Hamaspik Managed Care
Compliance Policy and Procedures

Table of Contents

Hamaspik Compliance Program 3

Compliance Reporting Policy 13

Internal Audits Policy 15

Corrective Actions Policy 18

Role of the Compliance Officer Policy 20

Provider Exclusions 24

Fraud and Abuse Policy 26

Whistleblower Nonintimindation Nonretaliation Policy 35

Service Verification Policy 39

Statutory and Regulatory Compliance Policy 41

Privacy and Security Policy 43

HIPAA/ Confidentiality of Member and Proprietary Information Policy 48

Maintenence and Retention of records policy 50

Member's Rights to Medical Records Policy 52

Member Notifications Policy 53

Provider audits Policy 55

Hamaspik Choice, Inc. & Hamaspik Inc.
POLICIES AND PROCEDURES

SECTION: HC-CP xxx Compliance	SUBJECT: Compliance Program	EFFECTIVE DATE:	Reviewed: 3/24/20; 2/20/23 Revised: 3/24/20' 2/20/23 Approved: 10/2/2020	Page 1 of 13

INTRODUCTION

In accordance with 42 CFR 438.608, 42 CFR 455, 42 CFR 422.503, 42 CRF 423.504, Social Services Law §363-d and 18 NYCRR Part 521, Hamaspik Choice, Inc., and Hamaspik, Inc. (or "Hamaspik") has developed a Compliance Program that is designed to prevent fraud and abuse and ensure prompt organizational response to detect offenses and development of corrective action initiatives.

STATEMENT OF POLICY ON ETHICAL PRACTICES

Hamaspik has a policy of maintaining the highest level of professional and ethical standards in the conduct of its business. Every employee, including management employees, and each member of the governing board is obligated to display conduct in a manner that assures the maintenance of these standards and compliance with all federal and state standards that apply to our health plans. Hamaspik has developed Codes of Conduct/Ethics that provides guidance to ensure its mission is carried out in an ethical and legal manner. Upon hire, employees are required to review the Codes of Conduct/Ethics and the Employee Handbook, and must sign an attestation that they have reviewed and pledge to uphold the Codes of Conduct/Ethics.

Hamaspik has developed a comprehensive set of Policies and Procedures that articulate the plan's commitment to comply with all Federal and State laws and regulations, including but not limited to those that govern New York State Medicaid Managed Long Term Care plans and Medicare Advantage/Prescription Drug (MA-PD) plans, as well as State Labor Laws and the minimum wage law. Our compliance standards and policies apply equally to ALL employees and board members regardless of tenure or rank within the organization, as well as to all providers, first-tier, downstream, and related entities that are contracted to provide services for our members. The Hamaspik Compliance program and Compliance Officer are an integral component of the health plan's day-to-day operations. The Compliance team maintains an open door policy, and management/ staff are encouraged to direct any questions about the plans' (a) contracts with DOH and CMS, (b) the State and Federal regulations and policy guidance that we are required to adhere to, and (c) the plan's policies and procedures to the Compliance team. The Compliance team must be viewed as a resource to the staff in order to be successful.

DESIGNATION OF A COMPLIANCE OFFICER AND COMPLIANCE COMMITTEE

Hamaspik has assigned responsibilities of oversight of the operation and implementation of this compliance program to the Vice President, Compliance and Regulatory Affairs, an employee of the plan

who has been appointed to this position by the Executive Director. Reporting to the Vice President are two full-time staff who oversee the monitoring and auditing of operations of Hamaspik Choice, its delegated vendors, and providers. (An organizational chart outlining the staffing of the Compliance Department is attached to this document as Appendix A. The job description for the Compliance Officer position is attached as Appendix B.)

The duties and responsibilities of the Compliance Officer shall include but are not limited to:

a. Developing written policies, procedures and standards of conduct that articulate Hamaspik's commitment to adhere to all applicable federal and state standards
b. Developing and implementing an educational training program for Hamaspik personnel to ensure understanding of Federal and State laws and regulations involving ethical and legal business practices
c. Handling inquiries by employees or others regarding any aspect of compliance
d. Overseeing the compliance hotline and investigating any information or allegation concerning possible unethical or improper business practices and recommend corrective action when necessary
e. Implementing a delegated oversight function, to coordinate, monitor, and audit the services provided by entities where Hamaspik has delegated key management functions
f. Planning and overseeing regular, periodic audits of Hamaspik operations to identify and rectify any possible barriers to the efficacy of the Compliance Program, and to monitor activities to verify the effectiveness of the Compliance Program
g. Monitoring the compliance of contracted providers, first-tier, downstream, and related entities, by overseeing auditing activities, and developing educational trainings as necessary
h. Reporting to the governing board on a quarterly basis, regarding the compliance activities and actions undertaken during the preceding three months, including but not limited to:
    - Results of internal and provider audits conducted
    - Regulatory changes that have an operational of financial impact on the plan
    - Significant compliance issues, including any that resulted in self-reporting to regulatory authorities
    - Audits and compliance actions taken by regulatory authorities
    - On an annual basis, the proposed compliance program for the next year and any recommendations for changes in the Compliance Program
i. Responding to requests for information and coordinating investigations conducted by regulatory authorities, including but not limited to the New York State Department of Health (DOH), Centers for Medicare and Medicaid Services (CMS), New York State Office of the Medicaid Inspector General (OMIG), New York State Attorney General's Office, and Office of the New York State Comptroller.
j. Chairs the Compliance Committee, described below.

Hamaspik has established a Compliance Committee, which is accountable to the Executive Director and makes regular reports to the Board of Directors. The Compliance Committee meets ten times each year. During its meetings, the Compliance Committee reviews the following:

1. Development of Compliance Risk Assessment (including strategy for mitigating risks) and annual work plan
2. Results of auditing and monitoring activities
3. Required regulatory reporting
4. Compliance issues that have been identified and investigated
5. Regulatory updates and review of new policies
6. Trainings on compliance risk areas

The Board of Directors are responsible for overseeing the plan's Compliance Program and its compliance with the State and CMS Contracts. As a key responsibility, Board members are expected to be knowledgeable about the Hamaspik Compliance Program, and receive regular reports on compliance risks and activities. The Board of Directors meet on a quarterly basis, or more often if there are issues that need immediate attention. Meetings include review of the plan's policies and procedures, including new policies developed in the last quarter. The plan's compliance program is analyzed, and board members may recommend modifications or updates to the program.

POLICIES AND PROCEDURES

Hamaspik has developed a comprehensive policy and procedure manual that governs the functions and activities of its health plan operations. Hamaspik's policies, procedures, training, monitoring, and auditing include, but are not limited to all of the key focus areas outlined in the Compliance program regulation. These include:

- Billing for premium and billing to members
- Payments and claim processing
- Ordered services
- Medical necessity
- Quality of care
- Governance
- Mandatory reporting
- Credentialing
- Provider and contractor oversight
- Cost reporting
- Encounter data
- Provider network adequacy
- Under-utilization of services
- Marketing
- Service verification

The policies are developed by the appropriate staff who oversee the applicable department(s), and are reviewed and approved by the Policy and Procedure Subcommittee. This subcommittee reports to the Compliance Committee, and is chaired by the Vice President, Compliance and Regulatory Affairs.

Policies are reviewed at least annually, and they are updated based on regulatory requirements, contractual requirements, or changes in health plan operations. Policies are submitted, as requested, to the New York State Department of Health for review and approval.

In addition to standard operating policies and procedures, Hamaspik policies include a Code of Conduct and Employee Handbook that applies to all staff at all times. These documents include information on the following compliance-related topics:

- Information about the plan's policies of non-discrimination in hiring, contracting, and providing services to enrolled members
- Information regarding the importance of honesty and accuracy in each employee's work and documentation
- Information that defines fraud, waste, and abuse, and prohibits such conduct
- Information about how to report suspected fraud waste and abuse, including the ability to report anonymously, and the plan's policy for non-retaliation for reporting in good faith
- Information about the state and federal false claims act, including the rights of employees to be protected as whistleblowers.

Policies and procedures for providers are outlined in a Provider Manual that is supplied to all providers at the time that a contract is executed, and updated as appropriate. The Provider Manual is also posted on the plan's website in a location that is accessible to all. The provider manual includes, but is not limited to, policies for credentialing, provider auditing and monitoring, grievances and appeals, claims payment (including timely filing requirements and prompt pay requirements), and fraud, waste and abuse.

TRAINING AND EDUCATION

The Compliance Officer, board members and employees will receive mandatory compliance training and HIPAA training, as part of their new employee orientation, and at least annually. In addition, mandatory subject-specific training will be provided, based on the employees' position and responsibilities within the company. Additional training programs may be developed in response to identified risks or compliance issues. These trainings will include applicable state and federal regulations.

Attendance and participation in mandatory training is a condition of continued employment and failure to comply with training requirements will result in disciplinary action. All compliance program training documents including lists of attendees, dates of training and agendas or program descriptions shall be retained in the Human Resources employee records. When on-line training is deployed, the training is conducted through an education system that requires staff log-in, in order to track completion of the training program. Any questions that the employee's immediate supervisor or the Compliance Officer cannot answer shall be referred to the Executive Director or Board of Directors, as applicable.

Hamaspik will use electronic, verbal, or written communication (as appropriate) to inform employees and network providers of changes in applicable Federal and State laws and regulations that result in changes to Hamaspik policies and procedures. In all trainings, staff and providers are advised that

additional compliance information and questions about the requirements can be directed to the Compliance Officer.

Providers (first tier, downstream, and related entities) that have established contracts with Hamaspik will also receive compliance training, at the time that their contract is executed. Information about compliance requirements is included in the provider manual and will be included in provider newsletters and other mailings. This information shall include the name and contact information for the Hamaspik Compliance Officer and the Hamaspik Compliance Hotline, and providers will be encouraged to report any concerns that they identify. Additional education and training will be provided to network providers, first-tier, downstream and related entities, upon audit findings.

Note: Those contracted entities who have met the fraud, waste, and abuse certification requirements through enrollment in the Medicare program, or those who are listed in NYCRR 521.1 as providers required by the State to implement a compliance program, or those who are accredited as a Durable Medical Equipment, Prosthetics, Orthotics, and Supplies provider, will be deemed to have met these training and education requirements.

COMMUNICATION

Under the Codes of Conduct/Ethics, all employees are responsible for promptly raising concerns about any possible misconduct including suspected fraud and abuse, violation of Federal or State laws and regulations, and violation of any of Hamaspik's ethical and business standards.

Employees are advised to first discuss a concern with their immediate supervisor, who is often closest to the situation and best able to help. If an employee is uncomfortable discussing a concern with their immediate supervisor, the employee may report the concern to someone in an appropriate position such as Human Resources or the Compliance Officer. The Compliance Officer will review the matter to determine if there is a reason for concern.

Hamaspik's policy is to protect employees from retaliation and maintain confidentiality in respect to all concerns raised. Hamaspik's managers, supervisors and employees must not engage in retaliation, retribution or any form of harassment directed against an employee who has reported, is considering reporting or who has cooperated in an investigation of a compliance concern. Any manager, supervisor or employee who engaged in such retribution, retaliation or harassment is subject to discipline, up to and including termination of employment. In compliance training programs and written communication with the staff, employees are informed that Hamaspik maintains this policy of non-intimidation and non-retaliation, for any concern that is brought forth in good faith.

All employees are also encouraged to contact the Compliance Officer to ask questions or seek guidance regarding specific activities or policies and procedures. Hamaspik will treat calls about compliance concerns in a manner that is confidential, but also consistent with the need to investigate, cooperate with the government, and comply with legal obligations. The Compliance Officer will retain a log of calls to the hotline including the nature of the call and the resolution of the issue identified. The Compliance Officer will respond promptly to all concerns received on the Compliance Hotline by carefully evaluating

appropriate follow up. A summary of the hotline activities will be included in the annual reports to the CEO/BOD.

Suspicious activity can be reported anonymously by calling the Compliance Hotline at (845) 503-0592, or by email to corporatecompliance@hamaspikchoice.org.

Providers and other first-tier, downstream, and related entities, are also provided with information as to where to report suspicious activity.

ENFORCEMENT AND DISCIPLINE

The Codes of Conduct/Ethics applies to all employees and board members regardless of position, rank or tenure. Failure of any employee to comply with applicable regulations or Hamaspik's policies and procedures will subject the employee, including supervisors who ignore misconduct, to disciplinary action up to and including termination from employment. Intentional or reckless noncompliance will subject the transgressor to more significant sanctions than unintentional noncompliance or honest mistakes. Those who are aware of compliance issues and fail to report them are also subject to disciplinary action.

When a potential compliance issue is identified, investigations will be conducted promptly and consistently, and determinations will be based on the facts that are established through the investigation and evidence. Disciplinary action will be taken on a fair and equitable basis and will be applied in an appropriate and consistent manner. The Vice President of Compliance and Regulatory Affairs works collaboratively with the Director of Human Resources in all staff disciplinary actions.

Providers and other contracted entities who do not comply with Hamaspik Policies and standards or applicable regulations will be subject to investigation, disciplinary action up to termination of contract.

AUDITING AND MONITORING

Auditing and monitoring activities are conducted under the direction of the Compliance Officer. Areas of focus for audits and monitoring are determined by the Compliance Committee, based on a risk assessment. The risk assessment is conducted annually, and is updated as necessary. In developing the risk assessment, the following sources are used:

- State and CMS contracts and applicable regulations
- Findings from internal and external audits and monitoring activities
- Observations from the staff about areas of risk and vulnerabilities
- Review of workplans and audit priorities of the NY State OMIG, Federal OIG, and other regulatory authorities

Based on the risk assessment, an annual compliance workplan is developed and reviewed by the Compliance Committee and the Board of Directors.

A system for routine internal monitoring and auditing will be established and implemented. The system will include procedures for auditing of compliance risks, prompt responses to compliance issues as they are raised, investigation of potential compliance problems identified, and correction of such problems promptly and thoroughly to reduce the potential for recurrence, and ongoing compliance with the requirements under the contract.

In addition, Hamaspik shall implement a Special Investigations Unit, focused on auditing for fraud, waste, and abuse. The plan's focus on auditing for fraud, waste, and abuse, and its Special Investigations Unit are described in the plan's Fraud and Abuse policy. (See policy HC-CO-104.)

Hamaspik will also implement a service verification process to evaluate the delivery of billed services to the enrolled Members. The verification process will be based on statistically valid samples, and may include confirmation of services with members, review of direct care worker documentation, electronic visit verification, and other methods as appropriate.

Monitoring and Auditing activities are performed internally to assure that performance of employees and board members is in accordance with Hamaspik compliance policies and procedures.

- Criminal Background checks are performed on all employees prior to hire date. Medicaid Exclusions are performed on a monthly basis on all employees.
- Employees are trained upon hire, and at least annually thereafter. Training includes applicable regulations and internal policies, including DRA policies and Fraud Waste and Abuse policies and employees are required to sign an attestation.
- Supervisors of each department are required to conduct monthly reviews of employee performance. Documentation includes performance in accordance with regulatory compliance and is filed in the HR filing system.
- A review of all Hamaspik Policies and Procedures is conducted on an annual basis by the Compliance Officer. During the review, policies are updated with applicable updated regulations or requirements, or with changes necessary as identified during internal monitoring of plan.

Hamaspik will not knowingly hire or execute a contract with an individual or entity that is debarred, suspended, or otherwise excluded from participating in procurement activities under the Federal Acquisition Regulation, or excluded from participation in any Federal health care program. State and federal databases are checked for all new employees and providers, and are monitored on a monthly basis for existing employees and providers, to ensure that individuals/entity have not been excluded. The plan monitors databases maintained by OMIG, OIG, the List of Excluded Individuals and Entities (LEIE), the Social Security Administration Death Master List, and the National Plan Provider Enumeration System (NPPES). Based on this review, Hamaspik ensures that it will not:

- pay claims for a provider who is excluded from participation in the Medicaid or Medicare program,
- provide services based on medical orders or a prescription from a physician who has been excluded, or

- allow services to be furnished by an individual/entity to whom the state has suspended payments due to an investigation of credible allegation of fraud.

The Special Investigations Unit will be implemented by a management subcontractor, through an agreement that outlines the roles and responsibilities for the subcontractor and Hamaspik. Through the SIU, Hamaspik conducts audits of its providers to ensure that the Plan maintains a Provider Network that is adequate and is in compliance with all federal and state regulations and Hamaspik's requirements. Provider's compliance is evaluated by audits of the following:

- Billing accuracy
- Quality of care
- Credentialing
- Suspected Fraud and abuse concerns
- Compliance with regulations and State or CMS policy guidance
- Compliance with appointment availability and access standards

As part of the monitoring process, the Compliance Officer will utilize techniques such as on-site visits, review of financial records and medical record documentation, and trend analyses that seek to identify deviations in specific risk areas over a given period of time.

RESPONSE TO DETECTED OFFENSES AND CORRECTIVE ACTION INITIATIVES

Upon identification of suspicious fraudulent, abusive, or non-compliant activity, a thorough investigation will be conducted by the Compliance Officer. Investigations will be conducted promptly and consistently, and determinations will be based on the facts that are established through the investigation and evidence. Documentation of such investigation will include:

- Records of the alleged violation,
- Description of the investigative process,
- Results of the investigation, and
- Actions taken in response.

Plans of corrective action will be developed specific to incident and implemented immediately, to reduce the potential for recurrence and ensure ongoing compliance with regulations and requirements. Any corrective action plan will be reviewed and approved by the Compliance Officer. Depending on the nature of the issue(s), provider or subcontractor agreements may be terminated. At an appropriate time, the Compliance Officer or Special Investigations Unit will conduct a follow-up audit, to ensure that the corrective action plan has been implemented and to ensure that it has been an effective remedy to the identified issue(s).

REGULATORY OVERSIGHT AND REPORTING

Nothing in this Compliance Plan shall be construed to limit the authority of State and Federal regulatory agencies and law enforcement agencies to investigate, audit, or otherwise obtain recoveries from Hamaspik Choice and its participating providers, other providers, subcontractors or other third parties.

When Medicare or Medicaid compliance issues are identified that point to noncompliance by Hamaspik with its DOH or CMS contracts and/or regulatory requirements, the plan will self-report such noncompliance to the appropriate regulatory agency at the State of federal level. All self-reported compliance issues will be coordinated by the Compliance Officer. The Executive Director, Compliance Committee and Board of Directors will be informed of any self-reported compliance failing, along with the consequences from the issue, and the corrective actions taken as a result.

Hamaspik shall report all cases of potential fraud, waste, and/or abuse to DOH and OMIG within five (5) days of identification. This shall include acts committed by, the Plan and its management or staff, Participating or Non-Participating Providers, subcontractors, vendors, enrolled members, rendering professionals, ordering or referring professionals, or any third party. In cases of potential fraud, waste or abuse, after reporting the case to OMIG, Hamaspik will investigate the issue(s), unless otherwise directed by OMIG. All reporting will be consistent with the requirements of Article VIII, Section F.3.(d) of the Hamaspik agreement with DOH.

Hamaspik will coordinate its audit activities with OMIG, when the audit could result in post-payment recovery or a referral to OMIG. Hamaspik will notify OMIG of its intention to initiate an audit of a Participating Provider or Non-Participating Provider, in a form and format developed by OMIG and/or DOH. Within ten (10) business days of the notice, OMIG will (a) acknowledge receipt of the notification; and (b) either inform Hamaspik that there is no conflict with OMIG activities or alert Hamaspik to stop the audit if a conflict exists. If there is no response from OMIG, Hamaspik will proceed with its audit. Similarly, OMIG will notify Hamaspik of its intention to initiate an audit of a participating provider or non-participating provider. Within ten (10) business days of receipt of such a notice from OMIG, Hamaspik will acknowledge the notice and will inform OMIG if it has any audits in process for the provider. Once Hamaspik is notified of an OMIG audit, it will not undertake an audit of the same provider, independent of OMIG. In addition, Hamaspik will cooperate with the OMIG audit, including the provision of copies of any records that are requested.

If Hamaspik refers a potential care of fraud or abuse to OMIG, Hamaspik may be eligible to share in the recovery. The shared amount will be comprised of non-federal funds, and will be not less than 1% and not more than 10% of the total recovered amount. It will be based on the extent to which Hamaspik has contributed to the investigation, and the amount will be solely determined by OMIG. Any shared recovery funds will be reported as income on the Hamaspik Medicaid Managed Care Operating Report (MMCOR).

In addition, Hamaspik shall report to DOH and OMIG within sixty (60) days after it identifies, or has received notice of, any capitation payments or other payments in excess of amounts specified in its agreement(s) with New York State DOH. Such report shall be in a form and format to be determined by

OMIG. In addition, Hamaspik will return any capitation payments that are identified as overpayments by the Plan or DOH. Hamaspik will submit annual reports of overpayments that have been recovered to OMIG.

OMIG or DOH shall have the right to request that Hamaspik recover an overpayment, penalty or other damages owed to the Medicaid program, including any interest and collection fees, from a Participating Provider. In such cases, Hamaspik shall remit to DOH, all amounts collected from the Participating Provider, but may retain the collection fee (as set by DOH or OMIG) upon collection of the full amount owed to the Medicaid program. Consistent with Article VII, Section F.6. of the Agreement with DOH, OMIG will only request that the Contractor recover an overpayment, penalty or other damage where there has been a final determination that these funds are owed to the State.

In addition, OMIG may enter into an agreement with Hamaspik to conduct a combined audit or investigation of a participating provider, non-participating provider, or other subcontractor. Such agreement will be executed prior to the commencement of the audit, and the sharing of any recovered (non-federal) funds will be outlined in the agreement.

If Hamaspik fails to report or inaccurately reports monies recovered on its Quarterly Provider Investigative Report or MMCOR, the Department or OMIG will be entitled to monetary damages in the form of liquidated damages. If this occurs, DOH or OMIG will notify Hamaspik in writing, in a Notice of Damages. The liquidated damages can be assessed against Hamaspik, regardless of whether the failure to report is the fault of the Hamaspik, or its subcontractors, Participating Providers, agents and/or consultants. The liquidated damages are not intended to be a penalty, but are intended to be reasonable estimates of the Department's and OMIG's projected financial loss and/or damage to the program resulting from Hamaspik's nonperformance, including financial loss as a result of audit, investigation or review delays. If Hamaspik disagrees with the assessed liquidated damages, the plan may dispute the assessment, consistent with the provisions of Article V, Section Y.8.(d) of its Agreement with DOH.

In addition, if directed by OMIG, DOH, or other regulatory authority, Hamaspik will withhold payments to participating providers and other providers. Payments may be withheld in whole or in part, and will be based on the determination by OMIG, DOH, or other regulatory authority that the provider is the subject of a pending investigation of a credible allegation of fraud. Hamaspik will commence withholding of payments as soon as possible upon receipt of direction by OMIG, DOH, or other regulatory authority, and no more than five (5) business days from the receipt of notification.

Hamaspik Choice, Inc.
POLICIES AND PROCEDURES

SECTION: HC-CO 100 **Supercedes: HC-100** **Corporate Compliance**	**SUBJECT:** **Reporting**	**EFFECTIVE DATE: 11/1/2013**	**Reviewed: 9/16/2020** **Revised: 9/16/2020** **Approved: 9/25/20**	**Page 1 of 2**

I. PURPOSE

The purpose of this policy is to describe the methods that Hamaspik Choice has deployed to enable individuals to report suspected fraud, waste, abuse, or other compliance violations.

II. POLICY

Hamaspik Choice, Inc. is committed to complying with all applicable laws and regulations including those designed to prevent and deter fraud, waste and abuse.

If any Hamaspik Choice, Inc. employee or board member has knowledge of, or in good faith suspects any wrongdoing in the company's financial practices; involving any violation of any law or regulation; or involving a violation of any Hamaspik Choice, Inc. policy, the individual is required to promptly report this, so that an investigation can be conducted and appropriate action taken.

On orientation and on an ongoing basis, the company trains staff in policies that discourage improper conduct and facilitates open communication of any compliance concerns and/or questions.

III. PROCEDURES

A. If an employee becomes aware of or suspects illegal or unethical conduct; fraud, waste, or abuse; or a violation of Hamaspik Choice, Inc. policies by another employee, a board member or a contracted provider, the employee must report it immediately to an appropriate individual. Such individuals may include the employee's immediate supervisor, Compliance Officer, Human Resources Director or director of the appropriate department. (A peer or coworker is not an appropriate individual to report such suspicions to.)

B. Any employee may also submit a report by calling the provider hotline at 845-503-0592 or via email at corporatecompliance@hamaspikchoice.org. Alternatively, reports can be made by posting a message in the suggestion box, located at the office. The call/report will be received by the Compliance Officer or his/her designee. The Compliance Officer or designee will be responsible for maintaining confidential records of all calls and/or reports and

responses. Compliance Hotline and Web reporting cases will be handled in a manner which protects the privacy of the caller.

C. Reports may be made anonymously. If an employee or other reporter chooses to remain anonymous, the call/report will be investigated and resolved in the same manner and with the same diligence as all others.

D. Self-reporting is encouraged. Anyone who self-reports their own wrongdoing or violation of law will be given due consideration in any disciplinary action that may be taken.

E. Once a report is received, the Compliance Officer or other appropriate person will conduct an investigation into the allegations to determine the nature, scope and duration of wrongdoing, if any. The investigation of reports related to allegations of staff wrongdoing will be coordinated with the Director of Human Resources.

F. If the allegations are substantiated, a plan for corrective action will be developed. Appropriate corrective action may include restitution of any overpayment amounts, notifying an appropriate governmental agency, disciplinary action or making changes to policies and procedures to prevent future occurrences.

G. Retaliation in any form against an individual making a report of a wrongdoing or cooperating in an investigation is strictly prohibited by law and by the Hamaspik Choice, Inc. Codes of Conduct/Ethics. If any employee feels that they have been retaliated against, the employee should report it immediately, using any of the reporting methods referenced in this policy. (Details on Hamaspik Choice's non-intimidation and non-retaliation policy are found in HC-105: Whistleblower Non-Intimidation and Non-Retaliation.)

Hamaspik Choice, Inc.
POLICIES AND PROCEDURES

SECTION: HC-CO 101 **Supersedes HC-101** **Compliance**	**SUBJECT:** **Internal Auditing**	**EFFECTIVE DATE:** **11/1/2013**	**Reviewed: 9/16/2020** **Revised: 3/10/2020** **9/16/2020** **Approved: 9/25/20**	**Page 1 of 3**

PURPOSE

The Compliance Department conducts a range of audits to review the actions of staff and providers in order to ensure that they perform in compliance with Hamaspik Inc. policies and procedures, laws and regulations.

POLICY

Department directors will monitor staff performance and member record accuracy by performing periodic monitoring of member records as documented in the Electronic Health Records.

Compliance staff will independently audit staff performance in all departments, to ensure that it is consistent with policies, procedures, and regulations. The results of internal audits will be reported at the Compliance Committee Meetings.

If issues are identified based on internal audits, the affected staff or provider will be expected to promptly correct the errors and develop a plan to ensure that errors are not repeated in the future.

PROCEDURES

1. Each department Director will monitor staff performance of all department employees. Each director will focus on a defined set of measures that are based on policies, procedures and regulations.

2. Monitoring activities will include performance evaluation and periodic chart audits of staff member charting in member records.

3. Director will audit a minimum of 5% and a maximum of 100% of the department's records monthly, depending on the measure and the size of the available population.

4. Compliance Staff will implement a series of audits of Hamaspik Choice records, based on priorities that are outlined in the Compliance Plan and annual workplan. Areas of focus will include but not limited to:
   - Enrollment documentation

- Disenrollment documentation
- Care planning and utilization management documentation
- CDPAS documentation
- Claims documentation, consistent with authorizations.

5. Compliance Staff will implement a series of audits of Hamaspik Choice providers, based on priorities that are outlined in the Compliance Plan and annual workplan. The goals of the audits are to ensure that providers maintain appropriate documentation in support of their claims for services, and that the authorizations, claims, and provider documentation are consistent. Provider audits will take place throughout the year and will include:
   - PCA services
   - CDPAS services
   - Transportation services
   - Social day care services
   - DME and medical supplies
   - Other services, as identified.

6. If an internal audit identifies an issue with documentation, operations, or provider activity, the Compliance Officer shall commence and/or oversee investigations on all compliance-related matters within five (5) days following receipt of the report indicating a matter warranting investigation. (This may be delegated or conducted with others, as appropriate, but the Compliance Office will retain responsibility for all compliance investigations.)

7. The investigation may include, but is not limited to:
   - Obtaining, reviewing and preserving documents related to the matter;
   - Interviewing appropriate individuals;
   - Reviewing policies and procedures applicable to the matter; and
   - Collaborating with the VP for Operations, VP for Provider Relations, and/or Executive Director as necessary.

8. Before beginning a significant audit of a provider, Hamaspik will notify OMIG of its intention to initiate the audit, in a form and format developed by OMIG and/or DOH. Within ten (10) business days of the notice, OMIG will (a) acknowledge receipt of the notification; and (b) either inform Hamaspik that there is no conflict with OMIG activities or alert Hamaspik to stop the audit if a conflict exists. If there is no response from OMIG, Hamaspik will proceed with its audit.

9. If warranted, the Compliance Officer may engage an outside consultant or attorney to assist in the investigation if warranted. The use of such outside authority requires the authorization of the Executive Director.

10. All investigation methods and findings pursuant to the investigation must be documented. Copies of supporting documents will be retained.
    - If the investigation findings do not substantiate the allegation or matter, the investigation will be closed by the Compliance Officer. Documentation regarding the investigation will be filed and maintained by the Compliance Officer and applicable department.
    - If a compliance violation is found, the audit/investigation will be maintained as an "open" investigation until a corrective action plan has been completed and the matter has been resolved. Once closed, the investigation file will be filed and maintained by the Compliance Officer and applicable department in accordance with Hamaspik Choice, Inc. documentation retention policy.

11. If a significant violation is found, the Compliance Officer and/or designated individual shall develop and implement a corrective action plan in consultation the relevant department(s). Corrective action plans will be monitored to ensure that they are implemented, and a follow-up audit may be conducted to ensure that the corrective action has resolved the identified issue(s). Depending on the severity of the issue, disciplinary action may be included in the corrective action plan.

12. The results of internal audits will be reported to Compliance Committee meetings. Substantiated negative audit findings may also be reported to the Department of Health and/or Office of the Medicaid Inspector General.

Hamaspik Choice, Inc.
POLICIES AND PROCEDURES

SECTION: HC-CO 102 **Supersedes HC-102** **Compliance**	**SUBJECT:** **Corrective Action**	**EFFECTIVE DATE:** **11/1/2013**	**Reviewed: 9/16/2020** **Revised: 9/16/2020** **Approved: 9/25/20**	**Page 1 of 3**

I. PURPOSE

To ensure that issues related to compliance with policies, procedures, regulations, and/or laws are promptly corrected when they are identified.

II. POLICY

The Compliance Officer in consultation with Human Resources, Vice President for Operations, and/or the Executive Director, may require staff and department leaders to develop and implement a corrective action plan when actions are identified that are inconsistent with policies, procedures, regulations, or applicable laws. Depending on the issue, specific corrective actions may be mandated.

Corrective Action plans should be designed to ensure that the individuals and/or departments involved will understand specific issues and modify their work processes in order to reduce the likelihood of future noncompliance.

III. PROCEDURES

A. Elements of a Corrective Action Plan. The following constitutes the minimum action which shall be taken in response to noncompliance with the Compliance Program. When the need for a corrective action plan it identified, the plan shall include these elements:
   1. A clear statement of the specific problem(s) to be corrected.
   2. A summary of the method used to discover the problem(s).
   3. A summary of the findings that include a root cause analysis of the noncompliance. The root cause may be found to include system or human error, negligence, reckless disregard of Hamaspik Choice, Inc. policies and procedures and/or applicable laws and regulations or willful misconduct.
   4. Remediation which, at minimum, shall include additional education or training by the Compliance Officer or applicable department head (if root cause analysis indicates that education or training is appropriate).
   5. A statement that the failure of an individual who is subject to a corrective action plan to adhere to the plan shall be grounds for further corrective action that may include disciplinary procedures and/or actions.

B. Within ninety days after the remedial education is completed and corrective actions have been implemented, a follow-up audit of the corrective action plan will be conducted, to determine whether the Corrective Action Plan is being followed and is effective.

C. The Compliance Officer in consultation with the affected departments and/or Director of Human Resources, and/or Executive Director shall determine the remedial and/or disciplinary action required on a case by case basis. This may include:
   1. Additional or modified educating and training
   2. Corrective actions
   3. Development of new policies and procedures or revisions to existing policies and procedures
   4. Additional monitoring and auditing
   5. Disciplinary action (up to and including termination of employment and termination of contract)
   6. Reporting to outside agencies if warranted

D. All documentation related to the investigations, root cause analyses, and corrective action plans related to an identified compliance issue shall be filed in accordance with the Hamaspik Choice, Inc. Document Retention policy.

Hamaspik Choice, Inc.
POLICIES AND PROCEDURES

SECTION: HC-CO 103 **Supersedes HC-103** Compliance	**SUBJECT:** Role of the Compliance Officer	**EFFECTIVE DATE:** 11/1/2013	**Reviewed:** 10/26/2020 **Revised:** 10/26/2020 **Approved:** 10/30/20	**Page 1 of 3**

Purpose

To outline the key functions of the compliance officer as a key driver of the Hamaspik Choice compliance program, and to describe how the compliance officer relates to other internal and external individuals.

POLICY:

Pursuant to 42 CFR 438.608 (a)(2), Hamaspik Choice has designated a Compliance Officer who is responsible for developing and implementing policies, procedures, and practices designed to ensure compliance with the requirements of the state contract and all applicable regulations.

The Compliance Officer reports directly to the Executive Director.

PROCEDURE:

1. It is the obligation of the Compliance Officer to:

    a. Track and monitor the plan reporting obligations and ensure that the required reports are accurate and submitted in a timely manner

    b. Work in collaboration with all department leaders to develop and implement written policies, procedures and standards of conduct that articulate Hamaspik Choice's commitment to adhere to all applicable federal and state standards

    c. Conduct appropriate staff training activities in an atmosphere of open communication

    d. Establish procedures for internal monitoring and auditing

    e. Have provisions for prompt responsiveness to detected offenses with provisions for corrective action initiatives where appropriate.

    f. Act as liaison to CMS, DOH, and other regulatory agencies, for reporting of any suspected or detected fraud, abuse, or other compliance issues.

Hamaspik Choice, Inc.
POLICIES AND PROCEDURES

SECTION: HC-CO 103 **Supersedes HC-103** Compliance	**SUBJECT:** Role of the Compliance Officer	**EFFECTIVE DATE:** 11/1/2013	**Reviewed:** 10/26/2020 **Revised:** 10/26/2020 **Approved:** 10/30/20	**Page 1 of 3**

COMPLIANCE PROGRAM

1. The Compliance Officer develops the Hamaspik Choice Compliance Program, which is designed to prevent fraud and abuse and ensure prompt organizational response to detect offenses and development of corrective action initiatives.
2. The Compliance Officer monitors implementation of the Compliance Program to assure that it effectively prevents and/or detects violations of law, regulations, Hamaspik Choice policies and procedures, and the Codes of Conduct/Ethics.

POLICIES AND PROCEDURES

1. The Compliance Officer is responsible for working with department leaders to develop and implement policies and procedures that comply with all federal and state regulations. These policies and procedures shall be developed for all of the plan's processes.

2. The Compliance Officer is responsible for ensuring that policies and procedures are updated, as needed, in accordance with new regulations or guidance issued by the state, within thirty days of the effective date of the regulation.

3. The Compliance Officer is responsible for submission of all policies and procedures to the DOH, and for obtaining approval.

4. The Compliance Officer works with the policy and procedure committee to review the policies and procedures of Hamaspik Choice on an annual basis. Applicable changes are made and submitted to the DOH for approval, as needed.

COMPLIANCE

1. The Compliance Officer is responsible for handling inquiries and concerns by employees or others regarding any aspect of compliance, or any suspected or detected fraud/abuse.

2. The Compliance Officer is responsible for implementing retaliation-free reporting channels, including an anonymous telephone Compliance Hotline and the email reporting system available to all employees of Hamaspik Choice.

3. The Compliance Officer is responsible for overseeing the compliance hotline and investigating any information or allegation concerning possible unethical or improper business practices.

4. The Compliance Officer is responsible for overseeing all investigations related to suspected issues of fraud, abuse, or non-compliance. If issues are confirmed based on an investigation, the Compliance Office determines actions to resolve the issue, including development of corrective action plans, as needed, and reporting fraud and abuse to the appropriate regulatory body, which may include CMS, OIG, OMIG, and/or NYSDOH.

5. In consultation with the Human Resources and the Executive Director, The Compliance Officer is responsible for developing disciplinary measures for noncompliance, appropriate to the nature and extent of the deviation, and assure consistency in the application of such disciplinary action.

6. The Compliance Officer is responsible for supervising the maintenance of Compliance Program records in accordance with the Compliance Policies and as set forth in the Hamaspik Choice, Inc. Document Retention policy.

AUDITS

1. The Compliance Officer is responsible for planning and overseeing annual audits of Hamaspik Choice's operations, to identify and rectify any potential barriers to the efficacy of the Compliance Program, and to monitor activities to verify the effectiveness of the Compliance Program.

2. The Compliance Officer is responsible for auditing and monitoring provider contractual arrangements to assure consistency with contract terms and compliance with Hamaspik

Choice compliance obligations in accordance with the Hamaspik Choice Provider Auditing Policy.

3. See policy HC-CO 101, Internal Audits, for a detailed description of the audit responsibility.

COMPLIANCE COMMITTEE

1. The Compliance officer shall chair the compliance committee, which will meet at minimum on a quarterly basis.

2. The compliance committee will review:
    - The results of all internal and external audits conducted in the recent time period.
    - All regulatory submissions, with due dates. Any issues with meeting required submissions will be discussed.
    - Any new regulations or policy documents issued by a regulatory authority.
    - Any other compliance concern that has emerged and warrants discussion.

Hamaspik CHOICE, Inc. and Hamaspik Inc.
POLICIES AND PROCEDURES

SECTION: CP.CO.104 Supersedes HC-104 Corporate Compliance	SUBJECT: Provider Exclusions	EFFECTIVE DATE: November 1, 2013	Reviewed: January 2018 Revised: Feb. 20, 2018 May 18, 2020 Approved: 5/22/2020	Page 1 of 2

Policy:

Pursuant to 42 CFR 455.436 and 42 CFR 438.610, Hamaspik Choice Inc. and Hamaspik Inc. (listed in this policy as "Hamaspik") will ensure that it has procedures in place to determine the exclusion status of any required individual or provider, and that payments are not made to excluded individuals/providers.

Procedure:

A. Hamaspik will confirm the identity and determine the exclusion status of any employee in the capacity of general manager, business manager, administrator, director, or other individual who exercises operational or managerial control over, or who directly or indirectly conducts the day-to-day operations at initial hiring and any person with an ownership or control interest or who is an agent or managing employee of the provider, as well as Non-Participating Providers, upon payment of first claim through routine checks of Federal and State databases through routine checks of Federal and State databases, including the following:
    1. Social Security Administration's Death Master file (SSDM)
    2. National Plan and Provider Enumeration System (NPPES)
    3. Excluded Parties List System or the System for Award Management (EPLS/SAM)
    4. List of Excluded Individuals and Entities (LEIE)
    5. NYS OMIG Exclusion List
    6. United States Department of the Treasury's Office of Foreign Assets Control Sanctions List
    7. Medicare Preclusion list
    8. Any such other databases as the Secretary may prescribe

B. Hamaspik will check the following databases no less frequently than monthly:
    1. List of Excluded Individuals and Entities (LEIE)
    2. Excluded Parties List System or the System for Award Management (EPLS/SAM)
    3. NYS OMIG Exclusion List

4. United States Department of the Treasury's Office of Foreign Assets Control Sanctions List

C. Hamaspik will check the SSDM and NPPES for new providers, re-enrolled providers and any current provider who were not checked upon enrollment into Contractor's Medicaid program; and check the LEIE , the EPLS/SAM, and the NYS OMIG Exclusion List no less frequently than monthly;

D. Hamaspik will notify its providers and delegated providers of the requirements, and conduct audits to ensure that its providers have procedures in place to identify and determine the exclusion status of managing employees through routine checks of Federal databases. These include the Social Security Administration's Death Master file, The National Plan and Provider Enumeration System (NPPES), The Excluded Parties List System (EPLS), either the List of Excluded Individuals and Entities or the Medicare Excluded Database (MED), and any such other databases as the Secretary may prescribe; and check the LEIE (or the MED), the EPLS, and the NYS OMIG Exclusion List no less frequently than monthly.

E. If DOH and/or CMS excludes or terminates a provider from the Medicaid or Medicare program, Hamaspik will, upon learning of such exclusion or termination, immediately terminate the Provider Agreement with the Participating Provider, and will no longer utilize the services of the subject provider, as applicable.

F. Hamaspik will access information pertaining to excluded Medicaid providers through the Department's Health Commerce System (HCS).

G. If Hamaspik becomes aware, through the HCS or any other source, of a Departmental exclusion or termination, Hamaspik Choice will validate this information with the Officer of Health Insurance Programs and will terminate the provider immediately.

H. If payments are made by Hamaspik to an excluded or terminated provider for dates of service after the provider's exclusion or termination effective date, Hamaspik shall report and explain within 60 days of identifying the payment, in a form and format to be determined by OMIG in consultation with the Department, when and how the payment was identified, and the date on which the encounter data was adjusted to reflect the recovery.

Hamaspik Choice, Inc. and Hamaspik, Inc.
POLICIES AND PROCEDURES

SECTION: HC-CO 104 **Supersedes HC-104** **Corporate Compliance**	**SUBJECT:** **Fraud, Waste and Abuse**	**EFFECTIVE DATE:** **November 1, 2013**	**Reviewed: January 2018** **Revised: Feb. 20, 2018** **May 18, 2020** **March 16, 2023** **Approved: 5/22/2020**	**Page** **1 of 7**

PURPOSE

To ensure that Hamaspik Choice and Hamaspik Inc. (collectively "Hamaspik") has a structured approach for preventing, monitoring and detecting fraud, waste and abuse at its health plan and among its contracted and non-contracted providers. The fraud, waste and abuse functions include but are not limited to the objectives and activities of a Special Investigations Unit (SIU).

To ensure that all staff understand and are engaged in the organization's fraud, waste, and abuse activities.

DEFINITIONS

Fraud means any type of intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to himself or some other person in a managed care setting, including any act that constitutes fraud under applicable federal or state law, committed by Hamaspik, contractor, subcontractor, provider, beneficiary or enrollee / member, or other person(s).

Provider means any individual or entity that receives funds in exchange for the provision, or arranging for the provision, of health care services to a Hamaspik Member. This includes providers that have executed contracts with Hamaspik and non-contracted providers.

Abuse means provider practices that are inconsistent with sound fiscal, business or medical practices and result in an unnecessary cost to the state or federal government or Hamaspik, or in reimbursement for services that are not medically necessary or that fail to meet professionally recognized standards for health care in a managed care setting. These actions may be committed by the Plan, contractor, subcontractor, provider, beneficiary or enrollee. It also includes enrollee practices that result in unnecessary cost to the state or federal government, MCO, contractor, subcontractor or provider.

SECTION: HC-CO 104 **Supersedes HC-104** **Corporate Compliance**	**SUBJECT:** **Fraud, Waste and Abuse**	**EFFECTIVE DATE:** **November 1, 2013**	**Reviewed: January 2018** **Revised: Feb. 20, 2018** **May 18, 2020** **March 16, 2023** **Approved: 5/22/2020**	**Page** **2 of 7**

Special Investigations Unit (SIU) – The SIU is a separate unit that reports to the Compliance Officer. The SIU's goals are to (a) identify risk and to detect and investigate cases of potential fraud, waste and abuse, (b) respond to cases of fraud waste, and abuse as appropriate, and (c) report identified cases to OMIG, and MFCU.

POLICY

Hamaspik is committed to preventing and detecting instances of fraud, waste, and abuse in accordance with the rules and regulations set forth by state and federal governance including 42 C.F.R. § 422.503 (b)(4)(vi),42 C.F.R. § 423.504(b)(4)(vi), 31 U.S. Code § 3729 (False Claims Act), 10 NYCRR § 98-1.21, 42 U.S. Code § 1320 (a) – (h), the Deficit Reduction Act of 2005, and the requirements of the MLTC Contract with the State of New York. Through the Fraud, Waste, and Abuse policy and the Compliance Program, Hamaspik aims to reinforce the associated policies and procedures with members, employees and providers.

Hamaspik will enforce all laws and regulations relating to fraud, waste, and abuse. Any employee or board member who violates any such law or regulation is considered to have breached the Hamaspik Code of Conduct and will be subject to investigation and disciplinary action in accordance with company policy and procedures (see HC 100-103).

When Hamaspik has an enrolled population of 1,000 or more persons in the aggregate in any given year, Hamaspik will establish a Special Investigations Unit that will comply with 10 NYCRR part 98-1.21. This includes development and submission to the commissioner of a fraud and abuse prevention plan as well as designation of an officer or director who has responsibility and authority for carrying out provisions of the plan, and who reports directly to senior management.

Hamaspik will implement its Special Investigations Unit through a management services contract that meets all regulatory requirements and is approved by the Department of Health (DOH) and Office of Medicaid Inspector General (OMIG).

SECTION: HC-CO 104 **Supersedes HC-104** **Corporate Compliance**	**SUBJECT:** **Fraud, Waste and Abuse**	**EFFECTIVE DATE:** **November 1, 2013**	**Reviewed: January 2018** **Revised: Feb. 20, 2018** **May 18, 2020** **March 16, 2023** **Approved: 5/22/2020**	**Page** **3 of 7**

PROCEDURES

A. Education

1. Hamaspik will work with its delegated SIU contractor to develop and implement educational programs to address fraud, waste, and abuse. Education will be provided to the Board of Directors, staff, and providers.

2. Hamaspik will educate all members of the Board of Directors and staff on policies guiding ethical conduct and the prevention of fraud, waste and abuse. Education is provided annually and employees are required to complete a post training quiz.

3. Hamaspik will provide education on fraud, waste and abuse to contracted vendors and will require all contracted providers to conduct business in a compliant, ethical, and legal manner; contracts between Hamaspik and its business associates and network providers will comply with statutes and regulations prohibiting illegal business practices that may result in violations of the Anti-Kickback Statute. Training will be provided through an on-line educational module and will be posted on the Hamaspik website. Training will include:

    - Requirements related to fraud, waste, and abuse, including but not limited to the federal false claims act and deficit reduction act, are included in all provider contracts.

    - Policies and procedures for prevention and detection of fraud, waste, and abuse are described in the Provider Manual.

    - Additional provider training will be conducted as needed.

4. Employees, providers and Members are encouraged to report any suspicions of fraud, waste or abuse. Reports may be made to supervisors, administration or the Compliance Officer. In addition, reports may be made anonymously by calling the compliance hotline. All training programs will include information related to reporting through all of these venues.

5. Using the Hamaspik plan's website, the plan will post information about fraud, waste, and abuse, as well as the plan's strategies to prevent and investigate fraud. This information will be posted in a public section of the website, to increase public awareness of this concern.

B. Special Investigations Unit

1. Hamaspik will implement a Special Investigations Unit (SIU) consistent with NYCRR 521.1, by establishing a management agreement with a company with significant experience in this area.

2. The SIU will be managed by an experienced investigator located in the State of New York. In addition, at least one full-time staff investigator Investigators shall be focused on the Hamaspik fraud, waste and abuse activities. Investigators will have experience in criminal justice and/or law enforcement or regulatory enforcement agencies.

3. SIU activities will be guided by an annual workplan that is developed by the SIU in collaboration with the health plan compliance officer. The workplan will be reviewed and approved by the Compliance Committee and Board of Directors.

4. In addition to the framework created by the workplan, the SIU will investigate additional areas of potential F/W/A based on the results of data analysis and referrals from the health plan or others.

5. The key functions of the SIU shall include:

- Perform data mining activities using an analytics platform to identify aberrancies on a provider, member or vendor level.
- Review provider claim data on a monthly basis, to identify issues that need to be reviewed in more detail.
- Reconcile provider contracts with claims, to ensure rates are paid in accordance with the contracts
- Conduct investigations, as described in Section C below. All investigations will be coordinated with the plan.
- Maintain a referral log, which will be included in monthly reports to the plan

- Maintain ongoing communication with the plan, through the coordination by the Compliance Officer. Coordination activities will include monthly meetings to review open/ongoing audits and issues, and ad hoc meetings focused on specific topic.
- Provide documentation and support for any referrals to regulatory authorities such as OMIG, MFCU, or CMS.
- Provide monthly and annual reports documenting the providers investigated, status of each investigation and current projects. Reports will include information on dollars recovered and outstanding.

C. Investigations

1. Suspected fraud, waste, or abuse may be detected based on reports from staff, providers, regulatory authorities, or other individuals. In addition, suspected fraud or abuse may be detected through the review of authorization and claims data that will be analyzed on an ongoing/monthly basis, or as a result of routine or focused claims audits.
    - A schedule of planned claims audits will be included in the annual compliance work plan.
    - Hamaspik will also implement a service verification process in order to evaluate the delivery of billed services to the enrolled Members, in order to determine whether Members received services billed by Providers.

2. All allegations of fraud, waste or abuse will be investigated by the SIU. All allegations will be responded to with a preliminary review/investigation. Within five business days, the SIU will report to Hamaspik on its preliminary findings and recommended next steps.
    - If the next steps warrant a regulatory referral, the SIU will draft the referral and submit to the regulatory agency on Hamaspik behalf.
    - If the next steps warrant a full investigation, scope of investigation will be defined and a case opening memo will be drafted.

3. During the investigation, the SIU may complete the following as appropriate.
    - Develop medical record request(s) and send to provider

- Conduct targeted review or random sample review
- Complete Medical record review (by Certified Professional Coder/Auditor)
- Conduct interviews with members, providers, and/or staff
- Analyze comparison of record review to paid claims
- Calculate any overpayment based on audit findings. If overpayments are identified, the provider will be asked to explain the reason for accepting the overpayment.
- Draft audit letter documenting issues and overpayment

4. Investigations of suspected fraud waste or abuse incidents will be investigated in strict confidentiality.

5. Retaliation or intimidation toward the reporter(s) will be strictly prohibited, and any such retaliation should be reported to the Compliance Officer.

6. If an investigation results in a reasonably suspected case of fraud, waste or abuse, or confirms that an incident of fraud, waste or abuse has been committed, Hamaspik will report the incident to the appropriate regulatory body, which may include CMS, DOH, OMIG, and/or OIG.

7. Reports will be submitted within five (5) business days of the conclusion of the investigation.

8. Reports will be signed by an executive officer of Hamaspik.

9. Reports will include the following information:
   - The name of the individual or entity that committed, or is reasonably suspected of committing the fraud or abuse;
   - The source that identified the reasonably suspected fraud or abuse;
   - The type of provider, entity or organization that committed, or is reasonably suspected of committing the fraud or abuse,
   - A description of the reasonably suspected fraud or abuse;
   - The approximate dollar amount of the reasonably suspected fraud or abuse;

- The legal and administrative disposition of the case, if available, including actions taken by law enforcement officials to whom the case has been referred;
- Other data/information as prescribed by DOH and/or other regulatory authorities.

10. If it is brought to the attention of Hamaspik that a referral was remunerated in violation of the Anti-Kickback Statute, no claim will be submitted to Medicaid for that referral unless legal counsel has been sought and ruled otherwise.

11. Any overpayments discovered during the course of a review will be refunded to Medicaid within sixty days, as required by law. If an overpayment is of significant magnitude (to be determined on a case by case basis), legal counsel will be sought to determine if self-disclosure to a relevant regulatory agency is warranted.
    - If an overpayment to a provider is discovered, Hamaspik will require the amount of the overpayment to be returned within sixty (60) days. Hamaspik may recoup the amount of the overpayment by withholding future claims payments until the full amount is recovered.

12. Depending on the outcome of the investigation, providers may face additional consequences, including a requirement that a Plan of Corrective action will be developed specific to incident, as appropriate and will be implemented as quickly as possible, in order to prevent further occurrences of the identified issue(s). Depending on the nature of the issues, consequences may also include termination of a provider contract or an employee's work at Hamaspik.

C. Exclusion of Providers:

1. If DOH and/or CMS excludes or terminates a provider from the Medicaid or Medicare program, Hamaspik will, upon learning of such exclusion or termination, immediately terminate the Provider Agreement with the Participating Provider, and will no longer utilize the services of the

subject provider, as applicable.

2. Hamaspik will:
    a. Confirm whether its contracted providers have been excluded, through routine checks of Federal and State databases. In addition, Hamaspik will identify and determine the exclusion status of new participating providers, re-enrolled participating providers, and any non-participating provider that submits a claim for services, as well as subcontractors or persons with an ownership or control interest or a managing employee in an entity listed above.
    b. Access information pertaining to excluded providers from the SSDM file, the NPPES, the EPLS, the LEIE, the NYS OMIG and OIG Exclusion lists.
    c. Access information pertaining to excluded Medicaid providers through the Department's Health Commerce System (HCS). Check the LEIE, EPLS and NYS OMIG Exclusion list prior to executing a contract with a provider, and no less frequently than monthly.

3. If Hamaspik becomes aware, through the HCS or any other source, of a Departmental exclusion or termination, Hamaspik will validate this information with the Officer of Health Insurance Programs and will terminate the provider immediately.

4. If Medicaid payments are made by Hamaspik to an excluded or terminated provider for dates of service after the provider's exclusion or termination effective date, Hamaspik shall report and explain within 60 days of identifying the payment, in a form and format to be determined by OMIG in consultation with the Department, when and how the payment was identified, and the date on which the encounter data was adjusted to reflect the recovery.

D. Coordination with Regulatory Authorities

1. Hamaspik will report all cases of potential fraud, waste, or abuse to DOH and OMIG, within five (5) business days of identification. Hamaspik may also refer suspected cases of fraud, waste, or abuse to the Medicaid Fraud Control Unit (MFCU) at the Office of the Attorney General. Reports will include information as outlined in Section B.8. above.

- After reporting the suspected fraud, waste, or abuse, Hamaspik will continue its investigation, unless otherwise directed by OMIG.
- Hamaspik must obtain written approval by OMIG in order to (1) inform the subject of the referral that it is under investigation; (2) enter into or negotiate a settlement with the target of the investigation; or (3) impose or accept any credit, debit or offset in connection with the investigation.

2. Based on the circumstances, Hamaspik may refer a cast of suspected fraud or abuse to OMIG for investigation. In these instances, Hamaspik may be eligible to share in the recovery of identified fraudulent costs, based on the extent of effort provided by Hamaspik during the investigation. The amount of shared recovery will be determined by OMIG and share be not less than 1 percent and not more than 10 percent of the recovered funds.

3. Hamaspik may be subject to monetary penalties, in the event that it fails to report or inaccurately reports moneys that are recovered, in its provider investigative reports and/or MMCOR filings.

Hamaspik Choice, Inc.
POLICIES AND PROCEDURES

SECTION: HC-CO 105 **Supersedes HC-105** Compliance	**SUBJECT:** Whistleblower and Policy of Non-intimidation and Non-retaliation	**EFFECTIVE DATE:** 8/1/2015	**Reviewed:** 10/26/2020 **Revised:** 10/26/2020 **Approved:** 10/30/20	**Page** 1 of 3

PURPOSE

To ensure that there are multiple ways for the reporting of compliance related concerns, in ways that ensure the safety and security of individuals who report concerns in good faith.

POLICY:

Pursuant to its Compliance Program, Hamaspik Choice, Inc. is committed to maintaining compliance with all laws and regulations. In furtherance of the Compliance Program and the requirements of Section 715-b of the New York Not-for-Profit Corporation Law,[1] the purpose of this Policy is to ensure that all personnel understand the Entity's commitment to prohibiting intimidation, retaliation, harassment, discrimination or other retaliation for "good faith participation" in the Compliance Program (as defined below).

Intimidation and retaliatory action in any form by any individual associated with Hamaspik Choice is strictly prohibited and is itself a serious violation of the Code of Conduct and this Policy. Prohibited retaliation includes, but is not limited to, any adverse employment action and any other negative treatment, including intimidation that results from good-faith participation in the Compliance Program.

No director, officer, employee or volunteer of Hamaspik Choice who in good faith reports any action or suspected action that is illegal, fraudulent, or in violation of any adopted policy of the Entity shall suffer intimidation, harassment, discrimination or other retaliation, or in the case of employees, adverse employment consequences.

PROCEDURE:

OVERSIGHT OF THIS POLICY

The adoption and implementation of, and compliance with, this Policy shall be overseen by the Audit Committee of the Board. The Audit Committee may, in its discretion, authorize certain functions relating to the implementation of, and compliance with, this Policy to one or more Entity employees, officers or directors but the Audit Committee will, at all times, retain overall responsibility for all aspects of the oversight of this Policy.

[1] As enacted by Section 75 of the Non-Profit Revitalization Act of 2013.

Hamaspik Choice, Inc.
POLICIES AND PROCEDURES

SECTION: HC-CO 105 **Supersedes HC-105** Compliance	**SUBJECT:** Whistleblower and Policy of Non-intimidation and Non-retaliation	**EFFECTIVE DATE:** 8/1/2015	**Reviewed:** 10/26/2020 **Revised:** 10/26/2020 **Approved:** 10/30/20	**Page** 1 of 3

PARTICIPATION IN THE COMPLIANCE PROGRAM

"Good faith participation" in the Compliance Program includes, but is not limited to:

- reporting actual or potential issues or concerns, including but not limited to, any action or suspected action taken by or within Hamaspik Choice that is illegal, fraudulent or in violation of any adopted Entity policy;
- cooperating with or participating in the investigation of such matters;
- assisting with or participating in self-evaluations, audits, and/or implementation of remedial actions; or
- reporting to appropriate regulatory officials, including but not limited to DOH, CMS, or OMIG.

REPORTING AND CONFIDENTIALITY

As required by the Hamaspik Choice Compliance Program, all personnel are expected to report suspected misconduct or possible violations of the Compliance Program to the Compliance Officer, at the number or e-mail address below, or to their supervisor. Personnel may also report compliance issues or concerns to the Hamaspik Choice Compliance Hotline at the number below. Personnel may report compliance issues or concerns anonymously, if they wish (whether through the Compliance Hotline or otherwise, including, without limitation, via the computer in the supply room which allows for anonymous reporting by email). The identity of the reporting personnel will be kept confidential to the extent possible, consistent with the need to investigate the issue(s) raised.

Compliance Program Contact Information	
Compliance Officer David Friedman	Email: Corporatecompliance@hamaspikchoice.org

Hamaspik Choice, Inc.
POLICIES AND PROCEDURES

SECTION: HC-CO 105 **Supersedes HC-105** Compliance	**SUBJECT:** Whistleblower and Policy of Non-intimidation and Non-retaliation	**EFFECTIVE DATE:** 8/1/2015	**Reviewed:** 10/26/2020 **Revised:** 10/26/2020 **Approved:** 10/30/20	**Page** 1 of 3

Compliance Hotline	Ph: 845-503-0592 Email: corporatecompliance@hamaspikchoice.org

INVESTIGATION OF INTIMIDATION / RETALIATION COMPLAINTS

- All allegations of intimidation or retaliation resulting from good faith participation in the Compliance Program will be fully and completely investigated. The Compliance Officer**,** or his/her designee, will oversee any investigations and take all necessary and appropriate actions in connection with any investigation. The Compliance Officer, or his/her designee, will be assisted by internal staff and/or may solicit the support of external resources, as needed.

- All individuals who may have relevant information will be promptly interviewed. At the outset of the interview process, the interviewee will be reminded that retaliation and intimidation is a violation of the Entity's Code of Conduct and this Policy, and that under certain circumstances, may be unlawful as well. The interviewee will also be reminded of the Entity's disciplinary policy for failure to cooperate in a compliance-related investigation.

- All documentation related to the investigation will be kept confidential, consistent with the need to investigate the issue(s) raised. Investigative files will be kept secured in a central location under the control of the Compliance Officer or designated staff. Such investigative files will be kept separate from personnel files and will be maintained for no fewer than ten years from the date of the conclusion of the investigation or the imposition of disciplinary sanctions or corrective actions resulting therefrom (whichever is later), or for such longer period of time as may be required by applicable law.

- If the Compliance Officer determines that an employee was improperly terminated or otherwise disciplined in retaliation for good faith participation in the Compliance

Program, the Entity will promptly seek to re-employ that individual or otherwise remedy the retaliatory disciplinary action. The Executive Director and Board will retain oversight of all such corrective action.

- If the Compliance Officer determines that an employee was retaliated against for good faith participation in the Compliance Program, appropriate disciplinary action may be taken against the offending person(s), subject to the oversight of the Executive Director and Board.

- Hamaspik Choice may terminate contracts and affiliations based on retaliation or intimidation for good faith participation in the Compliance Program, subject to the oversight of the Board.

- In order to prevent retaliation or intimidation against employees who in good faith participate in the Compliance Program, all terminations of employment must be approved by the Executive Director prior to being effectuated. The Executive Director must be advised of the employee's participation in the Compliance Program prior to the termination decision or other adverse employment action being made.

REPORTING TO THE GOVERNING BODY

The Compliance Officer will advise the Board as directed by the governing body, regarding the frequency and types of alleged acts of retaliation or intimidation and of changes in frequency of such allegations over time.

DISTRIBUTION OF POLICY

This Policy shall be available in a shared folder, and accessible to all staff.

Hamaspik Choice, Inc.
POLICIES AND PROCEDURES

SECTION: HC-CO 106 **Supersedes HC-101** Compliance	**SUBJECT:** Service Verification	**EFFECTIVE DATE:** 1/18/2018	**Reviewed:** 10/26/2020 **Revised:** 10/26/2020 **Approved:** 10/30/20	**Page** **1 of 3**

Purpose

To ensure that Hamaspik Choice verifies with its members that services are being delivered consistent with the services that have been authorized.

POLICY:

It is the policy of Hamaspik Choice to perform Service Verifications on an ongoing basis. The purpose of the service verifications is to accurately evaluate the delivery of billed services by determining whether enrollees received services that were billed by the providers. Service Verifications are performed for 5% of the membership on a biannual basis.

PROCEDURE:

1. The Compliance team conducts creates a random sample of paid claims for dates of service within the previous six months. Claims selected for service verifications may also be triggered by specific incidences such as but not limited to: Members with ongoing personal care services or consumer directed personal assistance services, SNF admissions, Rehab stays or Social Day Care and transportation authorizations.

2. Service Verification letters are mailed to 5% of the membership every six months. The Service Verification letter seeks to confirm that the member received services paid for by the plan. The letter specifies the provider, service and date(s) of service, and requests that the member answer whether or not they received the specified services and mail the letter back to Hamaspik Choice.

3. Upon receipt of a reply letter that states that services were not provided, the following action is taken:

    a. The Compliance Department initiates investigation, and if necessary follows standard procedure of reporting fraud and abuse, educating the provider, and notifying the Finance Department to recoup payment.
        - Based on the findings of the investigation, a provider-specific audit, using a selection of the provider's claims, may be conducted.

b. The care management system is reviewed to ensure that authorized services are in place and member is safe in the community with the current person centered service plan. If necessary, care planning in contacted to verify the care plan and/or to authorize needed services.

4. The Compliance Department monitors the Service Verification process by documenting all encounters with providers and members, and analyzes trends in members' responses. Results from the service verification process are reported to the Compliance Committee.

Hamaspik Choice, Inc.
POLICIES AND PROCEDURES

SECTION: HC-CO 106b **Supersedes HC-106** Compliance	**SUBJECT:** Statutory and Regulatory Compliance	**EFFECTIVE DATE:** 2.5.2018	**Reviewed:** 10/26/2020 **Revised:** **Approved:** 10/30/20	**Page 1 of 3**

POLICY:

A. Hamaspik Choice will operate in compliance with the requirements of the DOH Contract, legislative and regulatory requirements, including, but not limited to, 42 Code of Federal Regulation (CFR) Parts 434 and 438 and PHL §4403-f and other applicable provisions of PHL Articles 44 and 49.

B. Hamaspik Choice will comply with all applicable laws, regulations, and rules, including:

   a. Title VI of the Civil Rights Act of 1964 as implemented by regulations at 45 CFR Part 80;
   b. The Age Discrimination Act of 1975 as implemented by regulations at 45 CFR Part 91;
   c. The Rehabilitation Act of 1973 as implemented by regulations at 45 CFR Part 84;
   d. The Americans with Disabilities Act (ADA);
   e. The Health Insurance Portability and Accountability Act (HIPAA);
   f. Other laws applicable to recipients of federal funds; and
   g. The New York City Health Code for Contractors operating in New York City.

C. Covered benefits provided by Hamaspik Choice shall comply with all standards of the New York State Medicaid Plan established pursuant to New York State Social Services Law (SSL) § 363-a and satisfy all other applicable requirements of SSL and PHL.

D. Hamaspik Choice will comply with Title II of the ADA and section 504 of the Rehabilitation Act of 1973 for program accessibility, and will develop an ADA Compliance Plan consistent with the New York State Department of Health Guidelines for Contractor Compliance with the ADA set forth in Appendix B of the DOH contract and will be approved by the Department and be kept on file by Hamaspik Choice.

E. Hamaspik Choice receives federal funds and is subject to certain laws that are applicable to entities receiving federal funds. Hamaspik Choice will inform all subcontractors that payments they receive are, in whole or in part, from federal funds.

F. Hamaspik Choice will abide by any and all applicable guidance issued in writing by the Department to MLTC partial capitation plans.

Hamaspik Choice, Inc.
POLICIES AND PROCEDURES

SECTION: HC-CO 106b **Supersedes HC-106** Compliance	**SUBJECT:** Statutory and Regulatory Compliance	**EFFECTIVE DATE:** 2.5.2018	**Reviewed:** 10/26/2020 **Revised:** **Approved:** 10/30/20	**Page** **1 of 3**

PROCEDURE:

A. Hamaspik Choice employees and board members will be trained and educated upon hire, and at least annually thereafter, on all applicable regulations.

B. The Compliance Officer will monitor the procedures of the plan annually, to ensure that the plan is in compliance with all statutory and regulatory obligations.

C. Failure of any employee to comply with applicable regulations may subject the employee to disciplinary action up to and including termination from employment. Unintentional noncompliance or honest mistakes will be addressed with education to the employee. Intentional or reckless noncompliance will subject the transgressor to disciplinary action. Disciplinary action will be taken on a fair and equitable basis and will be applied in an appropriate and consistent manner.

Hamaspik Choice, Inc.
POLICIES AND PROCEDURES

SECTION: HC-CO 107 **Supersedes HC-200** **Compliance**	**SUBJECT:** **Privacy and Security**	**EFFECTIVE DATE:** **6/1/2015**	**Reviewed: 11/30/2020** **Revised: 11/30/2020** **Approved: 12/4/20**	**Page 1 of 3**

I. PURPOSE

To ensure that Hamaspik Choice has clear guidelines for the security and use of confidential member information, with processes that are aligned with HIPAA and other regulatory requirements.

II. POLICY

Hamaspik Choice, Inc. will conduct its business in accordance with HIPAA law and its corresponding Privacy and Security rules as outlined in 45 CFR, Part 160 and Part 164. All Protected Health Information (PHI) and electronic Protected Health Information (ePHI) will be stored, disclosed, exchanged and disposed of in accordance with these regulations.

All staff will receive training that outlines the organizations policies and procedures for working with and safeguarding member confidential information in their initial orientation and annually thereafter.

III. DEFINITIONS

The following definitions apply for the purposes of this policy and procedure manual:

A. PHI – Protected Health Information – refers to individually identifiable health information held by Hamaspik Choice in any format, whether paper, electronic or oral. This includes demographic information that relates to an individual's past, present or future physical or mental health condition, the provision of health care to the individual and payment for the provision of health care to the individual.

B. ePHI – electronic Protected Health Information – refers to any individually identifiable health information stored and communicated electronically, particularly in Hamaspik Choice's Electronic Health Records (EHR) system.

C. Business Associate – A person or organization, other than employees of Hamaspik Choice, who performs certain services for or on behalf of Hamaspik Choice that involve the use or disclosure of individually identifiable health information. Such services include claims processing, data analysis, utilization review and billing.

IV. PROCEDURES

A. Employee Training:
   1. All incoming employees will be oriented to Hamaspik Choice's confidentiality and privacy policies. Training will be coordinated by the Human Resources department.
   2. Employees will thereafter receive an annual in-service on HIPAA compliance.
   3. Employees will be trained in any changes in federal or state privacy regulations and/or Hamaspik Choice privacy policies.
   4. Changes in security practices, which may be affected by any operational or environmental change, will also be communicated to employees immediately by either face to face or electronic means.

B. Upon enrollment, all members will receive a notification of Hamaspik Choice's privacy practices and will be requested to sign acknowledgement of receipt of such. New enrollees will also be asked to sign an authorization of release of their health information in accordance with HIPAA law.

C. Hamaspik Choice will release PHI or an accounting of PHI disclosures to its members or their designated representatives upon request. This request does not have to be in writing.

D. Hamaspik Choice will request additional and specific written authorization from members for the use and disclosures of their PHI that is not for treatment, payment or health care operations (or otherwise permitted by the Privacy Rule). An example of such would be the use of PHI for marketing purposes.

E. All communication of PHI between Hamaspik Choice and service providers will be done in accordance with privacy and security rules and Hamaspik Choice's confidentiality policies.

F. Email correspondence containing PHI must be sent and received securely. Non-secure emails that are received containing PHI must be deleted immediately after being read.

G. Text communication between Hamaspik Choice staff and members is not permitted.

H. Text communications between Hamaspik Choice and its vendors (including but not limited to the on-call answering service) must not include any member confidential information. Phones used for sending text messages to members must be password protected.

I. Hamaspik Choice will release PHI when required by law, such as to HHS, DOH or OMIG during a compliance investigation or review.

J. Business associate contracts will include language prohibiting the business associate from further disclosing any PHI that it has access to in the course of its business dealings with Hamaspik Choice.

K. The security officer will conduct a risk analysis annually. This analysis will include identification of vulnerabilities, threats and risks inherent in the electronic systems used to collect, maintain and communicate ePHI and will form the basis of updates to any and all security activities and to these policies and procedures. Results of this analysis will be documented and reported to the Quality Management committee.

L. The Hamaspik Choice electronic health records system (EHR) will be accessible only to those employees that require access to ePHI to fulfill their responsibilities. Furthermore, the company administrator will customize the access of each of these employees, to the extent that the system allows, to only those areas of the EHR system that are necessary for fulfillment of their employment responsibilities.

M. Upon termination of employment of a workforce member who had access to ePHI, the company administrator will delete that employee's user access and password(s) for all Hamaspik Choice information systems. Similarly, if an employee's job description changes to require more or less access to ePHI, the administrator will re-customize that employee's access to reflect his/her new responsibilities.

N. Auditing and monitoring activities are outlined in the Audit Configuration Plan. The Chief Information Officer is responsible for oversight, analysis and evaluation of systems for potential PHI risk factors and assesses appropriateness of controls. Any suspicion of a breach of system security will be investigated immediately by the security officer in conjunction with Hamaspik Choice's Information Technology personnel.

O. As outlined in Hamaspik Choice's confidentiality policy, PHI that appears on paper will be maintained in filing cabinets that will be locked or in a locked office. Such documentation will be retained and destroyed in accordance with Hamaspik Choice's Documentation Retention & Destruction policy.

P. Employees, members or their designated representatives who suspect a violation of this policy or of the HIPAA Privacy and Security Rules can file a complaint with the Hamaspik Choice compliance officer. Complaints can be filed anonymously by phone at 845 503 0592, by email at corporatecompliance@hamaspikchoice.org or via the suggestion box in the office. No retaliation will be taken against members or employees making such complaints. Complaints will be investigated in accordance with Hamaspik Choice's Internal Investigations policy.

Q. Employees who have been found to knowingly and willingly violate these rules will be subject to sanctions up to and including termination of employment.

V. UNIFORM ASSESSMENT SYSTEM FOR NEW YORK (UAS-NY)

The UAS-NY is the assessment system utilized for eligibility and ongoing assessment of all Hamaspik Choice members. It is accessed via the Health Commerce System (HCS) of the NYS Department of Health website. Following are specific guidelines related to the security of the PHI contained within the UAS-NY:

1. All actions taken by Hamaspik Choice staff utilizing the UAS-NY are the responsibility of Hamaspik Choice, unless the staff member's UAS role was provisioned by another organization. (Note: the terms "staff" and "employee" are broadly defined and can include salaried employees, per diem employees, contractors, vendor staff and staff from staffing agencies that have access to the UAS-NY system on behalf of Hamaspik Choice.)

2. At the resolution of an employee's employment with Hamaspik Choice, it is the responsibility of the Hamaspik Choice HCS coordinator to delete that employee's UAS account.

3. When staff are reassigned responsibilities within Hamaspik Choice and no longer require access to the UAS-NY, the Hamaspik Choice HCS coordinator will remove their UAS role assignment.
4. HCS user accounts may not be shared by staff. Sharing accounts constitutes a security breach. Accounts that are breached will be immediately suspended.

5. UAS-NY specific security training is included in the annual HIPAA training for all staff.

Hamaspik Choice, Inc.
POLICIES AND PROCEDURES

SECTION: HC-CO 108 Supersedes HC 201 Compliance	**SUBJECT:** **HIPAA / Confidentiality of Member and Proprietary Information**	**EFFECTIVE DATE: 11/1/2013**	**Reviewed: 11/30/2020** **Revised: 11/30/2020** **Approved: 12/4/20**	**Page 1 of 2**

I. PURPOSE

To ensure that all member information and proprietary information is kept confidential at all times.

II. POLICY

All staff are required to protect the privacy of Hamaspik CHOICE, Inc. members and proprietary Hamaspik CHOICE, Inc. business information.

Discussing confidential information with spouse, co-workers or friends is considered disclosure of information, whether verbal or written, and is grounds for immediate termination.

This policy applies to documents of all kinds, including electronic media, which have information (such as names, chart numbers, and medical records), that could identify individuals or other confidential data.

III. PROCEDURES

1. No confidential information may be discussed or shared with persons inside or outside Hamaspik CHOICE, Inc. except as required in the regular course of business.

2. At no time may clinical information relative to the member or family be utilized in any way other than for patient care.

3. When discussing confidential information, every effort will be made to safeguard privacy. This may include using private meeting rooms, closing doors during telephone calls, removing documents from copy machines and fax machines immediately following use, and returning documents to their secure storage area when not in use.

4. All information transmitted between a provider and staff or a member is privileged and confidential. Examples include but are not limited to, information regarding: functional status, health and personal data, finances, claims, member complaints.

5. Emails containing member information will be sent via secure email (by typing #secure# into the body of the email).

6. Records or documents that contain confidential information will be released only to authorized individuals and in compliance with Federal and State regulations.

7. All Hamaspik CHOICE, Inc. member records and other proprietary documents will be maintained in a manner that precludes exposure to persons not employed by or associated with Hamaspik CHOICE, Inc. This may include storage in file cabinets or offices that are locked at the end of the business day. All such documents shall not be removed from the office premises. Field staff and contract personnel may not leave client information unattended in their vehicles or where unauthorized access may occur.

8. All new employees, independent contractors, temporary employees, vendors and volunteers will be trained in the Hamaspik CHOICE, Inc. confidentiality policy.

9. Falsifying, altering, removing, copying, destroying or disclosing confidential information without proper authorization will result in immediate disciplinary action.

Hamaspik Choice, Inc.
POLICIES AND PROCEDURES

SECTION: HC-CO 110 **Supersedes HC-1000** **Compliance**	**SUBJECT:** **Maintenance and retention of records**	**EFFECTIVE DATE:** **March 5, 2018**	**Reviewed: 3/01/2021** **Revised: 3/01/2021** **Approved:**	**Page 1 of 3**

Policy

It is the policy of Hamaspik Choice to maintain complete records of all matters pertaining to its health plans.

Hamaspik Choice requires its network providers to maintain, appropriate records relating to performance under the DOH contract. These requirements are outlined in the provider agreement and Provider Manual. Non-contracted providers may refer to the provider manual for these policies.

Hamaspik Choice will preserve and retain all records relating to its performance under the DOH contract in readily accessible form during the term of the DOH Contract and for a period of six (6) years thereafter. All provisions of the DOH Contract relating to record maintenance and audit access shall survive the termination of the DOH contract and shall bind Hamaspik Choice until the expiration of a period of six (6) years commencing with termination of the DOH Contract or if an audit is commenced, until the completion of the audit, whichever occurs later.

Hamaspik Choice will provide the New York State Department of Health or entity designated by the DOH, the Comptroller of the State of New York, the Office of the Medicaid Inspector General (OMIG), the Attorney General of the State of New York, DHHS, the Comptroller General of the United States, and their authorized representatives with access to all records relating to Hamaspik Choice's performance under the DOH Contract for the purposes of examination, audit, and copying of such records. Hamaspik Choice will give access to such records within timeframe required by applicable laws, rules, or regulations. When records are sought in connection with an investigation, all costs associated with the production and reproduction shall be the responsibility of Hamaspik Choice.

Destruction of records will take place in a manner consistent with HIPAA laws. Paper records will be shredded and electronic records will be removed by a technician familiar with procedures for permanent destruction of electronic records.

Procedures

Maintenance of Records

1. Hamaspik Choice will maintain appropriate records related to services provided to members, including a separate medical record for each member.

2. All members are assigned a unique member ID number in the electronic health records.

Hamaspik Choice, Inc.
POLICIES AND PROCEDURES

SECTION: HC-CO 110 **Supersedes HC-1000** **Compliance**	**SUBJECT:** **Maintenance and retention of records**	**EFFECTIVE DATE:** **March 5, 2018**	**Reviewed: 3/01/2021** **Revised: 3/01/2021** **Approved:**	**Page 1 of 3**

3. Hamaspik Choice will maintain all financial records and statistical data that the New York State Department of Health (DOH) or entity designated by the DOH, and any other authorized governmental agency may require including books, accounts, journals, ledgers, and all financial records relating to capitation payments, TPHI recovery, and other revenue or payments received, any reserves related thereto and expenses incurred under the DOH contract. Financial records will be maintained according to generally accepted accounting principles and/or Statutory accounting principles where applicable.
4.

5. Hamaspik Choice will maintain appropriate financial records to document fiscal activities and expenditures, including records relating to the sources and application of funds and to the capacity of Hamaspik Choice or its providers, including its Participating Providers, if relevant, to bear the risk of potential financial losses.

6. Hamaspik Choice will maintain all documents concerning enrollment fraud or the fraudulent use of any CIN and documents concerning duplicate CIN's.

7. Hamaspik Choice will maintain Credentials for network providers on file in a manner accessible to Hamaspik Choice and will provide it to DOH upon request. (See credentialing policy.)

8. Hamaspik Choice will maintain appropriate records identifying every subcontractor, person or entity performing the services under every claim submitted to or paid by Hamaspik Choice, including amounts paid.

Hamaspik CHOICE, Inc.
POLICIES AND PROCEDURES

SECTION: HC-206 Compliance	SUBJECT: Member's right to medical records	EFFECTIVE DATE:	Reviewed: Revised: January 2019 Approved:	Page 1 of 1

POLICY

Hamaspik Choice, Inc. will release member information, upon member request, as required by 42 CFR 438.100 (b)(2)(vi),

PROCEDURE

1. Hamaspik Choice releases information to members upon written request by member or representative.

2. Requests that are made by member representatives must be submitted along with a completed *OCA Official form 960: Authorization for Release of Health Information Pursuant to HIPAA.* The form must be signed by the member or a representative with a Power of Attorney or Health Care Proxy. The form must specify which records are requested.

3. An employee who receives a request from a member or designated representative for release of member information will forward the request to the Compliance Department. The Compliance Analyst, or other Compliance Department personnel will document the request in the member's electronic health record.

4. Compliance Department will review the written request, as well as the completed Authorization for Release of Health Information form, to assure it was completed appropriately, and will determine which records will be released.

5. Information will be released to members via the members' preferred method.

6. Information will be released within 30 days of the request.

7. Compliance Department personnel will update the member's electronic health to reflect documentation of released records.

Hamaspik Choice, Inc.
POLICIES AND PROCEDURES

SECTION: HC -CO 118 **Supersedes NA** **Compliance**	**SUBJECT:** **Member Notices**	**EFFECTIVE DATE:** **6/1/2020**	**Reviewed:** **Revised:** **Approved:** 10/30/20	**Page** **1 of 2**

PURPOSE:

To ensure that members are informed about their rights and access to services in the MLTC Plan.

POLICY:

1. On an annual basis, Hamaspik Choice sends the required member notices to its membership. This includes:
    - Notice of member rights and responsibilities
    - Notice of member's right to disenroll
    - Notice of Provider Directory update

2. Hamaspik Choice provides written notification to its members of the effective date of any Plan-initiated, or Department-approved Benefit Package change. Notification to members is provided at least thirty (30) days in advance of the effective date of such change.

PROCEDURE:

1. The Compliance Department oversees the mailing of all required annual notices, which are sent each year in December.

2. When and if there is a benefit change that requires member notice, Hamaspik Choice compliance staff will oversee the mailing of these notices.
    - If the notice is drafted and mandated by the Department of Health (DOH), Hamaspik Choice will use the DOH notice for the mailing.
    - If the notice is drafted by Hamaspik Choice, the plan will obtain DOH approval of the notice before mailing it to the members.

3. The printing and mailing of notices is handled by the office manager and/or her designee. The office manager may work with an external printing and fulfillment company to complete the mailing.

4. Each member record includes documentation reflecting date the letter was sent, and all letters are scanned to each record.

5. All Hamaspik Choice staff members are made aware of these notices and are prepared to assist members with any questions. Care managers and member service representatives are provided with copies of the notices, so they can refer to the documents when responding to member questions.

Hamaspik CHOICE, Inc.

POLICIES AND PROCEDURES

SECTION: HC-QM 1001 **Supersedes HC-1001** Quality Management	**SUBJECT:** Provider Audits	**EFFECTIVE DATE:**	**Reviewed:** November 2017 **Revised:** February 21, 2018 April 19, 2021 **Approved:**	**Page 1 of 3**

PURPOSE

Pursuant to Hamaspik Choice's contract with the Department of Health, Hamaspik Choice is required to impose obligations and duties on its providers, that are consistent with the Department of Health Contract, and that do not impair any rights accorded to the Department of Health or DHHS, Office of the Medicaid Inspector General (OMIG), Office of the State Comptroller (OSC) or the New York State Office of the Attorney General.

POLICY

Hamaspik Choice will perform provider audits to assure the quality and compliance of contracted vendors.

Scheduled audits will be outlined in the compliance workplan which is developed on an annual basis, and approved by the Compliance Committee. In addition, un-scheduled audits may be performed in response to an identified issue or risk.

PROCEDURE

Contract Provisions

Hamaspik Choice's contractual agreements with its network providers include a provision in which:

a. Provider agrees to comply with all federal, state, and local laws and regulations governing the operation of Provider, including but not limited to the Fair Labor Standards Act and Article 19 of the New York State Labor Law (Minimum Wage Act).
b. Providers agree to furnish to Hamaspik Choice upon written request, copies of all licenses, certifications and accreditations of the provider relating to its provision of services.
c. Provider agrees that all services performed by provider shall be consistent and comply with Hamaspik Choice's obligations under the DOH Contract.
d. Provider agrees that its Compliance shall be subject to on-going monitoring by Hamaspik Choice.

e. Provider agrees that it will comply with any corrective action required by the plan if the plan identifies deficiencies or areas of needed improvement in provider's performance.
f. Provider agrees that failure to correct any deficiency identified by Hamaspik Choice may result in the imposition of sanctions or termination of the contract.
g. Provider agrees to comply with applicable provisions of the Health Insurance Portability and Accountability Act of 1996 and its implementing privacy and security regulations (HIPAA).
h. Provider agrees that Hamaspik Choice reserves the right to audit, no less than once every three (3) years, Provider's written information security program to determine if such program meets the requirements of the security regulations issued under HIPAA.

Comliance Audits

1. Hamaspik Choice will audit providers for billing accuracy according to the schedule included in the annual Compliance Workplan.
2. The purpose of these audits is to ensure that providers operate in a manner that is consistent and compliant with all billing requirements and regulations, and consistent with the services that have been authorized for Members.
3. During the audits, providers will be requested to submit documentation that demonstrates that services were provided on dates of service for which payment was issued to the provider by Hamaspik Choice.
4. The Compliance Department will follow the schedule of billing audits, and will request the required documentation from each provider. If the provider does not submit the requested documentation after two requests by the Compliance Department, the provider will be notified that payment may be recouped.
5. If, upon audit, a provider is found to have submitted a claim for services not rendered, and the provider attests that the claim was submitted in error, the payment to the provider will be recouped. If a provider shows a pattern of non-compliance with accurate billing practices, the provider will be requested to submit a Plan of Corrective Action to Hamaspik Choice. The Plan of Corrective Action must include a description of the provider's plans for

rectification of errors and prevention from recurrence. The Plan of Corrective Action will be reviewed and approved by the Compliance officer.

6. Hamaspik Choice will monitor providers on a monthly basis, by review of sanction databases, to ensure that only providers in good standing with Medicaid and/or Medicare are permitted to provide services to Members.

7. Hamaspik Choice will conduct annual on-site audits at all Social Day Cares in the network. Audits will include review of all policies, review of member records, and facility safety requirements.

Identification of Fraud and Abuse

1. Upon identification of suspicious fraudulent, abusive, or non-compliant activity, a thorough investigation will be conducted by the Compliance Officer. Documentation of such investigation will include records of the alleged violation, a description of the investigative process, and the results of the investigation.
2. If an investigation results in a reasonably suspected case of fraud, waste or abuse, or confirms that an incident of fraud, waste or abuse has been committed, Hamaspik Choice will report the incident to the appropriate regulatory body, which may include CMS, OIG, OMIG, and/or NYSDOH according to the requirements for reporting Fraud, Waste, and Abuse as listed in policy HC-104.
3. Providers will be required to submit a plan of corrective action specific to incident and implement it immediately, to reduce the potential for recurrence and ensure ongoing compliance with regulations and requirements.