcare statutes and regulations to conduct periodic compliance audits.

C) Internal Monitoring

Integra has created a process for internal monitoring as an additional effort to assist in the mitigation of non-compliance risks. The Compliance Program will collaborate with business units in the development of self-monitoring methods to promptly identify and correct compliance issues and controls to mitigate risks. Integra's internal monitoring system follows the CMS guidance for internal oversight initiatives through periodic reviews of the monitoring systems business units set in place.

The Compliance Officer and Compliance Department should consider the following factors in determining which areas or functions to include in the monitoring review schedule:

- Previous compliance deficiencies in that area;
- The level of risk for fraud, waste and abuse;
- What corrective action plans were implemented in that area in the past year;
- Why there was a need for a corrective action plan in that area; and

- Whether management and members of the Compliance Committee believe the area in question requires an additional system of accountability.

Internal monitoring activities may be also be a result of a need to review the progress of an implemented corrective action plan and whether or not a problem or deficiency has been addressed. The Compliance Officer or his/her designee will provide the Compliance Committee the results of any internal monitoring functions in the mitigation of risks as well as any monitoring functions ensuring problems and deficiencies address in corrective action plans were corrected or making progress toward remediation.

D) Internal Monitoring of Delegated Entities & First Tier Downstream Entities

Integra may choose to contract with delegated entities, and FDRs, to provide medical, healthcare or administrative functions that otherwise would be performed by Integra. Ultimately Integra is held accountable for the services performed by the delegated entity and FDRs and therefore maintains responsibility that the delegated functions are compliant with (1) contract terms, (2) Integra's standards and (3) Federal and State regulations. Ongoing monitoring and auditing of these services delegated is required and expected from Integra's operational areas.

Integra engages its own Special Investigations Unit (SIU) and delegates to entities and FDRs to as act as a SIU to conduct FWA activities regarding Medicaid and Medicare benefits, claims, member services and health services. Regarding Delegated Entities and FDRs, FWA responsibilities should include:

- Reducing or eliminating program benefit costs due to FWA
- Reducing or eliminating fraudulent or abusive claims paid with Federal and State Program dollars
- Preventing illegal activities
- Identifying providers for exclusion
- FDRs referring suspected, detected or reported cases of illegal drug activity, and conducting case development and supporting activities for reporting to NBI Medic and law enforcement agencies
- Assisting law enforcement and regulatory agencies by providing information needed to develop successful cases.

Integra's compliance hotline and email are available to obtain information which can then be directed to the appropriate FDR or Delegated Entity for investigation.

Auditing by DOH, CMS or their Designee

Integra recognizes that DOH and CMS has the discretionary authority to perform audits, which specify the right to audit, evaluate, or inspect any books, contracts, records, documentation, and other records of sponsors, Delegated Entities or FDRs that pertain to any aspects of the services performed, reconciliation of benefit liabilities, and determination of amounts payable under the contracts or as the regulators deem necessary to enforce the contract.

Integra will allow, and cooperate with, access to any auditor acting on behalf of the federal or state government, CMS or DOH, to conduct on-site or desk audits.

VII. SYSTEMS FOR RESPONDING TO COMPLIANCE ISSUES

A) Non-compliance, Fraud and Abuse Investigation Process

All reports of alleged non-compliance must be forwarded to the Compliance Officer and/or designee.

i. Upon receipt of the allegation, the Compliance Officer or his/her designee must:

- Complete a Compliance Report Form that if known, includes the name of the employee who made the report, the date of the report and a detailed narrative of the employee's concern(s). If requested, the anonymity of the individual who made the report and confidentiality must be maintained.
- Notify COO and (if applicable) the Compliance Committee of the nature of the alleged violation. If the involvement requires legal counsel, the Compliance Officer must forward the allegation to legal counsel.
- Ensure that the investigation is initiated as soon as reasonably possible, but never more than three business days after receipt of the information. The interviewing process is as follows:
 1. The investigation shall include but not be limited to interviews of all persons who may have knowledge of the alleged conduct and a review of the applicable laws, regulations and standards to determine whether or not a violation has occurred.
 2. Identification and review of relevant documentation, including (where applicable): representative bills or claims submitted to Medicare/Medicaid program, to determine the specific nature and scope of the violation, its frequency, duration and potential financial magnitude.
 3. Interview of persons who appeared to play a role in the suspected activity or conduct. The purpose of the interview is to analyze and establish the facts of the alleged conduct and may include, but not limited to questions which identify:
 - Identify the person's understanding of applicable laws, rules and standards;
 - identification of relevant supervisors and managers;
 - training the person received and the knowledge retained from the training;
 - the extent to which the person may have acted knowingly or with reckless disregard of applicable laws, regulations and contractual obligations.
- Ensure that significant developments are properly reported so as a determination on whether legal counsel should be involved.
- Prepare a summary report that (1) defines the nature of the alleged misconduct; (2) summarize the investigation process; (3) identifies any person who is believed to have acted deliberately or with reckless disregard of applicable laws; (4) assesses the nature and extent of any resulting overpayment by the government.

ii. ***Legal Counsel***

Investigation of serious or otherwise sensitive matters should be conducted under the direction of or by legal counsel. When the involvement of legal counsel is warranted the Compliance Officer must:

- initiate an investigation of the conduct in question;
- prepare a report of the findings to the COO; and
- recommend the appropriate actions to be taken by the Compliance Officer and/or his/her designee.

At all times relevant to the investigation, the Compliance Officer and anyone else assisting legal counsel will function under the direction of legal counsel.

B) Organizational Response to Non-Compliance and Suspected Criminal Activity

In the event a compliance investigation concludes the allegation is substantiated against an employee, vendor, provider, delegated entity or FDR, Integra will take the following steps:

- Cease the offending practice as quickly as possible. If the conduct involves the improper submission for claims payment, Integra will immediately cease all billing potentially affected by the offending practice.
- Consult with legal counsel to determine whether voluntary reporting of the identified misconduct to the appropriate government entity is warranted.
- If applicable, calculate and repay any duplicate or improper payments made by a Federal or State government program as a result of misconduct.
- Initiate the appropriate disciplinary action, which may include but not limited to reprimand, demotion, suspension and/or termination:
 1. If the investigation uncovers what appears to be criminal conduct on the part of an employee, appropriate disciplinary action against the employee or employees who authorized, engaged in or otherwise participated in the offending practice must include, at a minimum the removal of persons from any position of oversight and may further include suspension, demotion or termination.
- Under the direction of legal counsel, for vendors and delegated entities initiating the appropriate disciplinary actions may include but is not limited to a corrective action plan and/or recommendation to the Credentialing, Provider Performance Review Committee for termination of contractual agreement.
- Promptly issue the appropriate training and education to the appropriate individuals to prevent a reoccurrence of the offense.

- Conduct a review of all applicable policies and procedures to determine whether revisions or the development of new policies and/or procedures are warranted to mitigate future risks.
- Conduct a follow-up monitoring and auditing of risk to ensure the effective implementation of a resolution to the offending practice.

C) Self-Disclosure to Government Authorities

Integra is fully committed to honoring and complying with the mission of CMS, OIG, DOJ and OMIG to improve the integrity of the Medicaid and Medicare programs by protecting its members from harm and ensuring their access to cost effective quality services. When violations of the programs occur, the correction of such offenses takes high priority. One way in which Integra corrects misconduct is voluntary self-disclosure to NYS DOH, OMIG, CMS and/or any other appropriate government authority.

Should Integra discover potential misconduct, the appropriate government authority will be contacted by legal counsel within a reasonable time period not to exceed 60 days from the date of discovery. Each disclosure must include (1) a report detailing all relevant information regarding the misconduct, investigative findings and any corrective action taken by Integra. Integra is obligated to return any government overpayment that resulted from the misconduct with an explanation of why the overpayment is being returned.

i. Benefits of self-disclosure

Pursuant to OMIGS legislation PHL §32(18) “good faith self-disclosure of overpayments may be considered as a mitigating factor in the determination of enforcement action.” The OMIG typically extends the following benefits to health plans that participate in good faith self-disclosures:

- Forgiveness or reduction of interest payments (for up to two years)
- Extended repayment terms
- Waiver of penalties and/or sanctions
- Timely resolution of overpayment
- A possible decrease in the likelihood of the imposition of a Corporate Integrity Agreement with proof of an effective compliance program
- Possible preclusion from persons who subsequently filed New York State False Claims Act qui tam actions based on disclosed matters (as described on page 3)

Matters related to an ongoing audit/investigation are generally not eligible for resolution under the self-disclosure protocol. Unrelated matters disclosed during an ongoing audit may be eligible for processing if the matter has received timely attention.

If the OMIG is already in the process of auditing and investigating Integra and the company wishes to disclose an issue (in addition to submitting a disclosure under the self-disclosure protocol) the health plan must bring the matter to the attention of OMIG’s on-site audit staff. The following factors should be considered:

- The exact issue
- The amount of money involved
- Any systemic patterns or trends that are highlighted by the problem
- The period of non-compliance
- The circumstances that led to problem causing non-compliance
- The organization's theory
- Whether or not the organization has Corporate Integrity Agreement (CIA) place with the OMIG

ii. *Issues appropriate for self-disclosure*

Issues appropriate for self-disclosure may include but are not limited to:

- Substantial routine errors
- Systemic errors
- Patterns of errors
- Potential violation of fraud and abuse laws

Once inappropriate overpayments are discovered, Integra should contact OMIG and CMS as soon as possible. Integra must determine whether the repayment warrants self-disclosure or whether it is better handled through the company's administrative billing and payment processes. If Integra determines to disclose the problem, OMIG and CMS must be provided with the following information:

- the basis for the initial disclosure: (1) how the problem was discovered, (2) the approximate time period covered, and (3) an assessment of the potential financial impact
- The Medicaid or Medicare rules potentially violated
- Any corrective action taken to address the problem leading to the disclosure, the date the corrective action occurred and the process for monitoring the issue to prevent reoccurrence
- The name and telephone number of the person making the report on behalf of the company.

****If not legal counsel this may be a senior official in an appropriate position and authority to speak for Integra.***

F) Next Steps After Self- Disclosure

After the initial reporting phase, OMIG, OIG, or CMS, will consult with Integra's officials and determine the appropriate process for proceeding. The regulatory authority will discuss the next steps which may include a request for additional information. Ultimately Integra should prepare to present the following, as may be applicable:

- A summary of the identified underlying cause of the issue(s) and any corrective action taken
- A spreadsheet listing the claims paid that comprised of the overpayments. Each claim should list the member program ID, member name, date of service (DOS), rates or procedure codes and the amounts paid by Medicaid or Medicare.
- The names of the individuals involved in the suspected improper or illegal conduct.

Once a repayment amount has been established, the health plan is expected to reimburse the State of New York or CMS by terms or arrangement directed by the regulator. If repayment agreement is entered, the regulator will establish the repayment terms which may include forgiveness of interests and or an option to extend the term of repayment.

Extending repayment terms will require Integra to submit audited financial statements, if available, and/or other documentation to assist the regulatory in making that determination. Once repayment terms are finalized the regulator will issue a letter indicating the closure of the matter.

Corrective Actions:

If an investigation reveals that misconduct or violation regarding the Medicaid, Medicare and/or Part D programs did occur, corrective actions will be immediately initiated to prevent future misconduct. Corrective actions may include, but are not limited to, repayment of overpayments, disciplinary actions and modifications of procedures to ensure the problem does not reoccur. Integra will also retain all records documenting any and all corrective actions imposed and follow-up compliance reviews for future oversight purposes and/or referral to regulators/law enforcement, if necessary.

VIII. NON-INTIMIDATION AND NON RETALIATION

Integra will not intimidate, discipline or retaliate and will prohibit Delegated Entities and FDRs from intimidating, disciplining, or retaliating against an employee solely on the basis that the employee reported the conduct he or she knew or reasonably believed to be criminal in nature or a violation of the Compliance Program. All employees will be advised that no disciplinary or adverse action will be taken for such reporting. All affiliates, agents, providers will be required to advise their employees of the same. Integra's policy on non-intimidation and non-retaliation will also apply to any individuals involved in investigating, auditing, conducting self-evaluations, implementing corrective action plans and reporting to appropriate officials.

Additionally, if it is found that any employee, provider, agent or affiliate who knowingly fabricates a report of wrongdoing to either protect him or herself or others, or for the purpose of injuring another will be terminated.

CONCLUSION

Through this document, Integra seeks to provide a foundation for an effective and comprehensive Medicaid and Medicare compliance program. The statutes, regulations and guidelines of the Federal and State health insurance programs, as well as the policies and procedures of Integra, are Integrated into Integra's compliance program.

Compliance is a dynamic process that helps ensure Integra is better able to fulfill its commitment to ethical behavior and to meet the changes and challenges being imposed upon it by Congress and state regulators. This compliance plan will be reviewed and revised as necessary by Integra to constantly provide a working document that provides the roadmap for Integra's consistent goal of operational compliance.

HOW TO CONTACT YOUR COMPLIANCE OFFICER

Compliance Officer: Maura McGrath

Compliance Hotline: 1- 833-480-0010

Email: complianceofficer@integraplan.org

Written Correspondence: 1981 Marcus Avenue, Suite 100
Lake Success, N.Y. 11042