Hamaspik Choice Inc. and Hamaspik Inc. Compliance Program

Compliance Program & Fraud, Waste, and Abuse

Commitment to Compliance

Hamaspik Choice is committed to serving its members, providers, and everyone with whom it does business according to the highest ethical, business, and legal standards. To that end, we have implemented a comprehensive Compliance Program covering our Managed Long Term Care (MLTC) plan, Medicaid Advantage Plus (MAP) plan, and Dual Eligible Special Needs Plan (D-SNP), to ensure that legal and ethical conduct is part of our organization's culture and operations.

Code of Conduct

The Hamaspik Code of Conduct is a statement of ethical and compliance principles that guides our daily operations. It establishes the key ethical principles we require all directors, officers, employees, contractors, agents, and First Tier, Downstream, and Related Entities ("FDRs") to follow, along with standards to help ensure compliance with applicable laws and company policies.

Anyone associated with Hamaspik is required to report any action that may be unlawful, inappropriate, or in violation of the Code of Conduct or applicable laws, rules, and regulations. **There will be no intimidation of, or retaliation against, anyone who in good faith reports a compliance concern.**

- Hamaspik Code of Conduct

Compliance Policies and Procedures

Our Compliance Program is supported and governed by written policies and procedures that establish standards for ethical conduct and compliance throughout the organization. These policies and procedures address applicable federal and New York State laws and regulations and provide guidance for preventing, identifying, reporting, investigating, and correcting potential compliance concerns, including fraud, waste, and abuse. They are reviewed and updated as necessary to reflect changes in regulatory requirements and organizational operations.

What Is Fraud, Waste, and Abuse?

Hamaspik is committed to protecting the integrity of the Medicare and Medicaid programs and to providing our members with access to high-quality, appropriate, and necessary health care and services.

Fraud, waste, and abuse (FWA) can harm members, health care providers, health plans, and the Medicare and Medicaid programs. It can result in unnecessary costs, inappropriate services, inaccurate claims, misuse of member information, and other conduct that does not comply with applicable laws, regulations, contractual requirements, or Hamaspik policies.

If you see or suspect fraud, waste, abuse, or another compliance concern, please report it. You do not need to know whether a violation has actually occurred before making a report.

Fraud is an intentional misrepresentation of a known fact made for the purpose of obtaining a benefit or financial gain.

Waste includes any practice that results in unnecessary use or consumption of financial or medical resources. Waste does not necessarily involve personal gain, but often signifies poor management decisions, practices, or controls.

Abuse is a practice that is inconsistent with accepted business, financial, or medical practices or standards, resulting in unnecessary cost or reimbursement.

Together, these are often referred to as FWA.

Examples of FWA

By providers:

- Billing for services not provided
- Deliberately filing incorrect diagnosis or procedure codes to maximize payment
- Billing non-covered services as covered services
- Providing and billing for medically unnecessary services
- Accepting or offering kickbacks and bribery

By members:

- Loaning a member ID card for use by another person
- Altering the amount or date of service on a claim form or prescription receipt
- Fabricating claims

By employees:

- Creating false claims or charges
- Engaging in impermissible sales and marketing practices, such as enrolling individuals without their knowledge
- Changing member or provider addresses to intercept payments

Identification and Prevention of FWA

Hamaspik works to prevent and identify fraud, waste, and abuse through ongoing oversight of health care services, claims, providers, and other activities. We monitor information and investigate concerns that may indicate inappropriate or improper activity. Concerns may come to our attention through routine monitoring, reports from members or providers, complaints, audits, or other sources. When a concern is identified, Hamaspik takes appropriate steps to determine whether FWA may have occurred and to address the concern in accordance with applicable requirements.

Hamaspik also works to prevent FWA through education, awareness, monitoring, and oversight. Employees, providers, contractors, vendors, and other individuals and organizations that work with Hamaspik are expected to understand and follow applicable laws, regulations, contractual requirements, and Hamaspik's compliance standards. Hamaspik may take corrective action when FWA or other inappropriate activity is identified, including actions to prevent the issue from occurring again and, when appropriate, recovery of improper payments or referral to the appropriate governmental or regulatory authority.

Special Investigations Unit (SIU)

Hamaspik has a Special Investigations Unit (SIU) that is responsible for investigating suspected fraud, waste, and abuse. The SIU reviews allegations and information that may indicate inappropriate or fraudulent activity involving health care services, claims, providers, members, employees, vendors, or other parties. The SIU may conduct reviews, gather and evaluate information, and work with other areas of Hamaspik when investigating potential FWA.

When an investigation identifies potential fraud, waste, abuse, or other improper activity, Hamaspik may take appropriate action to correct the issue and prevent future occurrences. This may include education or corrective action, recovery of improper payments, termination or other action relating to a provider or business relationship, or referral to a governmental, regulatory, or law enforcement agency when appropriate or required. Hamaspik cooperates with applicable governmental and regulatory authorities in the investigation and prevention of FWA.

What Members Should Look For

Members can play an important role in helping prevent fraud, waste, and abuse. Be aware of the services you receive and the information provided to you about your health care. Contact Hamaspik if you receive a bill or statement for services you did not receive, notice information that does not appear to be correct, or become aware of someone using your member identification card or personal information without your permission. You should also be cautious if someone asks you to agree to receive a service you do not need, asks you to sign a blank or incomplete form, or offers you money, gifts, or other items of value in connection with your health care or health plan enrollment. If you have a concern about something you see or are asked to do, you should report it to Hamaspik. You do not need to determine whether the activity is actually fraud, waste, or abuse before making a report.

How to Report FWA or Compliance Concerns

Individuals can report a compliance concern, including suspected FWA, or seek guidance about a compliance question:

- 24 hours a day, 7 days a week
- Anonymously, if you choose
- Without fear of retaliation or intimidation

> **Compliance Hotline**: 845-503-0592
> **Email**: corporatecompliance@hamaspikchoice.org
> **Mail:** Hamaspik Compliance Department
> 775 North Main Street
> Spring Valley, NY 10977

When making a report, please provide as much detail as possible, such as names, dates, and a description of the issue. Unless you prefer to remain anonymous, please include your name and phone number in case we need to follow up.

Compliance Leadership

> **Chief Compliance Officer:**
> **David Friedman**

> The Chief Compliance Officer provides oversight of the Compliance Program. Compliance concerns may be submitted through the Compliance Hotline or other available reporting channels identified above.

Non-Retaliation

Hamaspik is committed to maintaining an environment where individuals feel comfortable raising compliance concerns and reporting suspected fraud, waste, and abuse. Hamaspik prohibits retaliation, intimidation, or other adverse action against any individual who, in good faith, reports a compliance concern or suspected fraud, waste, or abuse, seeks guidance regarding a compliance concern, or participates in a compliance review or investigation. A person who makes a report in good faith will not be subject to retaliation or intimidation because of the report.

False Claims Act and Deficit Reduction Act

Federal and New York State laws, including the federal False Claims Act and the Deficit Reduction Act, provide protections and establish requirements relating to the prevention, detection, and reporting of fraud and false claims involving government health care programs. The False Claims Act generally prohibits knowingly submitting false or fraudulent claims for payment or approval, or knowingly making or using false records or statements that are material to a false or fraudulent claim. Individuals who become aware of potential fraud, false claims, or other improper activity are encouraged to report their concerns through Hamaspik's established reporting channels or directly to the appropriate governmental authority, as permitted by law. Hamaspik is committed to cooperating with governmental authorities and addressing potential violations in accordance with applicable laws and regulations.

Reporting Overpayments

Any person who has received a Medicaid overpayment, directly or indirectly, must report and return it — to both Hamaspik and the appropriate government agency — within sixty (60) days of identification, consistent with 18 NYCRR Part 521.

- For Medicaid/MLTC overpayments: submit a Self-Disclosure Statement through OMIG's Self-Disclosure Program (omig.ny.gov/provider-resources/self-disclosure)
- For Medicare overpayments: report via the OIG Self-Disclosure Protocol

Providers may report overpayments to: claimsprocessing@hamaspikchoice.org

Our Compliance Program Elements

Consistent with New York Social Services Law §363-d and 18 NYCRR Part 521, and — for our Medicare D-SNP and MAP lines — 42 CFR §422.503(b)(4)(vi), our Compliance Program includes:

- Written policies, procedures, and a Code of Conduct
- A designated Compliance Officer and Compliance Committee with senior-level oversight
- Effective compliance and FWA training and education for employees and FDRs
- Effective lines of communication, including the confidential hotline above
- Well-publicized disciplinary standards for non-compliance
- Routine monitoring, auditing, and risk assessment
- Prompt response to detected offenses, including corrective action

For More Information

- New York State Office of the Medicaid Inspector General (OMIG): omig.ny.gov
- CMS Compliance Program Policy and Guidance: cms.gov
- HHS Office for Civil Rights (HIPAA): hhs.gov/ocr
- New York State Department of Health: health.ny.gov

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