

Health Partners Plans' Medicare Compliance Program

Health Partners Plans' (HPP) Medicare Compliance Program (referred to herein as the "Compliance Program") embodies dedication to the highest standards of ethical behavior, expressed through corporate culture and through adherence to all state and federal laws, government regulations, and contractual requirements. It is vital that all HPP employees, volunteers/ student interns, temporary employees, officers (referred to herein as "employees"), subcontracted agents/entities (including network providers), and consultants that perform healthcare and/or administrative services (referred to herein as "vendors"), comprehend the process of compliance and gain the knowledge and tools to uphold a "Compliance First" culture. Compliance is critical to the success of the organization.

The Compliance Program aims to advance quality in all respects by adhering to three hallmark commitments:

1. To encourage commitment and dedication to the Compliance Program by utilizing the best industry practices and methodologies to improve the health status of the community, provide high-quality health services, and to uphold the highest ethical and legal standards.
2. To provide a compliance culture that encourages employees to seek guidance and support regarding business practices. It is critical that the compliance environment is open and employees are comfortable to report potential violations without fear of retaliation or retribution for their actions.
3. To conduct operations utilizing the highest standards of ethical behavior and to act with dignity and respect. To identify and mitigate potential compliance risks by employing reengineering processes; thereby, increasing our efficiency, and to stay compliant.

For details on how to report potential non-compliance to the Compliance team, please refer to the Code of Business Conduct (COBC).

The Medicare Compliance Department ensures that HPP comprehends and complies with all state and federal laws, as well as contractual requirements impacting the Medicare line of business.

To achieve these goals, HPP has adopted and implemented an effective compliance program, which includes measures to prevent, detect and correct program noncompliance as well as Fraud, Waste, and Abuse (FWA). **Our program includes the following core requirements:**

1. Written Policies, Procedures and Standards of Conduct;
2. Compliance Officer, Compliance Committee and High-Level Oversight;
3. Effective Training and Education;
4. Effective Lines of Communication;
5. Well-Publicized Disciplinary Standards;
6. Effective System for Routine Monitoring and Identification of Compliance Risks; and
7. Procedures and System for Prompt Response to Compliance Issues.

Compliance Program Operation

Written Policies, Procedures, and Standards of Conduct:

HPP maintains detailed, specific and descriptive written policies, procedures and standards of conduct that:

1. Articulate our commitment to comply with all applicable Federal and State standards;
2. Describe compliance expectations as embodied in the COBC;
3. Implement the operation of our Program;
4. Provides guidance to employees and others on dealing with suspected, detected or reported compliance issues;
5. Identifies how to communicate compliance issues to appropriate compliance personnel;
6. Describes how suspected, detected or reported compliance issues are investigated and resolved by HPP; and
7. Includes a policy of non-intimidation and non-retaliation for good faith participation in the Program, including, but not limited to, reporting potential issues, investigating issues, conducting self-evaluations, audits and remedial actions, and reporting to appropriate officials.

HPP's COBC states the overarching principles and values by which HPP operates, describes our expectations of conduct for all employees, and communicates to employees and our vendors that compliance is everyone's responsibility. The COBC is maintained by HPP Human Resources with contributions by the Compliance, Legal Affairs and Privacy & Security departments, and is updated periodically to reflect changes in applicable laws, regulations, and other program requirements. In addition to the COBC, HPP has developed an extensive set of policies and procedures to assist with the implementation of the Compliance Plan, which includes ensuring compliance, and articulating HPP's commitment to comply with all applicable laws. As is the case with our COBC, policies and procedures are updated periodically to reflect these changes in law, or guidance.

HPP's written policies, procedures and Standards of Conduct are distributed to all employees within 90 days of hire, and are always available on HPP's intranet site for employees to access. For employees, initial distribution is tracked via attestation, and through HPP's learning management system. For vendors, distribution occurs at the time of contracting, and annually thereafter, and is tracked via attestation.

Compliance Officer, Compliance Committee and High-Level Oversight:

In accordance with HPP's dedication to compliant and ethical conduct, HPP ensures that its Medicare Compliance Officer is integrated into the organization at all levels and given the credibility, authority and resources necessary to operate a robust and effective Compliance Program. To this end, HPP maintains a designated:

- Medicare Compliance Officer; and also active
- Medicare Compliance Committee

HPP's Medicare Compliance Officer is vested with the day-to-day operations and implementation of the Compliance Program, as well as chairs the Medicare Compliance Committee. The Medicare Compliance Officer directly reports to HPP's Chief Legal Officer and has unfiltered access to report as appropriate to the Chief Executive Officer (CEO). Furthermore, the Medicare Compliance Officer provides reports to other senior management, HPP's Audit Committee and the Board of Directors (BOD). In addition, the Medicare Compliance Officer provides routine reports on the activities and status of the Compliance Program, including issues identified, investigated, and resolved by the Compliance Program and has ready access to HPP's CEO and senior management. Furthermore, the Medicare Compliance Officer regularly attends meetings of HPP's Audit Committee and BOD for the purpose of providing in-person reports.

HPP's Medicare Compliance Committee is tasked with oversight of the Medicare Compliance Program. The Medicare Compliance Committee is comprised of a cross-section of individuals within various HPP business units, and each has decision-making authority in their respective areas of HPP business.

Consistent with regulatory guidance, HPP's Audit Committee exercises reasonable oversight with respect to the implementation and effectiveness of our Compliance Program. The Audit Committee and the BOD receive general Compliance training and education on an ongoing basis for the purpose of understanding HPP's compliance program structure and remaining informed about Compliance Program activities, notably with regard to the operation of the Program. Furthermore, HPP's Audit Committee and BOD are responsible for approving Compliance work-plans and HPP's COBC.

Effective Training and Education:

HPP provides effective training and education for all employees, staff and vendors. Compliance and Fraud, Waste and Abuse (FWA) training and education occur during New Employee Orientation (typically first day of hire) and on an annual basis thereafter. HPP employees are trained in-person and via online training modules.

When necessary, HPP will provide Compliance and FWA education within 90 days of contract to vendors via provision of materials and an associated attestation process. Compliance and FWA education materials are updated whenever material changes in regulations, policy or guidance, require it, and are also reviewed on an annual basis.

HPP's Compliance training and education communicates information regarding HPP's Compliance Program, including a review of policies and procedures, the COBC, and HPP's commitment to compliance with all regulatory requirements. Both the Compliance training content and educational materials provide information regarding reporting compliance issues or concerns, or asking compliance related questions. HPP's training clearly emphasizes confidentiality, anonymity, and non-retaliation for compliance related questions or reports of suspected or detected noncompliance or potential FWA, and communicates the requirement of all employees and vendors to report actual or suspected noncompliance or potential FWA.

HPP's FWA training and education communicates information regarding laws and regulations related to FWA including, for example, False Claims Act, Anti-Kickback statute, and HIPAA/HITECH. Processes for HPP's and our vendors' employees to report suspected FWA to HPP are inherent within HPP's training and education, including protections for anyone who reports suspected FWA in good faith.

In addition to HPP's Compliance and FWA training, HPP employees working in the functional areas must understand and keep up with a wide range of regulations, data reporting requirements, policy guidance, and CMS' manuals that pertain to their specialized work. To facilitate the process of keeping abreast of constantly evolving regulatory requirements, each department conducts ongoing training sessions on an as-needed basis, covering topics of specific concern for that department. For example, when a revised Medicare Managed Care Manual (MMCM) chapter is released by CMS, the department(s) affected by the revisions may develop and conduct a special training session to educate the employees in that department on the revised policies. The department manager is responsible for determining specialized training needs and scheduling training sessions in a timely manner. Each department is advised to collect documentation of attendance, and training content, and expected to forward the documentation to HPP's Learning and Development unit for maintenance in employee files.

In addition to training applicable department staff on newly issued or updated policy guidance, regulations, CMS manual chapter updates, etc., each department is expected to revise and update its policies and procedures, desktop procedures, manuals, etc., to reflect the new or revised policies.

Effective Lines of Communication:

HPP maintains various lines of communication intended to allow for accessibility to and from employees, staff, vendors, and HPP's Compliance Program. When warranted, HPP ensures the utmost confidentiality, and also allows compliance issues to be reported anonymously, if so desired by the reporter. This is embodied in the COBC, in addition to numerous policies and procedures throughout the organization. The methods available for reporting compliance or FWA concerns and the non-retaliation policy are publicized throughout HPP's facilities, are provided to vendors with encouragement to do the same, and are included in multiple compliance training initiatives. Nearly all reporting mechanisms are available 24/7 and none are encouraged any more or less than another.

Communication of information from the Medicare Compliance Department to others (employees, staff, vendors, etc.) includes, notably, changes in policy and/or law. For example, the most common communication of information from the Medicare Compliance Department consistent with this element is that of CMS issued sub-regulatory requirements, typically in the form of HPMS memorandums. Information is communicated via e-mail distribution and may be discussed further via email communications, individual and/or group meetings as needed. In all instances, the Medicare Compliance Department strives to disseminate information as soon as possible, if not always within a reasonable time, and to all appropriate parties.

HPP maintains a system to receive record, respond to and track compliance questions or reports of suspected or detected noncompliance or potential FWA from employees, staff, and vendors (including their employees). In nearly all instances (excluding walk-ins, for example) reports are kept confidential to the greatest extent possible and, in some instances, allow for total anonymity should the reporter so desire. Anonymity is made available through an externally sourced hotline that provides immediate access of reports to the Medicare Compliance Officer and other members of senior management. Retaliation or retribution against employees or vendors who, in good faith, report suspected noncompliance or FWA is prohibited. HPP's non-retaliation policy clearly conveys a zero- tolerance approach towards non-retaliation policy violations and is widely publicized by HPP.

Well-Publicized Disciplinary Standards:

HPP maintains well-publicized disciplinary standards through the implementation of procedures which encourage good faith participation in the compliance program by all affected individuals. Disciplinary standards include policies that articulate HPP's expectations for identifying noncompliance or unethical behavior, reporting compliance issues, assisting in their resolution, and providing for timely, consistent, and effective enforcement of the standards when such behavior is determined. HPP's disciplinary policies and procedures reflect clear and specific disciplinary standards, and describe our expectations for the reporting of compliance issues including noncompliant, unethical or illegal behavior.

Disciplinary action must be administered consistently and in a non-discriminatory manner. It must be fair and equitable, appropriate to the seriousness of the violation. Depending on the severity of the violation, progressive steps in the disciplinary action process may be omitted if appropriate in order that immediate corrective measures, including termination, can be taken.

For details regarding HPP's disciplinary standards pertaining to violations of the COBC/ Compliance Program, see below:

Disciplinary Standards for Employees for COBC Violations

For details related to disciplinary actions that may be taken against employees for violations pertaining to the COBC, please refer to the section of HPP's COBC titled "Disciplinary Standards for Employees for COBC Violations".

Consistent with HPP's COBC, any time an employee observes or suspects a violation of the COBC, Compliance Program, the law, or our policies, they are obligated to report it. HPP maintains various lines of communication intended to allow for accessibility to and from employees, staff, vendors, and Compliance Program. When warranted, HPP ensures the utmost confidentiality, and also allows compliance issues to be reported anonymously, if so desired by the reporter. This is embodied in HPP's COBC, in addition to numerous policies and procedures throughout the organization. For details related to reporting methods, please refer to the section of HPP's COBC titled "Reporting Your Concerns".

The intent for the disciplinary process is to improve performance and eliminate noncompliance, misconduct or corporate violations. For the most effective use of disciplinary action, it is necessary that all employees be familiar with the scope of their job responsibilities, applicable laws and regulations, HPP policies and department requirements so that infractions are quickly and accurately identified.

Examples of the types of infractions or violations for which disciplinary or corrective action may be taken include, but are not limited to:

- Noncompliance with laws, regulations, policies or procedures;
- Encouraging or assisting another to engage in noncompliance;
- Failure to report noncompliance;
- Failure to detect noncompliance by an individual who should have detected such noncompliance;
- Knowingly submitting a false, malicious or frivolous report of noncompliance against other employee.
- Failure to satisfy the education and training requirements of the Compliance Program;
- Failure of a supervisor or manager to assure that their subordinates understand the requirements of the Program; and
- Retaliation against an employee, agent, or contractor who reports in good faith a concern relating to possible noncompliance.

The above list is designed to illustrate common categories or areas of compliance violations. It is intended to aid employees in identifying specific conduct that may violate applicable laws or company policy. As stated, the list is not exhaustive of all types of conduct that may constitute grounds for disciplinary action.

No employee shall be disciplined solely because s/he reported what was reasonably believed to be an act of wrongdoing. Procedurally, a thorough investigation must be conducted before disciplinary action is administered. Depending on the situation, the investigation may be conducted by the supervisor, manager, Human Resources, Compliance Officer, HPP's General Counsel, or outside entity. If management determines after a thorough investigation that action beyond counseling is warranted, it is the duty of the appropriate supervisor or manager to initiate disciplinary action in accordance with their departmental policies and procedures or, in the absence thereof, with HPP's Human Resources policy.

Disciplinary action must be administered consistently and in a non-discriminatory manner. It must be fair and equitable, appropriate to the seriousness of the violation and consistent with HPP's Human Resources policies and procedures. Depending on the severity of the violation, progressive steps in the disciplinary action process may be omitted if appropriate in order that immediate corrective measures, including termination, can be taken.

Depending on the situation, the supervisor or manager may need to discuss the action with the next level of management, the Compliance Officer, Legal Counsel, or Human Resources to ensure appropriate applicability, documentation, and procedural steps. The nature and seriousness of the infraction, all relevant facts and information, and any mitigating or aggravating circumstances should be considered when formulating disciplinary action.

The level of discipline assessed for all violations should be determined on a case by case basis, and HPP must be able to demonstrate that disciplinary standards are enforced in a timely, consistent and effective manner. All violations impacting regulatory Compliance must be brought to the attention of the Compliance Officer irrespective of any prior Compliance involvement.

As a general rule, disciplinary standards are contingent upon the severity of the offense and the intent of the offender. **For infractions of the Compliance Program, the level of intent is paramount when recommending disciplinary action for violations. Intent may fall into one of three categories:**

- a) Negligent: Failing to take proper care over something
- b) Reckless: Failing to appreciate the consequences of one's actions; acting hastily
- c) Intentional: Done with purpose and deliberation

Circumstances that may be considered to be mitigating factors include:

- The employee reported the violation promptly
- The employee cooperated with HPP in the investigation
- The employee accepted responsibility for the violation

Admission of wrongdoing does not guarantee protection from disciplinary or corrective action. The weight to be given to the admission shall depend on all the facts known to HPP at the time the decision concerning disciplinary or corrective action is made. Such facts include whether the individual's conduct was known or its discovery was imminent prior to the admission, and whether the admission was complete and truthful.

Circumstances that shall be considered to be aggravating include, but are not necessarily limited to:

- The existence of a prior record of discipline and the nature and extent of that record;
- The misconduct found or acknowledged by the employee evidences multiple acts of wrongdoing or demonstrates a pattern of misconduct;
- The employee's misconduct was surrounded by or followed by bad faith, dishonesty, concealment, overreaching or other violations of HPP policies and procedures;
- The employee's misconduct significantly harmed HPP;
- The employee demonstrated indifference toward rectification of or atonement for the consequences of his or her misconduct; and
- The employee displayed a lack of candor or cooperation with HPP during the investigation or disciplinary process.

Disciplinary Standards for Vendors

All of HPP's vendors must comply with all applicable Federal and State laws, regulations, and communications, adhere to their contractual obligations, and comply with the terms of the COBC and Compliance Program.

To meet these requirements, vendors have the following responsibilities:

- Participate in Compliance and FWA training (when necessary) and education
 - Compliance and FWA education is completed via provision of materials.

- Comply with the terms of their contract with HPP, the Medicare Specific Provisions & Requirements Exhibit (included in Medicare business related contracts), and the Business Associate Agreement (BAA), which includes, but is not limited to:
 - Perform Excluded Entity Checks against the Office of the Inspector General List of Excluded Entities and Individuals (OIG LEIE), the System for Awards Management (SAM) database and Medichex (when applicable);
 - Record Retention;
 - Oversight of Downstream Entities;
 - Plan Right to Audit, Evaluate, and Inspect Records;
 - Protection of Personal Health Information (PHI);
 - Adherence to Health Insurance Portability and Accountability Act (HIPAA) regulations;
 - Comply with all applicable Federal and/ or State laws, regulations, and instructions;
 - Maintain an effective compliance program
 - All vendors are required to have an effective compliance program to ensure that the vendor is complying with the provisions within the contract, Business Associate Agreement, Medicare Specific Provisions and Requirements Exhibit (if applicable), and operating under the appropriate Federal and/or State laws, rules, and regulations.
 - Report all potential non-compliance violations relating to HPP's business, including unethical or illegal behavior as noted in the COBC;
 - Adhere to the terms of the COBC.

HPP will thoroughly research any allegation of potential non-compliance or fraud, waste, and abuse in accordance with HPP's policies and procedures. The vendor shall assist in resolution of reported issues, as needed.

Once the Medicare Compliance Officer has been made aware of an incident s/he will assign a staff member the responsibility for the investigation. The Medicare Compliance Department will initiate the investigation as quickly as possible, but no later than two (2) weeks after the date the potential non-compliance or potential FWA incident was identified.

The Compliance representative responsible for performing the investigation will:

- Identify the issue;
- Interview applicable individuals (internally at HPP as well as the vendor, if necessary);
- Request and review documentation pertaining to the incident;
- Identify potential risks related to or as a result of the incident;
- Create a report of the findings of the investigation and provide to the Compliance Officer;
- Initiate CAPs as applicable;
- Initiate referrals to required government agency, if warranted, including CMS Regional Account Manager, NBI MEDIC, OIG, DHHS, etc.

If it is determined that a vendor is not meeting compliance expectations or performing effectively as outlined in their contract or is in violation of the COBC, appropriate action will be taken. Such action may include, but not limited to, training and education, corrective action, contract termination, and/or reporting of non-compliant, unethical, or illegal behavior to the appropriate government agency (e.g. CMS, Department of Insurance, etc.). The seriousness of the violation of the COBC will determine the disciplinary action to be administered.

If the vendor's performance falls below the expectations of the contract, or if the organization engages in inappropriate conduct, disciplinary action will be taken.

Corrective counseling or discipline will be applied on a progressive basis except in certain situations involving misconduct (e.g. actions that affect HPP's reputation, such as falsifying company records, fraudulently submitting claims, etc.). HPP reserves the right to skip or repeat steps at its discretion. HPP reserves the right to terminate its contract with the vendor if it is determined that the organization has failed to comply with the provisions of its contract with HPP, Medicare Specific Provisions and Requirements Exhibit (if applicable), Business Associate Agreement, or HPP's COBC.

Provided below are examples of corrective counseling or discipline that may occur:

- Verbal Counseling: The nature of the performance standard or conduct is discussed with the vendor and requirements for performance/conduct improvement are identified.
- Written Warning: If unacceptable performance or behavior continues, the vendor will be notified in writing of their failure to adhere to certain requirements. The written warning will define the desired outcome, establish deadlines and document the fact that no significant improvement occurred since the verbal counseling. It also will identify any consequences that are a result of the entities failure to comply.
- Corrective Action Plan: If the issue has not been resolved through verbal counseling or written warning, the vendor will be placed on a corrective action plan. The corrective action plan should detail the infraction, outline the action required to improve performance, identify consequences for failing to improve performance, and establish specific dates for performance discussion between HPP and the vendor entity and a time frame by which improvement must be made.
- Suspension: A suspension may be warranted when circumstances reasonably require an investigation of a serious incident in which an organization, or employee thereof, was allegedly involved; when repeated warnings have been unsuccessful in changing outcomes; or when there is a serious violation of either the contract, Medicare Specific Provisions and Requirements Exhibit (if applicable), or COBC. Suspension is not a required step in the corrective action process.
- Termination: If it is determined that a violation is egregious enough, HPP retains the right to terminate its contract with the vendor.

Effective System for Routine Monitoring, Auditing and Identification of Compliance Risks:

HPP maintains effective systems for routine monitoring, auditing, and identification of compliance risks. Each component of internal monitoring, auditing, and risk assessment is intended to evaluate HPP's compliance with regulatory requirements and the overall effectiveness of our Compliance Program. HPP's monitoring activities are regular reviews performed as part of normal operations to confirm ongoing compliance. HPP audits consist of more formal reviews of compliance with a particular set of standards (e.g., policies and procedures, laws and regulations) used as base measures. For both monitoring and auditing efforts, HPP strives to ensure that corrective actions are undertaken and effective. On an annual basis, the Medicare Compliance Department develops a monitoring and auditing work plan that address the risks associated with the Medicare line of business. The Medicare Compliance Officer, Medicare Compliance Committee, senior leadership, Audit Committee and the BOD are key participants in this process, and ultimately, the work plan requires Audit Committee and BOD approval.

HPP maintains policies and procedures that address each of these functions of monitoring, auditing, and risk assessment. Our risk assessment process is an ongoing process that takes into account all business operational areas, each of which are assessed for the types and levels of risk the area presents to the Medicare line of business. Risks identified by the assessment process are ranked by likelihood and severity to determine which risk items will have the greatest impact on HPP from a Compliance perspective. These risks, in turn, feed the ongoing monitoring and auditing work plan with placeholders for

notably high-risk items that are unforeseeable at the time the work plan is developed and approved. Risk areas identified through CMS' audits and oversight activities, as well as through HPP's own monitoring, audits and investigations are considered priority risks.

The Medicare Compliance Department relies heavily on its ongoing assessment of risk when developing its monitoring and auditing work plan. The work plan includes a schedule that lists all of the monitoring and auditing activities for the calendar year, and is arranged largely by Compliance Program element, followed by the schedule. HPP includes internal audits of our operational areas as well as audits of our directly contracted vendors. Within HPP's policies and procedures, processes for responding to all monitoring and auditing results and for conducting follow-up reviews of areas found to be non-compliant can be found.

HPP's Medicare Compliance Audit function is performed by units within the Medicare Compliance Department and includes Compliance Department staff. Participants of HPP's audit function are knowledgeable about operational requirements for their respective areas under review, and when appropriate are educated on new areas. On occasion, HPP's Medicare Compliance Audit unit may request that operational, business unit staff assist in audit activities provided the assistance is compatible with the independence of the audit function, and the business units other responsibilities.

In addition to the development of the Medicare Compliance Department's work plan, the Compliance team also maintains a strategy to monitor and audit our vendors to ensure they are in compliance with all applicable laws and regulations, and to ensure that they are monitoring the compliance of the entities with which they contract (the sponsors' "downstream" entities). As stated, Medicare Compliance included in its work plan the number of vendors that will be audited each year and how the entities were identified for auditing, in addition to leaving several placeholders open for audits that were not foreseeable at the time the work plan was created and approved. As resources allow, HPP strives to conduct a portion of vendor audits on site.

Aligned with the Medicare Compliance Department's monitoring efforts of internal operational areas, Medicare Compliance also conducts specific monitoring of our vendors and their delegated responsibilities to ensure they fulfill all compliance program requirements. Due to resource constraints and in the interest of maximizing our Compliance Program effectiveness, this effort is largely based upon a vendor risk assessment that aims to identify our highest risk vendors, and then target a reasonable number of these entities to audit or monitor more closely.

Medicare Compliance tracks and documents all compliance efforts using various mechanisms, including dashboards, reports, issue logs, and other mechanisms that show the extent to which operational areas and delegated responsibilities are meeting compliance thresholds and/or goals. Compliance of operational areas is tracked by the Compliance departments as well as various operational units and issues of noncompliance identified in dashboards are shared with senior management.

HPP, through various business units, reviews the DHHS OIG List of Excluded Individuals and Entities (LEIE list) and System for Award Management (SAM) - formerly the GSA Excluded Parties Lists System (EPLS), prior to the hiring or contracting of any new employee, temporary employee, volunteer, consultant, governing body member, or vendor, and monthly thereafter, to ensure that none of these persons or entities are excluded or become excluded from participation in federal programs. After entities are initially screened against the entire LEIE and SAM at the time of hire or contracting, HPP reviews these exclusions monthly. Furthermore, HPP reviews CMS' Preclusion List, which contains the names of prescribers, individuals, and or entities that are unable to receive payment for Medicare Advantage (MA) items and service and or Part D drugs prescribed or provided to Medicare beneficiaries.

HPP openly allows access to any auditor acting on behalf of the federal government, DHS, or CMS to conduct an on-site audit, as well as providing records to CMS/DHS or its designee upon request. To this end, HPP maintains an absolute cooperative policy with regard to cooperation with initiatives such as these and allows access as requested.

Procedures and System for Prompt Response to Compliance Issues:

Medicare Compliance conducts timely inquiries into any compliance incidents or issues involving potential program noncompliance. Program noncompliance may be reported through a number of means, including HPP's open-door policy, email channels, our hotline, grievances/ CTM's, monitoring efforts, or via audit. Regardless of how the Compliance Department identifies noncompliance, we initiate inquiry as quickly as possible, and but not later than 2 weeks after the date the potential noncompliance was identified.

The Medicare Compliance Department's investigative activities include a preliminary review of the matter by Compliance personnel, including the Medicare Compliance Officer and, as warranted, HPP's SIU, notably if the issue appears to involve potential fraud or abuse. See HPP's SIU Fraud, Waste, and Abuse Plan for additional information on responses to potential FWA reported.

HPP's ongoing monitoring of program noncompliance is shared with the appropriate regulatory agency during ongoing communications, and as applicable, is referred to either CMS or DHS for purposes of self-reporting and ensuring proper compliance remediation. In instances of identified non-compliance, the Medicare Compliance Audit unit bears responsibility for undertaking appropriate corrective actions in response to the degree of non-compliance. Corrective actions and mitigation thereof are designed to correct the underlying problem that results in the non-compliance at issue, and to prevent future re-occurrence. Additionally, a root cause analysis determines what caused the non-compliance to occur.

HPP business units are tasked with overseeing their vendors; this includes ensuring that vendors both report program noncompliance that has been delegated to them, as well as ensuring the vendor(s) have corrected their deficiencies. HPP business leaders are held accountable to these vendors' activities, and ensuring their vendor counterparts have implemented the appropriate corrective actions issued. HPP also reserves the right to audit vendors, including ensuring that corrective actions were appropriately implemented.