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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| COMP:<br>Compliance Program                                                                                                                                                                                                                                                                                                                                                              |                                   |
| LINES OF BUSINESS: MEDICARE, MEDI-CAL, COMMERCIAL, ALL                                                                                                                                                                                                                                                                                                                                   |                                   |
| Original Effective Date: 01.01.2018                                                                                                                                                                                                                                                                                                                                                      | Written By:                       |
| Date of Last Revision: 12.05.2022                                                                                                                                                                                                                                                                                                                                                        | Revised By: Linette Hughes        |
| Date of Last Review (Without Changes):<br>07.14.2023                                                                                                                                                                                                                                                                                                                                     | Reviewed By: Linette Hughes       |
| Date of Last Approval: 12.14.2022                                                                                                                                                                                                                                                                                                                                                        | Approved By: Compliance Committee |
| <input checked="" type="checkbox"/> Compliance <input type="checkbox"/> Utilization Management <input type="checkbox"/> Quality<br><input type="checkbox"/> Credentialing <input type="checkbox"/> Provider Network<br><input type="checkbox"/> Claims and Finance <input type="checkbox"/> Eligibility and Benefits <input type="checkbox"/> IT <input type="checkbox"/> Administration |                                   |

## I INTRODUCTION

Nivano Physicians, Inc. (Nivano) has implemented a Compliance Program to provide a systematic process dedicated to ensure that Leadership, Team Members, Business Associates, First-Tier, Downstream, and other associated individuals/entities comply with applicable health care laws, Medicare Part C and D requirements, and any and all applicable regulations and standards. Nivano Physicians has no related entities. The program includes:

- A. Standards, policies and procedures to support and sustain program objectives.
- B. Oversight at Board and senior management levels.
- C. Reporting compliance activities and outcomes to the Governing Board (Board), Senior Management, Nivano Team Members and applicable regulatory agencies.
- D. Screening of business associates, first-tier, downstream, and other affiliated individuals/entities for the presence/absence of program related adverse actions and/or sanctions.
- E. Education and training, generic to health care regulatory requirements; specific to Nivano's job functions; and to business associates, first-tier, downstream and other external affiliates.
- F. Ongoing auditing and monitoring of the organization's compliance performance.
- G. Enforcement measures enacted when issues of non-compliance are identified.

- H. Preventative practices to identify potential compliance issues and to implement actions that lower risk and/or mitigate effects.
- I. Evaluation to determine the effectiveness of the compliance program.

## **II PURPOSE**

- A. To focus attention and maintain compliance with federal, state, and contractual health care specific laws, regulations, and requirements.
- B. To reduce the organization's risk of non-compliance with any and all of these requirements.
- C. To develop a culture of compliance within the organization and to communicate the importance of this goal to all internal Team Members and external affiliates.

## **III SCOPE**

- A. The following provide the structural components of the Nivano Compliance Program:
  - 1. Written policies and procedures and standards of conduct
  - 2. Designation of a Compliance Officer and high-level oversight
  - 3. Effective lines of communication
  - 4. Ongoing education and training
  - 5. Auditing and monitoring
  - 6. Reporting and prompt response to non-compliance and detected offenses
  - 7. Enforcement, disciplinary guidelines, and prevention
  - 8. Methods for measurement of the effectiveness of the program
- B. The following provide the regulatory and legal components of the Nivano Compliance Program.
  - 1. All sub-regulatory guidance produced by the Center for Medicare and Medicaid Services (CMS) for Medicare Advantage Plans including Manuals, Guides, Part D requirements and Memos
  - 2. Contractual commitments

3. Applicable Civil Monetary Penalties and Exclusions
4. Prohibition on Inducement to Beneficiaries
5. United States Federal Sentencing Guidelines
6. Code of Federal Regulation, Title 42 specifically 42CF 400, 403, 411, 417, 422, 423, 1001, and 2003
7. California Code of Regulations, Title 28 et all
8. California Code of Regulations, Title 22, sections 51000 – 53999
9. California Welfare & Institutions Code, Section 14100 et seq
10. Health & Safety Code, Section 140 et seq. (CA Knox-Keene Act)
11. Deficit Reduction Act of 2005, Sections 6031 and 6032
12. DHCS Contract and subsequent Amendments, All Plan Letters, and Guidance
13. California Insurance Code, Title 10 of the Code of Regulations
14. The Health Insurance Portability and Accountability Act (HIPAA) of 1996 and subsequent updates
15. Applicable provisions of the Federal Food, Drug, and Cosmetics Act
16. The Federal False Claims Act
17. California False Claims Act
18. Health Information Technology for Economic and clinical Health Act (HITECH Act)
19. Anti-Kickback Statutes
20. Confidentiality of Medical Information Act (COMIA)

#### **IV PROCEDURE**

- A. Written policies, procedures, and standards of conduct.
  1. The Code of Conduct: The Code of Conduct demonstrates Nivano's commitment to the compliance program and articulates the core values

and principles that guide the organization's business practices. It is communicated in the following ways:

- a. The Code is documented and provided to new employees in the Employee Handbook upon initial employment
  - b. The Code is articulated to new employees during orientation as well as subsequent Introductory Training sessions
  - c. Employees are required to acknowledge their understanding of The Code of Conduct and their commitment to comply with its intent upon initial employment and annually thereafter
  - d. Performance Evaluations include compliance with The Code of Conduct
  - e. Exit interviews include a question related to the Employee's observations of compliance with The Code of Conduct and ability to express compliance concerns during their tenure
2. Conflict of Interest process to ensure that the Board Members, Officers, Directors, Managers, Staff, and legal counsel employed by Nivano are free of conflicts of interest. The Conflict of Interest (COMP 24) is required at the time of initial employment and annually thereafter. When applicable, individuals must disqualify themselves from participating in decisions which may affect their personal economic interests. Conflicts of interest must be disclosed to Nivano immediately. Personal, familial, or business relationships that could interfere with Nivano's ability to conduct business may be conflicts of interest. Additionally, Nivano employees must not engage in activities that compete with any of Nivano's lines of business nor invest in entities they select, manage, or evaluate as an entity supporting Nivano. Health care providers and business partners must be sensitive to these relationships and avoid creating situations that could encourage a Nivano employee to violate these policies. Additionally, this Act has prohibitions against receiving gifts and honorariums under defined circumstances.
3. Operating policies and procedures have been developed to:
  - a. Address principal business risks
  - b. Define the program structure and the processes for monitoring and communicating of contractual and regulatory changes and operating policies will be reviewed and updated annually to

incorporate changes in applicable laws, regulations, and other program requirements

- c. Identify practice weaknesses
- d. Describe how the compliance program operates and the consequences of HIPAA, security, marketing, provider payments, sanctions, confidentiality, information management, and education and training

## B. Designation of a Compliance Officer, Organizational Structure, and High-Level Oversight

### 1. The Chief Compliance Officer's Responsibilities

- a. The Chief Compliance Officer (CCO), who is an employee of Nivano Physicians, reports directly to Senior Management and to the Board of Directors on a quarterly basis. The Chief Compliance Officer provides the Board of Directors and Senior Management with an executive summary of the effectiveness of the compliance program.
- b. The Chief Compliance Officer advises the organization on required policies; oversees the development, distribution, and implementation of policies; assures that policies accurately and effectively communicate legal and regulatory requirements; periodically reviews policies and initiates needed updates.
- c. Senior Management defines the organizational structure of the Compliance Program and the authority and responsibilities of the Chief Compliance Officer and Team Members of the Compliance Department.

### 2. The Security Officer's Responsibilities

- a. The Security Officer (SO), who is in charge of monitoring internal audits that assess the status of a practice's HIPAA compliance. Audits should be done regularly and can be carried out quickly and easily with the help of a third-party service such as Compliancy Group's compliance tracking solution.
- b. The Security Officer is also responsible for ensuring that all IT infrastructure is compliant.

### 3. The Board Responsibilities and Oversight

- a. The Board is responsible for annual review and approval of the Compliance, Fraud, Waste, and Abuse, and HIPAA Program Plans as well as the adoption of some written standards such as The Code of Conduct and Confidentiality Statement (COMP 6). The Board has ultimate responsibility for monitoring and supporting the compliance program.
  - b. The Board conducts oversight of the compliance program through quarterly reviews of its effectiveness as well as periodic updates of significant compliance issues as needed.
  - c. The Board maintains a knowledge of the impact of regulatory and/or contract changes as well as policy changes and health reform impact on compliance through initial and annual compliance training.
  - d. The final appointment approval and removal of the Chief Compliance Officer are under the control of the Board.
4. Chief Officer Responsibilities
  - a. The Chief Officers are responsible for providing adequate resources for the operation of the compliance program and participates in policy development to assure their consistency across organizational functions. The Chief Officers advise the Board and request resources as required.
5. The Compliance Committee Responsibilities
  - a. The Compliance Committee, which is internal to Nivano and accountable to Senior Management and the Board, is a multidisciplinary body that meets at least quarterly. The Chief Compliance Officer is in attendance along with the Chief Officers, Directors, and/or their designees, and is responsible to report their respective compliance monitoring and performance indicators. All Compliance Department Team Members attend and provide reports specific to their program responsibilities.
6. Legal Counsel Responsibilities
  - a. Legal Counsel is responsible for monitoring and assisting with enforcement activities by federal and state agencies; for advice regarding government regulations and the implications of non-compliance; for attendance at Board meetings to advise and guide actions for compliance related issues; and for guidance when suspected non-compliance may involve criminal

misconduct, civil law violations, or significant overpayment liability.

### C. Effective Lines of Communication

1. Reporting Compliance Concerns: Nivano Physicians requires all Team Members, including managers, directors, members, providers, business associates, first-tier, downstream, and all other associates at all levels of the organization to report compliance concerns and suspected or actual misconduct. This requirement is communicated through:
  - a. New Team Member orientation programs and Introductory training.
  - b. The requirement that all Team Members submit signed acknowledgements of their understanding of and agreement with the Code of Conduct and Compliance Key Notes upon initial employment and annually thereafter.
  - c. The requirement that providers submit signed acknowledgement of their Compliance, FWA, and HIPAA annual training.
  - d. Annual training for all Nivano Team Members by the Compliance Department that includes publication of the existence, intent, process, and mechanisms available for raising compliance concerns and training relative to Nivano's zero-tolerance policy for retaliation or retribution against a Team Member or associate who reports suspected compliance violations or misconduct, including recent examples of whistleblower settlements.
  - e. On-going and whenever significant changes are made to the process for compliance concern submissions, education, training, encouragement, and advice to report incidents of non-compliance.
  - f. Member Handbooks, Evidence of Coverage (EOCs), and newsletters.
  - g. Provider Manuals, newsletters, and bulletins.
  - h. Publication of Compliance Hotline on internal and external websites.
  - i. An annual survey to assess compliance effectiveness and act as a reminder of available reporting mechanisms.

## 2. Confidential/Anonymous Reporting Mechanisms

- a. Team Members can make reports directly through Supervisors, Managers, Directors, Chief Officers, Human Resources, and/or the Compliance Department.
- b. Open channels of communication are available throughout the organization, including the CEO open-door policy for all Team Members.
- c. A 24/7 Compliance Hotline, Microsoft Form, and a dedicated Compliance Department fax and email address for confidential reporting are available to Team Members, Members, Providers, Business Associates, first-tier, downstream entities, and any individual/entity with a compliance concern. The 24/7 Compliance hotline calls and the Microsoft Form may be completed anonymously.

## 3. Documentation/Tracking of Compliance Related Issues

- a. The Compliance Department maintains a log of Hotline calls with response and resolution outcomes. A report of Hotline usage is provided quarterly to the Compliance Committee and the Board.
- b. Risk Assessments and State and CMS reports are maintained in the Compliance Department as are the results of investigations and corrective actions implemented.
- c. Reports of Team Member compliance disciplinary actions are maintained in the confidential files of the Human Resources Department.
- d. Fraud, Waste, and Abuse and HIPAA breach data is entered into a compliance database with quarterly reporting to the Compliance Committee and the Board; annual reporting to DMHC and CMS.
- e. Confidential medical information breach reporting to the State agencies, the Federal Office of Civil Rights and/or the Federal Department of HHS in compliance with the reporting requirements of each agency.
- f. The Compliance Department maintains a log of Member discrimination allegations reported to the Department by Grievance and Appeals. Allegations of discrimination based on

race, ethnicity, national origin, religion, sex, age, mental or physical disability or mental condition, sexual orientation, claims experience, medical history, evidence of insurability (including conditions arising out of acts of domestic violence, disability, genetic information, or source of payment are addressed.

- g. Allegations of Member discrimination are reviewed by the Chief Compliance Officer or a designee. Criteria used to determine the substantiation of discrimination include, but are not limited to, the specificity of the allegation; the behavior displayed that led to the allegation; and the provider's history relative to the number of previous and/or current discrimination allegations. Allegations that are substantiated will be referred to a Medical Director for peer review action and to regulatory bodies in compliance with contractual requirements.

#### D. Ongoing Education and Training

1. Ongoing Education and Training related to Nivano Physicians compliance policies, contract and regulatory/legislative requirements is provided to the Board, Chief Officers, all temporary and permanent Team Members (includes all levels), business associates, first-tier, and downstream entities.
2. Board training is provided by the Chief Compliance Officer upon initial appointment and annually thereafter.
3. Training is provided upon initial employment, whenever significant changes are made to the Compliance Program, upon changes in regulatory or contractual requirements, as legislative updates, and on an annual basis related to specific job-related functions. Training includes:
  - a. Reinforcement of the organization's commitment to compliance.
  - b. Content and changes in the Nivano Compliance Plan.
  - c. Privacy/confidentiality issues, regulatory updates, and recent health care compliance related adverse actions such as penalties and settlements.
  - d. Fraud, waste, and abuse issues.
  - e. Laws that may directly impact their job-related functions such as anti-kickback laws, privacy breaches, the False Claims Act, and the consequences of non-compliance.

- f. Changes in contractual and regulatory requirements and updates on the consequences of non-compliance with these requirements.
  - g. Responsibilities to report concerns or misconduct.
  - h. After the training, a written test will be given to assess the effectiveness of the training. Team Members must achieve a score of no less than 90% or retake the training and testing.
- 4. Business associates, first-tier, and downstream entities receive annual compliance training at the time of initial contacting and annually thereafter through an internet based presentation, which measures the effectiveness of training with pre and post training testing, with the requirement to submit an attestation of attendance if they have fulfilled the Medicare training requirement with another contracted Medicare entity.
- 5. Training strategies include, but are not limited to:
  - a. On-line tutorials
  - b. Lectures and participative classroom presentations
  - c. Professional association seminars
  - d. Videos and webinars
  - e. Internal informative memos
- 6. Education/Training Enforcement
  - a. A failure to comply with these education requirements is grounds for discipline up to and including termination.
  - b. Assessments for training subjects are performed through a review of applicable OIG guidance, fraud alerts, consultation with legal counsel, identified organizational risks, changes in laws, regulations, and/or guidance.
- 7. Documentation of education/training activities is retained by sign-in forms, signed attestations, and the completion of testing results.
- 8. Contractors, business associates, first-tier, and downstream entities training includes:

- a. The requirement for compliance with all federal, state, contract, and guidance regulations/communications are acknowledged upon execution of a contract with Nivano.
- b. Identified and/or potential compliance issues are brought to the attention of individuals/entities with responsibility for the compliance related functions and services.
- c. Identified non-compliance issues are addressed directly with the responsible individual entity and on-site education and training is offered to assist in mitigating future episodes of non-compliance.
- d. Updates on current legislative changes, regulatory, contractual guidance, and significant changes to the Compliance Program are provided as applicable.
- e. Contractors, business associates, first-tier, and downstream entities training strategies include, but are not limited to:
  1. Nivano Physicians training
  2. Newsletters
  3. Provider Manuals and on-site presentations of the Manual to explain content
  4. On-site education and training tailored to the attendee's business and/or identified non-compliance
  5. External website training information

#### E. Ongoing Monitoring and Auditing

1. Nivano Physicians has developed a monitoring and auditing component of the Compliance Program to test and confirm compliance across functional areas with contractual, legal, and regulatory requirements. The monitoring and auditing processes are documented to show subject, method, and frequency.
  - a. For the purpose of this Program auditing refers to a formal review of compliance with a specific set of internal and/or external standards. Audits may be proactive, such as those which occur prior to billing; retrospective, such as those which occur after billing; as a result of organizational history; and/or a baseline, in which the initial audit results in a series of identical audits in order to compare baseline data against progress to achieve a measurable objective.

- b. Risk assessments are broad-based audits used to identify opportunities for improvement. Areas selected for risk assessments include the results of past internal and/or external reviews, Member/Provider satisfaction surveys, Member/Provider complaints and grievances, payment denial logs, issues identified in data mining, and regulatory and government issuances such as the OIG annual work plan, DHCS All Plan Letters, fraud alerts, HPMS Memos, Medicare Manuals, and other guidance information sources.
- c. Nivano utilizes both internal and external resources to conduct the audit program. It is the organization's expectation that the Team Members responsible for the audit content cooperate with the audit process by providing access to documents and other requested information.
- d. For the purpose of this Program monitoring refers to reviews that are repeated on a regular basis during the normal course of business. Areas selected for monitoring include progress subsequent to a corrective action plan, preventive risk measure, risk areas that are generic to all health care plans, issues previously discovered and corrected by the Compliance Program, and reviews of sustained compliance with the internal and/or external components of the Compliance Program.
- e. Methods of review include, but are not limited to:
  - 1. Provider/Contractor entity site visits
  - 2. Provider/Contractor initial contract and annual Medical Management Audits
  - 3. External reviews of medical and financial records that support claims for reimbursement and Medicare cost reports
  - 4. Questionnaires and survey results
  - 5. Team Member interviews
- f. Adverse findings routinely require corrective action plans, designed to identify the root cause of compliance failures, to implement actions directed at improving performance and/or eliminating risk, and to ensure that desired results are being sustained. Follow-up auditing and/or monitoring is conducted to assess the effectiveness of these processes.

- g. Nivano has established a fraud, waste, and abuse plan to:
  - 1. Organize and implement a strategy to identify suspected cases of fraud, waste, and abuse to reduce costs caused by fraudulent and abusive activity to the State and Federal Government, Nivano, and its Providers, Members, and others.
  - 2. Support the organization's commitment to comply with all applicable state and federal standards.
  - 3. Protect Nivano and its partners in the delivery of health care services through the timely detection, investigation, and prosecution of suspected fraud.
  - 4. Establish a culture that promotes prevention, detection, and resolution of inappropriate conduct.
- h. Nivano has established a HIPAA Plan to:
  - 1. Accept and comply with a common set of general provisions and definitions related to HIPAA guidelines.
  - 2. Identify and apply any state law pre-emption requirements to HIPAA regulations.
  - 3. Establish Nivano Compliance and Enforcement procedures, based upon HIPAA standards and implementation specifications.

F. Reporting and Prompt Response to Non-Compliance and Detected Offenses

- 1. When potential and/or actual non-compliance is reported or suspected, the following steps are taken:
  - a. The activity(ies) causing the non-compliance will be promptly halted and/or mitigated to the extent possible to prevent harm to individuals, entities, and/or Nivano.
  - b. Investigations will be promptly initiated in accordance with the Fraud, Waste, and Abuse Plan, the HIPAA Plan, the Compliance Plan, and/or in consultation with the Chief Compliance Officer who has the authority to open and close investigations.
  - c. Corrective action will be implemented as appropriate for identified non-compliance. These may include, but are not limited to:

1. Initiation of corrective action plans and/or agreements.
  2. Repayment of identified over-payments.
  3. Initiation of Task Forces to address process and/or system deficiencies that may have caused or contributed to the non-compliance.
  4. Additional education and training.
  5. Modification of policies and procedures.
  6. Discipline or termination of Team Members or contracts.
- d. Preventative measures will be implemented to avoid similar non-compliance in the future.
2. Investigations may consist of an informal inquiry or involve formal steps such as interviews and document collection, depending on the circumstances involved.
  3. Investigations are conducted in consultation with the Chief Compliance Officer who has the final authority to determine this process.
  4. Internal investigations are routinely performed by the Compliance Team and involve other Team Members who have knowledge of the non-compliant issues. Referrals to legal counsel and/or other external experts are determined by the Chief Compliance Officer.
  5. The timeliness and progress of the investigation is documented by the Compliance Team and along with any evidence obtained is safeguarded through the use of passwords and locked storage for authorized access only.
  6. Documents and evidence obtained during investigations are retained for a period of no less than ten (10) years.
  7. Reporting of these activities and their results is provided to:
    - a. The Chief Officers, appropriate Management, and the Compliance Committee
    - b. The Board if the Chief Compliance Officer deems there is a significant non-compliance finding

- c. Governmental authorities, as deemed by the Chief Compliance Officer, if there is an obligation to report misconduct that violates criminal, civil, or administrative law within a reasonable time of discovery
- d. Response to government inquiries and investigations will be coordinated by the Chief Compliance Officer.

G. Enforcement, Disciplinary Guidelines, and Prevention:

1. A screening program is in place for business partners in order to avoid relationships with individuals and/or entities that tend toward inappropriate conduct. This process includes:
  - a. Prior to hiring or contracting, and monthly thereafter, review of the Office of Inspector General's (OIG) List of Excluded Individuals and Entities (LEIE) that are excluded from participation in government health care programs.
  - b. Prior to hiring or contracting, and monthly thereafter, a monthly review of the GSA system for Award Management (SAM).
  - c. A monthly review of the Medi-Cal sanction and exclusion list.
  - d. Criminal record checks when appropriate or as required by law.
  - e. Standard reference checks, including credit for Team Members.
  - f. Review of the National Practitioner Databank (NPDB).
  - g. Review of professional license status for sanctions and/or adverse actions.
2. Disciplinary policies and procedures for Team Members are developed and implemented by the Human Resources Department in collaboration with the Chief Compliance Officer.
3. Contract language relative to compliance requirements is written in collaboration with the Chief Compliance Officer and/or their designee.
4. Credentialing policies and procedures are developed and implemented by the Credentialing Department under the direction of the Credentialing Committee and with the collaboration of the Chief Compliance Officer and/or their designee.

5. A process is in place to communicate enforcement and disciplinary standards to Team Members and business associates. The process includes:
  - a. Education and training emphasizing that Team Members and business associates are expected to report suspected incidence of unlawful conduct and non-compliance.
  - b. A well-publicized policy that violation of compliance standards may result in disciplinary actions up to, and including, termination of employment and/or contracts.
  - c. Examples of non-compliance or unethical behavior includes, but are not limited to, the following:
    1. Ethical violations
    2. Wrongful discharge
    3. Unsafe working conditions
    4. Internal controls
    5. Quality of service
    6. Vandalism and sabotage
    7. Sexual harassment
    8. Theft and embezzlement
    9. Discrimination
    10. Conduct violations or improper conduct
    11. Alcohol and substance abuse
    12. Threats
    13. Fraud, Waste, and Abuse
    14. Bribery and kickbacks
    15. Conflict of interest
    16. Violation of company policy
    17. Violation of the law

18. Misuse of company property

19. Falsification of contract, reports, or records

6. Disciplinary actions may be recommended/taken by:

- a. The Chief Executive Officer
- b. Human Resources Department
- c. The Compliance Committee

#### H. Assessment of Compliance Effectiveness

1. Written Policies and Procedures and Standards of Conduct.

- a. Policies and procedures are comprehensive, understandable, and capable of being fully applied.
- b. Policies and procedure requirements have been communicated to Team Members and are accessible internally.
- c. Team Members acknowledge training on The Code of Conduct requirements in writing upon initial employment and annually thereafter.
- d. Board Members acknowledge The Code of Conduct through an annual approval process.
- e. Policies and procedures have been reviewed annually and revised in accordance with changes in compliance requirements and/or corrective actions for identified compliance issues.

2. Designation of a Chief Compliance Officer and High-Level Oversight

- a. Team Members can identify the individual within the organization who acts as the Chief Compliance Officer.
- b. The Compliance Committee oversees the compliance activities and results as evidenced in the quarterly Compliance Committee Minutes.
- c. Senior Management is informed of compliance activities and identified risk issues as evidence by their attendance at the Compliance Committee.

- d. The Board receives a report of compliance activities and identified risk issues as evidence by the Board Minutes.
3. Effective Lines of Communication
- a. Team Members are surveyed to evaluate their satisfaction with the Compliance Program and their knowledge of the reporting mechanisms.
  - b. Potential compliance issues are being reported and reviewed by the Chief Compliance Officer and/or the Compliance Committee as evidenced by the presence/absence of reporting and the Committee Minutes.
  - c. All potential compliance reporting mechanisms, including but not limited to, the Compliance Hotline, Microsoft Form, Compliance Email, and Compliance Fax are tested on a quarterly basis to ensure they are working properly.
4. Ongoing Education and Training
- a. There is documentation that training, and education of Team Members has occurred.
  - b. Team Members have passed the post training test with a score of 90% or better, or if not, have retaken the training and testing modules and received a passing score of no lower than 90%. Team Members who do not achieve this passing level after retraining are referred to management for appropriate intervention.
  - c. Nivano has documentation that proves that The Code of Conduct, Fraud, Waste, and Abuse P&P, and the HIPAA P&P have been made available to all Team Members.
  - d. There is documentation in Team Members files showing discipline for Team Members who do not complete training or who do not return the receipt of The Code of Conduct.
5. Auditing and Monitoring
- a. There is a regular auditing and monitoring program in place that is consistent with Nivano's scope of business operations.
  - b. The Board is notified if significant issues were identified through this process.

- c. If appropriate, government agencies were notified of adverse findings in a timely manner.
  - d. When required, written corrective action plans have been produced and followed when adverse findings were made.
  - e. There is evidence that overpayments have been promptly refunded in compliance with policies and procedures.
  - f. There is evidence that analysis of the results of repeat audits indicate improvement following implementation of corrective actions.
- 6. Reporting and Prompt Response to Non-Compliance and Detected Offenses
  - a. Ongoing harm is halted or mitigated promptly upon discovery of confirmed non-compliance.
  - b. Corrective action responses to investigations are consistent with legal and relevant regulatory agency requirements.
  - c. Monitoring efforts indicate that the preventative measures taken in response to non-compliance are effective in eliminating future instances of similar non-compliance.
- 7. Enforcement, Disciplinary Guidelines, and Prevention
  - a. Nivano has policies and procedures addressing enforcement of compliance standards and discipline of individuals/entities that violate them.
  - b. Business partners are screened before initiating a relationship and monthly thereafter to assure that they have not been excluded by the OIG, Medicaid, and/or Medicare.
  - c. Enforcement and disciplinary standards are communicated throughout the organization.
  - d. Audit recommendations are implemented timely and to the satisfaction of the auditing entity.

**RECORD OF CHANGES:**

Complete the table below when making any changes to the Policy and Procedure. All columns are mandatory. The record of changes went into effect on 11/1/2022.

| <b>Version Number</b> | <b>Date</b> | <b>Revised Section</b> | <b>Revised/Reviewed By</b> | <b>Description of Change</b>                                          |
|-----------------------|-------------|------------------------|----------------------------|-----------------------------------------------------------------------|
| V1                    | 01.01.2018  | All                    |                            | P&P Creation                                                          |
| V2                    | 12.02.2019  |                        |                            | Undocumented changes                                                  |
| V3                    | 12.05.2022  | All;<br>IV,H,3,c       | Linette Hughes             | All) Updated to the new P&P template<br>IV,H,3,c) Added this section. |
| V3                    | 12.14.2022  |                        | Compliance Committee       | Compliance committee reviewed and approved                            |
| V3                    | 07.14.2023  |                        | Linette Hughes             | Reviewed, no changes needed.                                          |
|                       |             |                        |                            |                                                                       |
|                       |             |                        |                            |                                                                       |