

COMPLIANCE PROGRAM

VERSION 7



VERSION HISTORY

Version	Approved by	Date	Notes
1.0 2013	CEO of ATRIO	November 2012	In the form of a policy
2.0 2014	CEO and Board	November 2013	N/A
3.0 2016	Board	December 2015	Policy transitioned to Program Document
3.0 2017	Audit and Compliance Committee	December 2016	Version 3.0 was approved for reuse in 2017
4.0 2018	CEO and Board	December 2017	Revised to reflect current structure
5.0 2019	CEO/President and Audit and Compliance Committee	January 2019	Updated to reflect 2019 structure and work flows.
6.0 2020	President and Audit and Compliance Committee	February 2020	Revisions per updated audit and monitoring plan
7.0 2021	CEO/President and Audit and Compliance Committee	February 2021	

Table of Contents

Program Summary _____	1
Element I. Written Policies, Procedures and Code of Conduct _____	2
Element II. Compliance Officer, Compliance Committee and High Level Oversight__	3
Element III. Effective Training & Education _____	7
Element IV. Effective Lines of Communication _____	9
Element V. Well Publicized Disciplinary Standards _____	11
Element VI. Effective System for Routine Monitoring, Auditing and Identification of Compliance Risks _____	13
Element VII: Procedures and System for Prompt Response to Compliance Issues __	16
Terms & Definitions _____	18

Program Summary

As a Medicare Advantage Plan and recipient of federal funds to administer, ATRIO Health Plans, Inc. (“ATRIO”) has the responsibility to ensure the integrity of health plan operations. This document reflects the Office of Inspector General (OIG) and the Centers for Medicare & Medicaid Services (CMS) interpretation of the Compliance Program requirements and related provisions, as adopted and implemented by ATRIO.

This program outlines the activities that ATRIO has implemented in order to ensure it is operating an effective compliance program that meets regulatory requirements. These activities include measures to prevent, detect and correct Part C and D non-compliance and fraud, waste and abuse (FWA).

The Compliance Program described in this document establishes the framework and helps sustain a culture of compliance at ATRIO. This document is not intended to set forth all of the substantive practices designed to achieve compliant health plan operations. Rather, the principles outlined in this program provide guidelines for all relevant decisions, situations, communications and developments surrounding compliance and FWA.

This program applies to all ATRIO Employees, Board of Directors, and First Tier Downstream, and Related Entities (FDRs).

ATRIO’s Compliance Program is comprised of the following seven core requirements set forth in 42 CFR 422.503(b)(4)(vi)(A), 42 CFR 423.504(b)(4)(vi), Chapter 21 of the Medicare Managed Care Manual, and Chapter 9 of the Prescription Drug Benefit Manual:

- Element I.** Written Policies, Procedures, and Code of Conduct;
- Element II.** Compliance Officer, Compliance Committee and High Level Oversight;
- Element III.** Effective Training and Education;
- Element IV.** Effective Lines of Communication;
- Element V.** Well Publicized Disciplinary Standards;
- Element VI.** Effective System for Routine Monitoring and Identification of Compliance Risks;
- Element VII.** Procedures and System for Prompt Response to Compliance Issues.

Element I. Written Policies, Procedures and Code of Conduct

ATRIO distributes its Code of Conduct, compliance and HIPAA policies to all employees within 90 days of hire, when there are updates, and annually thereafter. The Code of Conduct is distributed to the Board of Directors within 90 days of appointment, when there are updates and annually thereafter. All ATRIO employees and Board of Directors have access to compliance policies and procedures.

ATRIO requires its employees and the Board of Directors to conduct themselves in an ethical manner and follow the compliance expectations set forth in the Code of Conduct and compliance policies and procedures.

In order to communicate ATRIO's expectations for FDRs, ATRIO distributes its Code of Conduct and compliance policies to FDRs. FDRs must either distribute ATRIO's Code of Conduct and compliance policies or distribute comparable policies and the Code of Conduct to their own employees. ATRIO ensures FDRs distribute the Code of Conduct and compliance policies by requiring FDRs to annually attest and by reviewing evidence of such distribution, as well as the Code of Conduct and compliance policies themselves if the FDR distributes their own comparable versions, during scheduled audit activities of the FDRs as applicable.

Any changes in applicable laws, regulations and other program requirements will be implemented into compliance policies as quickly as possible. Once updated, the revised compliance policies will be distributed timely to employees and FDRs.

Element II. Compliance Officer, Compliance Committee and High Level Oversight

Executive Management – ATRIO’s CEO/President and Executive Management recognize the importance of ATRIO’s Compliance Program. An effective compliance program is achieved with the CEO/President and Executive Management engaging in ATRIO’s Compliance Program.

On a regular basis, the CEO/President, Executive Management and the Compliance Officer meet to discuss operational updates, compliance concerns, and areas of risk. These meetings help ensure that the Compliance Officer is integrated into the organization and is given the credibility, authority and resources necessary to operate a robust and effective Compliance Program. Sufficient time is provided to allow strategic discussions, address issues, and review the results of current risk remediation and compliance strategies.

The CEO/President holds formal one-on-one meetings in-person with the Compliance Officer to receive periodic reports of risk areas facing the organization, the compliance strategies being implemented to address them, and the results of those strategies.

Immediately upon receipt of governmental compliance enforcement activity, from Notices of Non-compliance to formal enforcement actions, the Compliance Officer advises the CEO/President and documents such notification.

Compliance Officer – ATRIO employs a full time Compliance Officer solely dedicated to ATRIO’s Medicare business, who is an employee of ATRIO. The Compliance Officer has direct access to the CEO/President, the Audit and Compliance Committee, the Board of Directors, and reports directly to ATRIO’s CEO/President, with a dotted-line reporting relationship to the ATRIO Board of Directors.

The Compliance Officer:

- Is dedicated to having detailed involvement in and familiarity with ATRIO’s operations and compliance activities;
- Participates in the ATRIO Audit and Compliance Committee;
- Facilitates the Internal Compliance Committee;
- Is independent and does not serve in both compliance and operational areas;
- May independently seek advice from legal counsel;
- May not be terminated unless the termination is approved by ATRIO’s Board of Directors; and
- Is free to raise compliance issues without fear of retaliation.

The responsibilities of the Compliance Officer include, but are not limited to the following:

- The development, implementation, and execution of the Compliance Program with oversight by the Audit & Compliance Committee;
- Provide regular in-person compliance reports directly to ATRIO's Audit and Compliance Committee and ATRIO Executive Management. (ATRIO's Audit and Compliance Committee is a committee of ATRIO's Board of Directors, to which the Board of Directors has delegated compliance oversight responsibility. The Audit and Compliance Chair and/or the ATRIO CEO/President provide regular compliance updates to the Board of Directors ;)
- Express authority to provide unfiltered, in-person, adhoc and regular reports to ATRIO's Audit and Compliance Committee and ATRIO Executive Management at their discretion;
- Oversee FWA and Compliance training programs for ATRIO Employees, Board of Directors, and FDRs, which include encouragement to report non-compliance and potential FWA without fear of retaliation and zero tolerance for intimidation;
- Ensure that ATRIO's OIG and GSA exclusions screening lists are maintained with accurate information, and Employees, FDRs and Board of Directors are screened prior to hire/appointment/contracting and monthly thereafter;
- Maintain documentation of each report of potential non-compliance or potential FWA received from all sources and through all reporting methods;
- Oversee the development and continued monitoring of corrective action plans;
- Oversee potential fraud investigations and appropriate referrals to I MEDIC;
- Report potential FWA to CMS, its designee or law enforcement;
- Through ATRIO's Internal Compliance Committee, meet quarterly and on an ad-hoc basis with Operational Department leaders to communicate and ensure awareness of business activities with operations;
- Review contracts related to ATRIO health plan operations, as necessary;
- Track and monitor trends and risk assessments for the purpose of prioritizing monitoring and auditing schedules;
- Review or delegate the responsibility to review the submission of data to CMS to ensure that it is accurate and in compliance with CMS reporting requirements;
- Conduct and/or direct audits and investigations of FDRs;

- Conduct and/or direct audits of any area or function involved with Medicare Parts C or D plans;
- Recommend policy, procedure, and process changes to the CEO/President; and
- Communicate CMS Regulatory Guidance to ATRIO staff and leadership.

ATRIO’s Internal Compliance Committee – ATRIO’s Internal Compliance Committee meets at least quarterly and is chaired by the Compliance Officer or their designee. This Committee is made up of ATRIO’s Executive Management, General Counsel, Directors and Managers from each operational area, and Compliance Department employees. This committee reports to the Audit and Compliance Committee.

The Internal Compliance Committee is chartered to ensure each operational area’s compliance status and concerns are shared throughout the organization. The Internal Compliance Committee is responsible to:

- Review and report quarterly on their operational area, including issues of non-compliance and strategies to promote compliance;
- Document measurable evidence regarding corrective actions taken to detect, prevent and correct non-compliance on a timely basis;
- Implement compliance policies and procedures required by regulatory guidance or the Compliance Department;
- Ensure updated policies and training materials are released timely after revised or new guidance is issued; and
- Review audit and monitoring results, compliance incidents, and potential HIPAA and FWA reports to address areas where ATRIO is at risk and ensure that corrective action plans are implemented and monitored for effectiveness.

Audit and Compliance Committee – The Audit and Compliance Committee is a sub-committee of ATRIO’s Board of Directors and provides oversight and ensures the effectiveness of ATRIO’s Compliance Program. The Audit and Compliance Committee responsibilities include, but are not limited to the following:

- Review ATRIO’s annual Risk Assessment;
- Review of the annual audit work plan, Corrective Actions Plans, and audit results;
- Meet quarterly or more frequently as necessary to enable reasonable oversight of the Compliance Program;
- Remain informed about governmental compliance enforcement activity such as Notices of Non-Compliance, Warning Letters and/or formal sanctions;

Board of Directors – The Board of Directors responsibilities include, but are not limited to the following:

- Remain accountable for reviewing the status of the compliance program, despite delegating certain compliance oversight responsibilities to the ATRIO Audit and Compliance Committee;
- Understand ATRIO's Compliance Program structure;
- Annually complete the Compliance and FWA training;
- Receive regularly scheduled and periodic updates from the Audit and Compliance Committee so as to remain informed about compliance program outcomes, including results of audits, Notices of Non-Compliance, Warning Letters or formal sanctions;
- Review the performance and effectiveness of the Compliance Program, including reviewing measurable evidence that the Compliance Program is detecting and correcting Medicare program non-compliance on a timely basis.

Element III. Effective Training & Education

General Compliance Training – CMS and the OIG require that all Employees and Board of Directors involved in the administration or delivery of Parts C and D benefits receive general compliance training within 90 days of hire or appointment, when there are updates to the training, and annually thereafter.

Completion of mandatory training is documented and tracked by training logs or Employee attestations. All mandatory training is reviewed at least annually and updated as needed to ensure it remains relevant and meets current regulations, policy, and guidance.

Department specific Employee training methods, content, and training may differ widely based on Employee responsibilities and the issues they may face within the position. Departments may use manuals, one-on-one training sessions or other methods of disseminating departmental information.

As the need arises, other trainings or educational requirements may be provided in one or more of the following ways:

- Classroom Training – with employee tracking via a sign-in sheet;
- Online Training Module – with electronic certification;
- Signed Attestations indicating materials have been read;
- Webinars; or
- E-mail

Training and educational expectations are communicated as often as necessary as decided by the Compliance Officer or their designee.

Management may require additional, specialized or refresher training for Employees to address or correct any compliance-related issue resulting from CMS direction or CEO/President decision (e.g., audit findings or changes in requirements).

If an Employee fails to complete the mandatory trainings or attest to educational requirements within the allotted timeframe given, disciplinary action may result per ATRIO's HR policies.

ATRIO also communicates its compliance expectations to FDRs through distribution of ATRIO's Code of Conduct and requiring FDRs to distribute either ATRIO's Code of Conduct or its own comparable Code of Conduct with its Employees at least annually.

FWA Training – CMS requires that all Employees and Board of Directors involved in the administration or delivery of Parts C and D benefits receive Fraud, Waste, and Abuse (FWA) training within 90 days of hire or appointment, when there are updates, and annually thereafter.

ATRIO maintains general compliance and FWA training records for a period of 10 years from the date the training was taken, including records on attendance, topic, certificates of completion (if applicable), and test scores of any tests administered to its Employees. ATRIO requires its FDRs to maintain records of the training of the FDRs' employees.

Element IV. Effective Lines of Communication

ATRIO is required to establish and implement effective lines of communication, ensuring accessibility and confidentiality, between the Compliance Officer, members of the Internal Compliance Committee, the Audit and Compliance Committee, Employees, and FDRs. ATRIO has established the following communication mechanisms to assist in maintaining a culture of compliance by those inside and outside of ATRIO, including members and FDRs. These mechanisms allow for anonymous and confidential good faith reporting of potential compliance or FWA issues as they are identified. Communications mechanisms include:

- Direct access to Compliance Officer:
 - Direct phone line: 971-304-0068
 - In-person at: 2965 Ryan Drive SE Salem, OR 97301
- Email Access: compliance@atriohp.com
- Postal Service (anonymous reporting mechanism):
Compliance Officer ATRIO Health Plans, Inc.
2965 Ryan Drive SE
Salem, OR 97301

OR
Compliance Officer ATRIO Health Plans, Inc.
PO Box 12645
Salem, OR 97309
- atriohp.com (ATRIO's website-anonymous reporting mechanism)
- Board of Directors: Audit and Compliance Committee Chairman: ATRIOAuditChair@atriohp.com

External reporting options are:

- OIG: 1-800-447-8477, TTY 1-800-277-4950
HHSTips@oig.hhs.gov
- CMS: 1-800-MEDICARE (1-800-633-4227), TTY 1-877-486-2048
- DFR: (503) 378-4140 or the toll free message line at (888) 877-4894
Division of Financial Regulation, Consumer Advocacy Unit, PO Box 14480,
Salem, OR 97309-0405;
<https://dfr.oregon.gov/help/complaints-licenses/Pages/file-complaint.aspx> or by
E-mail: cp.ins@oregon.gov

The Compliance Officer maintains an “open door” policy. Employees are actively encouraged to consult with the Compliance Officer on potential compliance issues, regulatory questions, or suspected FWA.

Information, such as updated guidance from CMS, including HPMS memos or email, is disseminated to appropriate ATRIO Employees via e-mail at the discretion of the Compliance Officer or their designee. The method and frequency of dissemination of information from the Compliance Officer is made within a reasonable time frame and to all appropriate parties as determined by their job duties.

All Employees and FDRs receive continuous trainings that outline the process for reporting concerns and suspected or actual violations related ATRIO’s Medicare Advantage plan to the ATRIO Compliance Officer. ATRIO’s Compliance Officer ensures that all reports are recorded and maintained confidentiality to the greatest extent possible, allowing anonymity if desired. It is ATRIO’s policy for zero tolerance for intimidation and retaliation of anyone who in good faith reports compliance concerns and suspected or actual violations.

All methods of reporting are user friendly and available 24 hours a day for Employees, Board of Directors, FDRs, members, and any member of the public who submits via ATRIO’s website. ATRIO’s website and US mail provide methods for anyone to submit potential issues of non-compliance or FWA while remaining anonymous.

ATRIO also provides its members with information about identifying and reporting potential FWA. These are included in mailings to members with their Explanation of Benefits (EOB), and FWA and Compliance training and reporting mechanism posted on ATRIO’s website at ATRIOhp.com

Element V. Well Publicized Disciplinary Standards

ATRIO has well-publicized disciplinary standards and implements measures which encourage good faith participation in the Compliance Program by all Employees, Board of Directors, and FDRs. ATRIO expects the following:

1. Report compliance or suspected FWA issues and assist in their resolution;
2. Identify non-compliance or unethical behavior; and
3. Provide for timely, consistent, and effective enforcement of the standards when non-compliance or unethical behavior is determined.

ATRIO Employees and FDRs must understand the consequences of non-compliance. Provisions for enforcement and disciplinary standards are necessary to add to the credibility and reliability of how ATRIO conducts investigations and resolves non-compliance with health plan operations.

ATRIO has disciplinary mechanisms that are consistently and appropriately enforced, while at the same time have the flexibility to take into consideration any mitigating or aggravating circumstances. These mechanisms are further described in Element VII, Procedures and System for Prompt Response to Compliance Issues.

ATRIO consistently broadcasts the importance of compliance and disciplinary standards through the following activities:

1. Distribution of the Compliance Program, Code of Conduct and compliance policies to all ATRIO Employees and Board of Directors within 90 days of hire or appointment for their review.
2. Distribute the Compliance Program, Code of Conduct and compliance policies when major changes occur and at minimum annually.
3. Post ATRIO posters in ATRIO Offices and distribute to FDRs that include but are not limited to:
 - a. ATRIO Disciplinary Guidelines; and
 - b. ATRIO Compliance Awareness.
4. Include ATRIO compliance-required slides in all trainings that include content to include the following:

DON'T FORGET COMPLIANCE IS EVERYONE'S RESPONSIBILITY!!

Prevent

- Observe within ATRIO's ethical expectations to **PREVENT** non-compliance!

Detect & Report

- If you **DETECT** potential non-compliance, **REPORT IT!**

Correct

- CORRECT** non-compliance to protect non-compliance and to save money!



HOW CAN I REPORT POTENTIAL NON-COMPLIANCE OR FWA?

ATRIO Employees & Health Plan Members

- Call the ATRIO Compliance Officer at 973.204.0398
- Email: compliance@atrio.com
- Anonymous and/or Confidential Reporting
 - 800.441.4333 (Toll Free)
 - 800.441.4333 (Toll Free)
- Online Reporting Form: <https://atrio.com/ethics>
- 800.441.4333 (Toll Free)
- 800.441.4333 (Toll Free)

FDR Employees

In addition to methods used by ATRIO Employees and Health Plan members, FDRs can report by:

- Talking to a Manager or Supervisor, either at ATRIO or at your own facility
- Calling Your Ethics/Compliance Help Line if available

External reporting options are:

- 800.441.4333 (Toll Free)
- 800.441.4333 (Toll Free)
- 800.441.4333 (Toll Free)



NO RETALIATION OR INTIMIDATION

- There can be **NO** retaliation against you for reporting suspected non-compliance or FWA in good faith. **ATRIO** does not support or tolerate this behavior.
- There can be **NO** acts of intimidation toward staff that would prevent them from reporting suspected non-compliance or FWA.
- Each reported issue will be handled confidentially and respectfully.
- ATRIO is committed to providing the job security and promotion opportunities of persons who, in good faith, report violations.



These slides are located at: S:\ATRIO_RESOURCES\Branding

5. Provide all ATRIO Employees ongoing access to compliance policies.

Element VI. Effective System for Routine Monitoring, Auditing and Identification of Compliance Risks

ATRIO maintains a monitoring and audit work plan that lists all of the monitoring and auditing activities scheduled for the calendar year. The activities are prioritized to ensure FDRs and operational areas at risk of non-compliance are closely monitored and audited, as indicated by the applicable Risk Assessment.

ATRIO's Compliance Officer ensures compliance with Medicare regulations, sub-regulatory guidance, contractual agreements, and all applicable Medicare Advantage laws, as well as internal policies and procedures to protect against program non-compliance and potential FWA.

ATRIO's Compliance Officer or their designee maintains current policies and procedures to outline roles and responsibilities of routine monitoring, internal and external audits and the process of identifying compliance risks.

The Audit and Monitoring Work Plan and annual Risk Assessment is overseen by ATRIO's Compliance Officer. The Audit and Compliance Committee reviews the annual Risk Assessment and Audit and Monitoring Work Plan, completed audit and monitoring activities, and status of corrective actions.

ATRIO ensures it has an effective system for identifying risk of non-compliance to monitoring and auditing its operations as follows:

Risk Assessment: The results of the Risk Assessment are used to establish an annual Audit and Monitoring Work Plan. The Risk Assessment rates all internal areas and FDRs against the same categories of risk, with the most critical risk categories given greater weight. A final risk score for each internal area and FDR is calculated, and FDR's and internal operational areas are ranked according to which areas present the highest risk.

All areas of risks are re-evaluated when there is a change in contractual guidance, changes in laws, regulations, CMS requirements and operational matters, throughout the year and at least annually.

Audit & Monitoring Work Plan: Using the results of the Risk Assessment and based on available resources, the operational areas and FDRs are stratified & prioritized to determine which areas and entities will be audited for the following calendar year as

determined by the Compliance Officer. An Audit and Monitoring Work Plan is then created to scheduled audit and monitoring activities for the coming year.

The Compliance Department is responsible for conducting the audit activities. The Compliance Officer receives and reviews audit reports on all internal areas and FDRs and associated corrective actions required as a result of the audit findings.

ATRIO operational management is responsible for ensuring that it is monitoring its own departmental performance and that of its FDRs to ensure compliance with Medicare regulations and guidance. Monitoring activities are to be provided in the form of a dashboard or other format that can effectively gauge compliance with regulatory standards. Depending on the operational area and level of risk, monitoring activities may be performed daily, weekly, monthly, quarterly, annually or on an ad-hoc basis. These reports will be provided to the Compliance Officer or their designee, who may require corrective actions to be implemented based on the monitoring results.

ATRIO performs monitoring in order to prevent and detect FWA. ATRIO performs data analysis of both Part D and Part C claims to detect potential FWA or concerns of non-compliance with healthcare services billing and coding standards. This includes monitoring to detect unusual patterns, trends and changes over time or ad-hoc targeted audits.

Data analysis objectives include:

- Reduce or eliminate Medicare Parts C & D benefit costs due to FWA;
- Reduce or eliminate fraudulent or abusive claims paid with funds received from CMS;
- Prevent illegal activities;
- Identify members with overutilization issues;
- Report suspected or potential FWA to the I MEDIC or law enforcement.

FWA reports will be generated on at least a quarterly basis and complete analysis of the data will be provided to the Compliance Officer for review. These reports are shared with the Audit and Compliance Committee.

Prior to hiring/appointing/ contracting any new Employee, contractor, Board of Directors, or FDR, and monthly thereafter, ATRIO Compliance Department screens the OIG List of Excluded Individuals and Entities and the GSA Excluded Parties Lists System to ensure

that none of the individuals or entities are excluded or become excluded from participation in federal programs.

Element VII: Procedures and System for Prompt Response to Compliance Issues

ATRIO monitors FWA and health plan operations, and conducts a timely, reasonable inquiry into potential and actual non-compliance when reported. When non-compliance is detected, ATRIO conducts appropriate corrective actions. The decision to voluntarily self-report potential fraud or misconduct to oversight entities is an important practice in maintaining an effective Compliance Program. Self-reporting is done at the discretion of the Compliance Officer and/or at the direction of the Audit and Compliance Committee. The reasons for self-reporting to CMS, I MEDIC or other regulatory entity (such as the OIG, the Department of Justice, or the State of Oregon in the case of fraud or other illegal activity) may include:

1. To receive guidance from oversight entities on how best to mitigate the harm to members caused by the incident of non-compliance;
2. Minimizing the potential cost and disruption of a full scale audit and investigation;
3. Oversight entities consider self-disclosure a mitigating factor when negotiating a fair monetary settlement/penalty; and
4. May avoid an OIG permissive exclusion preventing ATRIO from doing business with Federal health care programs.

ATRIO has established procedures and a system for promptly responding to compliance issues as they are raised, investigating potential compliance problems as identified in the course of self-evaluations and audits, correcting such problems promptly and thoroughly to reduce the potential for recurrence, and ensuring ongoing compliance with CMS requirements. Regardless of how the non-compliance or potential FWA is identified or reported, the Compliance Officer or their designee will initiate a reasonable inquiry as quickly as possible as but no later than two weeks from the date the potential non-compliance or FWA is identified. The inquiry will conclude within 30 days from the date the issue was identified. This includes a preliminary investigation and, if applicable, reporting the specific incident to CMS or I MEDIC. If the issue appears to involve potential FWA and ATRIO does not have the resources to investigate the potential FWA in a timely manner, the issue is referred to the I MEDIC within 30 days of the date the potential FWA was identified. ATRIO refers potential FWA to the I MEDIC so that the I MEDIC can help identify and address any scams or schemes.

A root-cause analysis and an impact analysis will be developed to identify what caused the FWA problem or non-compliance to occur and to understand the impact to the business and/or ATRIO members. This process assists in constructing the corrective actions necessary to

correct the underlying problem that resulted in program violations and to prevent future issues of FWA and/or non-compliance.

ATRIO corrects issues of non-compliance and FWA promptly and thoroughly to reduce the potential for recurrence. Corrective Action Plan (CAP) is created at the request of ATRIO's Compliance Department. ATRIO's Compliance Officer may provide guidance and assistance in creating a CAP. The CAP will at a minimum:

- Be tailored to address the root cause of the non-compliance and/or FWA identified;
- Include detailed actions required to remediate the non-compliance or FWA identified;
- Include timeframes for actions to remediate the non-compliance or FWA identified;
- Include the responsible business owner for completing each remediating action;
- Outline the monitoring mechanisms to ensure the corrective actions stated are effective;
- Be reviewed and approved by the Compliance Officer.

The CAP will include an Action Plan and a description of the monitoring that is required. It will include the time period in which remedial actions must be implemented, generally not more than 90 days from the date the CAP is opened unless approved by ATRIO's Compliance Officer. To ensure the CAP is implemented and is effective, ATRIO's Compliance Department will track all CAPs and their associated remediation activities. ATRIO's Compliance Officer will also review the monitoring reports to validate whether implemented remediation activities have corrected the issue of non-compliance and/or FWA. All CAPs will be reported to the Audit & Compliance Committee and Board of Directors.

In the event that CMS or another government entity imposes a CAP on ATRIO, the Compliance Officer or their designee will work with the agency to carry out the Corrective Action Plan until it is completed.

All compliance reports, incident documentation, and CAP documentation will be maintained for a period of 10 years. This includes, but is not limited to: operational reports to the Internal Compliance Committee, compliance reports to the Audit & Compliance Committee, minutes of Audit & Compliance Committee meetings, dashboard reports, monitoring and auditing reports, risk assessments and compliance incident reports.

Terms & Definitions

- **CMS:** the Center for Medicare & Medicaid Services.
- **DHHS:** the Department of Health and Human Services. CMS is the agency within DHHS that administers the Medicare program.
- **Employee(s)** Full time employees, part-time employees, temporary employees, and volunteers employed by ATRIO or Atrio Holding Company, and independent contractors.
- **FDR** means a first tier, downstream or related entity;
 - First tier entity: Any party that enters into a written arrangement, acceptable to CMS, with ATRIO to provide administrative services or health care services to members enrolled in the ATRIO's Medicare Advantage plan(s).
Example: A pharmacy benefit manager ("PBM") that has a written contract with ATRIO to administer the pharmacy benefits to members. The PBM is a first tier entity.
 - Downstream entity: Any party that enters into a written arrangement, acceptable to CMS, with persons or entities involved with the administration of the Medicare Advantage benefits, below the level of the arrangement between ATRIO and its first tier entity(ies). These written arrangements continue down to the level of the ultimate provider of both health and administrative services.
Example: All pharmacies in ATRIO's Pharmacy Network are downstream entities because the pharmacies are directly contracted with ATRIO's PBM.
 - Related entity: any entity that is related to ATRIO by common ownership or control and;
 - i. Performs some of ATRIO's management or services functions under contract or delegation;
 - ii. Furnishes services to members under an oral or written agreement; or
 - iii. Leases real property or sells materials to ATRIO at a cost of more than \$2,500 during a contract period.
- **FWA:** fraud, waste and abuse;
 - Fraud is knowingly and willfully executing, or attempting to execute, a scheme or artifice to defraud any health care benefit program or to obtain (by means of false or fraudulent pretenses, representations, or promises) any of the money or property owned by, or under the custody or control of, any health care benefit program.
 - Waste is the overutilization of services, or other practices that, directly or indirectly, result in unnecessary costs to the Medicare program. Waste is generally not

considered to be caused by criminally negligent actions but rather the misuse of resources.

- Abuse includes actions that may, directly or indirectly, result in unnecessary costs to the Medicare program, improper payment, payment for services that fail to meet professionally recognized standards of care, or services that are medically unnecessary. Abuse involves payment for items or services when there is no legal entitlement to that payment and the provider has not knowingly and/or intentionally misrepresented facts to obtain payment. Abuse cannot be differentiated categorically from fraud, because the distinction between “fraud” and “abuse” depends on facts and circumstances, intent and prior knowledge, and available evidence, among other factors.
- **GSA:** General Services Administration.
- **Internal Audit:** a formal review of the operational areas or FDR operations in accordance with CMS standards, conducted by the Compliance Department auditor.
- **Monitoring:** regular review performed as part of normal operations to confirm ongoing compliance and ensure that corrective actions are undertaken and effective.
- **I MEDIC:** the Investigations Medicare Drug Integrity Contractor, an organization CMS has contracted to perform specific program integrity functions for Parts C and D under the Medicare Integrity Program. The I MEDIC’s primary role is to identify potential FWA in Medicare Parts C and D.
- **OIG:** the Office of the Inspector General within the DHHS. The Inspector General is responsible for audits, evaluations, investigations, and law enforcement efforts relating to DHHS programs and operations, including the Medicare program.