



CORPORATE COMPLIANCE

GENERAL COMPLIANCE

BUSINESS PARTNERS AND HEALTH CARE PROVIDERS DISCIPLINARY STANDARDS POLICY

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Approvals <p> DocuSigned by: <u>James Gentile</u> Date: <u>12/23/2022</u> Signature Policy Owner: _____ Policy Owner Printed Name: James Gentile, Senior Vice President, Chief Compliance Officer </p> <p> DocuSigned by: <u>Richard Burke</u> Date: <u>12/22/2022</u> Signature Senior Leader: _____ Senior Leader Printed Name: Richard Burke, President & CEO </p>	

I. PURPOSE

The purpose of this policy is to provide disciplinary standards for business partners and health care providers who have or may have violated State and/or Federal law or regulation, the business

Partners and Health Care Providers Code of Conduct (“the Code”), or its contractual obligations with Fallon Health or its subsidiaries.

II. SCOPE

This policy applies to the oversight and disciplinary actions associated with business partners and health care providers who have or may have violated State and/or Federal law or regulation, the Code, or its contractual obligations with Fallon Health or its subsidiaries.

III. RESPONSIBILITY

The Senior Vice President, Chief Compliance Officer is the owner of this policy. As such, it is the Chief Compliance Officer’s, or their designee’s, responsibility to provide guidance and oversight on the implementation of this policy, and to monitor compliance with this policy.

This policy shall be reviewed by the Government Programs Vendor Oversight Committee annually or as needed.

IV. DEFINITIONS

The Centers for Medicare & Medicaid (CMS): The federal agency within the United States Department of Health and Human Services (HHS) that administers the Medicare program and works in partnership with state governments to administer Medicaid.

Business Partners and Health Care Providers: Any non-employee contracted, directly or indirectly, to perform a business function or provide goods or a service for or on Fallon Health’s behalf. Examples are delegated and non-delegated health care providers, delegated entities, pharmacies, sales agents, sales agencies, vendors, and suppliers of administrative goods and/or services, contractors and delegates. Providers, vendors and suppliers are considered Business Partners and may also be identified as an FDR, Material Subcontractor, or PACE Contractor.

Contracted Vendor/Employee (PACE): Any party, and their employees, that enters into a written arrangement with a PACE organization to provide services on behalf of the PACE organization. This specifically includes vendors whose employees provide direct participant care, like home health aides and transportation drivers. It also includes individuals hired on contract basis to provide direct participant care but whom are not considered employees of the PACE organization. It does not include institutional providers (e.g., hospitals, assisted and skilled nursing facilities).

Downstream Entity (Medicare Advantage): Any party that enters into a written arrangement, acceptable to CMS, with persons or entities involved with the Medicare Advantage benefit, below the level of the arrangement between an Medicare Advantage Organization (MAO) and a first tier entity. These written arrangements continue down to the level of the ultimate provider of both health and administrative services.

First Tier Entity (Medicare Advantage): Any party that enters into a written arrangement, acceptable to CMS, with an MAO or applicant to provide administrative services or health care services for a Medicare eligible individual under the MA program.

FDR (Medicare Advantage): A first tier, downstream, or related entity of an MAO. This is a contracted entity that supports the MAO's business. Please refer to the separate definitions of First Tier, Downstream, and Related Entity.

Material Subcontractor (ACO/SCO): Any entity from which the Contractor procures, re-procures, or proposes to subcontract with, for the provision of all, or part, of its Administrative Services for any program area or function that relates to the delivery of Managed Care Organization Covered Services including, but not limited to, behavioral health, claims processing, care management, utilization management or pharmacy benefits, including specialty pharmacy providers.

Related Entity (Medicare Advantage): Any party that is related to the MAO by common ownership or control and performs some of the MAO's management functions under contract or delegation, furnishes services to Medicare enrollees under an oral or written agreement, or leases real property or sells materials to the MAO at a cost of more than \$2,500 during a contract period.

V. DESCRIPTION

Business partners and health care providers must comply with all applicable State and Federal laws, regulations and communications, adhere to their contractual obligations and comply with the terms of the Code.

To meet these requirements, business partners and health care providers have the following responsibilities:

1. Comply with the terms of their contract with Fallon Health, the Business Associate Agreement (BAA), and any and all additional addendums signed like the Government Programs Addendum (GPA), which includes, but is not limited to:
 - Monthly exclusion screenings for all employees, providers, vendors, and members of the governing body;
 - Record retention equal to or greater than that of CMS;
 - Oversight of downstream entities;
 - Cooperation with Plan or agency audit requests;
 - Adherence to Health Insurance Portability and Accountability Act (HIPAA) privacy and security regulations
2. Comply with all applicable Federal and State laws, regulations, and instructions
3. Implement an effective compliance program;
4. Report all potential non-compliance and FWA violations relating to Fallon Health's business, including unethical or illegal behavior as noted in the Business Partners and Health Care Providers Code of Conduct.
5. Adhere to the terms of the Code.

Additionally, FDRs must also comply with the following requirements:

1. Participate in compliance trainings as required by CMS;
2. Notify Fallon Health in writing of any plans to offshore protected health information;
3. Submit monthly attestations of their exclusion screening activities; and
4. Complete any and all monitoring and auditing activities as required by Fallon Health.

If it is determined that a business partner or health care provider is not meeting compliance requirements, performing effectively as outlined in their contract or is in violation of the Code, appropriate action will be taken in accordance to the nature of the violation. Action may include training and education, corrective action, contract termination, and/or reporting of non-compliant, unethical, or illegal behavior to the appropriate government agency.

Fallon Health's disciplinary standards are publicized on an ongoing basis, no less than annually, via electronic communication and Fallon Health's website.

VI. REFERENCES

CMS Medicare Managed Care Manual, Chapter 21; CMS Prescription Drug Manual, Chapter 9; CMS Disciplinary Standards as defined in §§422.503(b)(4)(vi)(E); MassHealth Accountable Care Organization Contract by and Between the Executive Office of Health and Human Services and Fallon Community Health Plan; Programs of All-Inclusive Care for the Elderly (PACE) Manual; MassHealth Senior Care Options Contract by and Between the Executive Office of Health and Human Services and Fallon Community Health Plan, Appendix C; New York State MLTC Partial Capitation Contract; New York State PACE Model Contract Requirements

VII. DOCUMENTATION REFERENCED

102.17.01PR Business Partners and Health Care Providers Disciplinary Standards and Process