



2019 Compliance Plan

Vantage Health Plan, Inc.

From the Office of the President & CEO

Introductory Statement to the Vantage Compliance Plan

The Vantage Compliance Plan is to provide a clear mandate for all Vantage employees and first tier, downstream, and related entities (FDRs) to follow regarding the company's compliance, ethical and professional standards. The Vantage Compliance Plan will enforce the highest standards of ethics and conduct.

The rules governing the healthcare industry are unusually complex. Activities that may be perfectly legal in other industries may be crimes when executed in the health care or health insurance industry. Both Vantage and its employees or its FDRs could face substantial penalties, including civil and criminal penalties, for compliance violations or violations of the law. To help our employees and FDRs deal with the complexity of the rules and regulations of our healthcare industry, we have developed this comprehensive Compliance Plan that addresses compliance issues throughout the organization.

The Vantage Compliance Plan provides general guidelines to help employees and FDRs understand how Vantage desires to conduct business. Though every possible situation cannot be covered in this document, the Compliance Plan serves to govern the conduct of all Vantage employees and FDRs. Employees or FDRs who observe another employee, FDRs or other individuals violating Vantage's conduct requirements should follow the described process to report the violation. Vantage will not tolerate any form of retaliation against a person who reports a compliance violation in good faith.

Your knowledge of, and dedication to these standards, will allow us to serve our members in a professional, caring and compliant manner.

Thank you,

P. Gary Jones, M.D.
President & CEO

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Vantage Compliance Program Overview

The Vantage Health Plan Compliance Plan (“Plan”) is designed to promote adherence to appropriate standards of business conduct throughout all aspects of Vantage’s operation and to ensure compliance with applicable federal and state regulatory obligations by it and its employees (executive, management, and support staff), partners, vendors, independent agents, independent brokers and its first-tier entities, downstream entities, and related entities (FDRs). The Plan has been developed to ensure Vantage’s Compliance Program is effectively operational. The Plan and the ongoing efforts to implement it may be referred to as the “Compliance Program”

The Plan is designed with direct reference to the compliance elements recommended in the U.S. Office of Inspector General’s (OIG’s) Compliance Program Guidance, Vol. 64, No. 219 of the Federal Register dated November 15, 1999, and in the Prescription Drug Benefit Manual, Chapter 9 –Compliance Program Guidelines, published by the Centers for Medicare and Medicaid Services (CMS).

Compliance is the establishment of activities, practices or policies in accordance with the requirements or expectations of an external authority. In managed care, it means meeting the expectations of those who regulate Vantage’s business. The best approach to compliance is to take a proactive stance in meeting our regulatory obligations on a day-to-day basis. An effective Compliance Program must be backed up with solid, ongoing management and organizational processes to prevent, detect and correct violations of federal and state requirements.

Vantage has created this Plan to enforce its commitment to federal and state regulatory obligations. This Plan encompasses both Medicare Parts C and D, the Marketplace and Commercial lines of business. Vantage maintains the highest standards of business and personal ethical conduct. The Plan outlines the organization’s Compliance Program, which promotes moral and ethical integrity. Vantage will take immediate steps to correct any violations of the Plan, including but not limited to imposing appropriate disciplinary actions and implementing corrective measures to prevent future violations. This Compliance Program is one of the key components of our commitment to the highest standards of corporate conduct.

This Compliance Plan is not merely a legal document; it is a process created as part of our culture. Effective compliance requires a partnership between Vantage and every employee and all FDRs. As partners, both Vantage and its employees and FDRs have certain responsibilities. For example, Vantage must make every reasonable effort to provide employees and FDRs with access to information about the laws that govern the operation of Vantage as a Health Maintenance Organization providing Commercial, Qualified Health Plans (“QHP” or “Marketplace”) and Medicare Advantage products. Similarly, employees and FDRs must make every effort to understand the rules. Thus, there will be periodic training programs that focus on compliance issues and changes in the law. Employees and FDRs may be required to participate in all such training sessions.

Employees and FDRs may also be asked to certify that they have received and read written materials describing various laws and policies including this Plan.

The support of this Plan is found at the highest level – Vantage Health Plan’s Board of Directors. On at least an annual basis, the Compliance Committee reviews and updates the Plan as necessary. Any changes, including any regulatory or statutory updates, are presented to the Vantage’s Board for approval.

This Compliance Plan adheres to all applicable state and federal laws, regulations and guidance. This Plan is being implemented and adhered to by Vantage. The Compliance Committee and Compliance staff ensure that appropriate processes are in place to maintain adherence with applicable regulations and guidelines, as well as to prevent fraud, waste, and abuse (FWA). Vantage shall inform the Louisiana Department of Insurance (LDOI), CMS and any other applicable regulatory entity of any significant changes to Vantage’s organizational chart, which is attached to this Plan. Furthermore, Vantage will also notify and obtain approval from LDOI, CMS and any other applicable regulatory entity of any change in ownership that would materially affect Vantage, its members and/or providers.

The Compliance Department is involved in the day-to-day operations, plan and benefit administration, audit and reporting processes for Vantage’s Medicare Advantage, Commercial and Marketplace products. The Compliance Department uses inter-departmental meetings, verbal and written communication, audits and project oversight to create and sustain processes to improve Vantage operations. Company-wide, the Compliance Department and the Legal Department are utilized as resources for state and federal guidance while also assisting in the implementation and oversight of new and existing processes to meet and exceed government requirements. Audits and ongoing oversight of these processes instill a culture of compliance and adherence to best practices.

Vantage’s Commercial line of business includes the Marketplace products. While some regulations and requirements differ between the Commercial and Marketplace product lines, there are many similarities between the two. For example, Vantage has incorporated much of CMS’s Marketplace enrollment, eligibility, member services, marketing and accounting practices into its Commercial business practices. Vantage’s Director of Compliance is responsible for the oversight of the Commercial and Marketplace product lines. The Compliance efforts for the Commercial and Marketplace product lines rely on both CMS and state rules and regulations.

The Medicare Advantage product line is the responsibility of the Medicare Compliance Officer. The Medicare Compliance Officer works closely with the Director of Compliance and departments within Vantage to ensure that CMS requirements are maintained or exceeded. The Compliance efforts for the Medicare product line relies on CMS rules and regulations.

The Compliance Committee collaborates and shares ideas that apply across product lines. It is a common occurrence that a Medicare audit can easily be used for the Marketplace product or a Marketplace policy can also apply to the Commercial product line. Employees are encouraged to use the Compliance Department as a resource for state and federal expectations, best business practices and general privacy, FWA and legal questions.

It may be challenging for employees and/or FDRs to determine whether an activity is legal. Vantage does not expect employees and/or FDRs to perform legal analysis. Instead, employees and/or FDRs are expected to exercise their best judgment and to share any concerns or doubts they may have to an appropriate supervisor or point of contact. Whenever employees are asked to undertake a new activity, they will be advised to consider whether it raises any potential compliance issues and whether it is appropriate to contact the Vantage's Medicare Compliance Officer or Director of Compliance. Vantage's General Counsel is responsible for providing legal advice to the Vantage organization.

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Mission Statement

Vantage Health Plan, Inc. (“Vantage”) strives to be a health care innovator by proactively seeking opportunities to improve the quality of health care while balancing the cost of that care.

We are committed to service. We believe our employees, members, and providers deserve and expect honesty, integrity, quality, and excellence in an insurance company. We believe outstanding customer service is achieved by continually working to improve oneself and the health care products provided.

We are committed to strength. We’re strong to keep you strong. We believe in providing our members with wellness and preventive services to promote health. We strive not only to offer quality health care, but a higher quality of life as a result of that health care.

We are committed to satisfaction. We believe communication must be clear to all for proper expectations to be met. Only with the understanding of one’s health insurance coverage can proper expectations be made and satisfaction obtained. It is the goal and desire of every employee to provide excellent customer service thereby achieving member and provider satisfaction.

We are committed to solutions. We believe that for every challenge there is a win-win solution. We believe that a strong provider network and a variety of products are needed to meet the needs of our community and to provide quality health care.

We are committed to success! We believe that companies don’t succeed, people do! You make Vantage possible. Therefore, it is our mission to help you succeed by providing exceptional service, rock-solid strength, customer satisfaction, and innovative solutions for their health care coverage needs.

Statement of Corporate Policy

1. It is the policy of Vantage to obey all federal, state, and local laws including all regulations.
2. Every employee and/or FDR must make every reasonable effort to be aware of, and comply with, all laws and regulations pertaining to Vantage's Commercial, Marketplace and Medicare Advantage products.
3. Every employee and/or FDR must make every reasonable effort to ensure that other employees and/or FDRs comply with the law.
4. Every employee and/or FDR has the obligation to report to the Director of Compliance or the Medicare Compliance Officer any activity that the employee or FDR suspects, or reasonably should suspect, violates any law, regulation or rule.
5. Every employee and/or FDR is required to cooperate with any audit performed by, or on behalf of, Vantage to review their compliance with Vantage's corporate policy.
6. No employee and/or FDR may discriminate or retaliate against another employee and/or FDR who has, in good faith, complied with the requirements of the Compliance Plan by reporting his or her concerns to a supervisor or the appropriate Compliance Officer, depending on the product line involved.
7. Currently Vantage's Compliance leadership consists of: Joel Wiedeman, Director of Compliance; Sally Knight-Rainer, Medicare Compliance Officer; and Robert Bozeman, General Counsel and Privacy Officer.

Compliance Plan Regulations

As described in the Code of Federal Regulations (CFR) 422.503(b)(4)(vi), an organization's compliance plan, at a minimum, must include the following elements:

- Written policies, procedures, and *Code of Conduct* that address Part C and Part D issues and which articulate Vantage's commitment to comply with all applicable federal and state standards.
- The designation of Compliance Officer and a Compliance Committee which are accountable to the Board of Directors and Executive staff.
- Effective training and education between the Compliance Officer and the organization's employees.
- Effective lines of communication between the Compliance Officer and the organization's employees.
- Enforcement of standards through well-publicized disciplinary guidelines.
- Procedures for internal monitoring and auditing.
- Provisions for ensuring prompt response to detected offenses and development of corrective action initiatives.

Another important element of Vantage's Compliance Plan is a comprehensive fraud, waste and abuse plan as listed in the Prescription Drug Benefit Manual, Chapter 9 – Compliance Program Guidelines. Vantage has created a separate document to address the requirements of the fraud, waste and abuse component. It is titled as the *Vantage Health Plan Fraud Waste and Abuse Program*. It is described in more detail below.

Vantage also complies with additional laws and regulations designed to promote adherence to appropriate standards of business conduct and to detect, correct, and prevent fraud, waste and abuse in its various operations. These include, but are not limited to:

- Social Security Act, ss. 1128, 1902, 1903, and 1932
- Code of Federal Regulations – specifically, 42 C.F.R. § 423.504(b)(4)(vi)(A), 42 C.F.R. § 423.504(b)(4)(vi)(B), 42 C.F.R. § 423.504(b)(4)(vi)(C), 42 C.F.R. § 423.504(b)(4)(vi)(D), 42 C.F.R. § 423.504(b)(4)(vi)(E), 42 C.F.R. § 423.504(b)(4)(vi)(F), 42 C.F.R. § 423.504(b)(4)(vi)(G), 42 C.F.R. § 423.503(b)(4)(vi)(A), 42 C.F.R. § 423.503(b)(4)(vi)(B), 42 C.F.R. § 423.503(b)(4)(vi)(C), 42 C.F.R. § 423.503(b)(4)(vi)(D), 42 C.F.R. § 423.503(b)(4)(vi)(E), 42 C.F.R. § 423.503(b)(4)(vi)(F), 42 C.F.R. § 423.503(b)(4)(vi)(G), 42 C.F.R. § 423.504(b)(4)(vi)(H); 45 C.F.R. Part 74; 45 CFR 164.530; 42 C.F.R. § 400, 403, 411, 417, 422, 423, 431, 433, 434, 435, 438, 441, 447, 455, 1001, and 1manual003
- Federal and State False Claims Acts
- Anti-Kickback Statute
- Prohibition on inducements to beneficiaries
- Health Insurance Portability and Accountability Act (HIPAA)

- Health Information Technology for Economic and Clinical Health (HITECH)
- Louisiana Statutes, Title 22, Chapter 2, Part III, Subpart A; Section 572.1
- Applicable state and federal civil and criminal statutes
- Prescription Drug Benefit Manual, Chapter 9
- All sub-regulatory guidance produced by CMS for Part C and Part D such as manuals, training materials, and guides
- All sub-regulatory guidance produced by CMS for insurers
- Applicable Civil Monetary Penalties and Exclusions
- Applicable provisions of the Federal Food, Drug and Cosmetic Act
- Contractual commitments with CMS and the Louisiana Department of Insurance
- State Laws, in addition to Louisiana, which may govern an affiliated Vantage entity doing business outside of Louisiana.

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Compliance Program Goals

The purpose of our Compliance Program is to promote sound business practices and prevent and detect violations of federal and state regulations and/or company policy.

The core goals of the Program include:

- Ensuring the ongoing commitment of the Board of Directors to the Compliance Program, including the Board of Directors' commitment to provide sufficient resources for the effective implementation of the program as well as the activities of the Compliance Officer and the Compliance Committee.
- Ensuring that the Board of Directors, which is the governing body for Vantage, shall be knowledgeable of the content, structure, and administration of Vantage's Compliance Program and shall exercise reasonable oversight regarding the implementation and effectiveness of the Compliance Program.
- Ensuring that the *Code of Conduct* is acknowledged and adhered to by all employees, FDRs, and the Board of Directors of Vantage.
- Development and revision of compliance policies and procedures as required by regulatory authorities, including approval by executive staff (President/CEO, Executive Vice President, CFO, CIO, General Counsel) and/or the Board of Directors and dissemination to employees through training.
- Maintenance of effective channels of communication within Vantage for the reporting of suspected violations of the organization's *Code of Conduct*, policies and procedures, contractual requirements, and/or any suspected action of fraud, waste, and abuse, without fear of reprisal for good faith reporting.
- Prompt investigation of all credible reports of suspected violations and violations reported to Vantage by regulatory agencies, including use of appropriate tracking methods and reporting requirements.
- Implementation of routine audits of Vantage's operations to assess compliance with applicable established state and federal regulatory requirements.
- Enforcement of disciplinary actions for violations of Vantage's policies and procedures and regulatory standards.
- Ensuring Vantage provides compliance training and fraud, waste and abuse (FWA) training to all its FDRs, whether directly or indirectly.

Compliance as an Element of Performance

Vantage reviews compliance as an element of performance for employees and first tier, related and downstream entities (FDRs).

Employees

Vantage requires the promotion of, and adherence to, the elements of the Compliance Plan by employees, and adherence to the Compliance Plan is a factor considered during employee performance evaluations. To assist employees with understanding their responsibilities associated with compliance, employees undergo initial and annual training in compliance policies and procedures.

The Director of Compliance, or designee, will complete the following during New Hire Orientation: 1) discuss compliance policies and procedures applicable to the employee; and 2) inform all employees that compliance with policies and procedures is a condition of employment; and 3) disclose to all employees that Vantage will take disciplinary action up to and including termination for violation of policies and procedures.

Executive staff, department directors, and department supervisors will be held accountable for failure to detect non-compliance with applicable policies and legal requirements where reasonable diligence on the part of the manager or supervisor should have led to the discovery of the non-compliant behavior by the employee.

Insurance Producers (Agents and/or Brokers)

Vantage employed producers are expected to make Vantage's health insurance products available to all potential members in a manner that is complete, fair, and accurate. Producers will support all prospective policyholders in making decisions about their health care coverage in a manner that best meets the prospective policyholder's needs.

As business associates of Vantage, producers who sell Commercial, Marketplace and Medicare Advantage plans, are expected to comply with all the terms and conditions of the Vantage Compliance Program, Centers for Medicare and Medicaid Services (CMS) marketing regulations, HIPAA, and applicable state and federal regulations. To ensure compliance, Vantage has a sales audit process that ensures producers selling Medicare Advantage plans meet all CMS requirements, in accordance with Chapter 3 of the Medicare Managed Care Manual (Communications and Marketing Guidelines). Vantage also has a sales audit process that will ensure producers providing guidance for Healthcare Marketplace products meet all CMS requirements, including training and testing on Marketplace regulations.

Vantage's Compliance Department will perform sales audits on Medicare Advantage applications. The audits will be accomplished via review of enrollment applications submitted by producers; review of welcome calls to all new MAPD policyholders to ensure

they understand the product and were treated in a fair manner during the sales process, and periodic in-person monitoring of sales calls.

As part of the Vantage producer certification process to sell Medicare Advantage products, producers will be required to undergo compliance training and pass a marketing compliance certification examination (with a minimum passing score of 85%) annually. The Medicare Compliance Officer and Director of Marketing are jointly accountable for all aspects of the Medicare producer training and certification program. For those producers who sell only Marketplace plans, they must complete training through the CMS portal. Any marketing-related violation will be reported to the Medicare Compliance Officer and/or the Director of Compliance and depending upon the violation disciplinary action, leading up to and including suspension and/or termination, may be imposed.

First Tier Downstream and Related Entities (FDRs)

Vantage contracts with First Tier, Downstream, and Related Entities (FDRs) to provide services to administer and support Vantage's operations of all product lines. FDRs must abide by Vantage's Compliance Plan and *Code of Conduct*. Vantage may provide training in Compliance Plan requirements, HIPAA Security and Privacy, and fraud, waste and abuse (FWA) as needed. FDRs must complete the Vantage Business Associate Agreement (BAA). Any required contracting documents must be completed by both parties prior to accessing any Vantage member information and/or acting on behalf of Vantage. FDRs servicing Vantage's Medicare Advantage line of business will be required to attest to Vantage's First Tier, Downstream and Related Entities Medicare Compliance Guide and provide evidence of compliance upon request.

FDRs are reviewed against the Office of Inspector General (OIG) and the Systems for Award Management (SAM) exclusion lists prior to contracting and monthly thereafter. Any findings will be reported immediately to the Executive staff and actions will be taken immediately to mitigate any losses or member impact.

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Compliance Plan Components

As described in the regulatory guidance, Vantage's Compliance Plan is comprised of the following components:

- Written policies, procedures, and *Code of Conduct* that articulate the organization's commitment to comply with all applicable federal and state rules, regulations and standards.
- The designation of a Medicare Compliance Officer and a Compliance Committee which are accountable to Vantage's Board of Directors and executive staff.
- Effective training and education between the Compliance Officer and organization's employees.
- Effective lines of communication between the Compliance Officer and the organization's employees.
- Enforcement of standards through publicized disciplinary guidelines.
- Procedures for internal monitoring and auditing.
- Provisions for ensuring prompt response to potential violations and development of corrective action initiatives as needed.
- A comprehensive fraud, waste, and abuse plan.

Vantage also addresses its commitment to HIPAA regulations through policies and procedures designed and implemented by Robert Bozeman, Vantage's General Counsel, who also serves as the Privacy Officer.

Component I – Policies & Procedures and Code of Conduct

The foundation and general guidance for the Compliance Plan is through written policies and procedures. The Compliance Officer will review the Compliance Department's policies and procedures on an annual basis. Additionally, new and/or revised policies and procedures will be developed as required throughout the year to remain in compliance with requirements. The written policies, procedures, and *Code of Conduct* will include the following components:

1. Articulation of Vantage's commitment to comply with all applicable federal and state rules, regulations, and standards
2. Description of the compliance expectations as embodied in the *Code of Conduct*
3. Implementation of the Compliance Plan
4. Distribution of standards to employees and/or FDRs for addressing potential compliance issues
5. Communication of compliance issues to appropriate compliance personnel
6. Investigation and resolution of potential compliance issues
7. Inclusion of a policy of non-intimidation and non-retaliation for good faith participation in the Compliance Plan, including but not limited to good faith reporting of potential issues, investigating issues, conducting self-evaluations, audits and remedial actions and reporting to appropriate officials

Vantage's *Code of Conduct* describes Vantage's commitment to ethical behavior and reflects its commitment to operate in accordance with accepted standards of business conduct. The *Code of Conduct* is reviewed and endorsed annually by Vantage's Board of Directors. The *Code of Conduct* is written in an easily understood format. The *Code of Conduct* is Vantage's foundation for ensuring integrity in all activities undertaken on its behalf.

Employees must review and attest to the *Code of Conduct* during their initial hiring and annually thereafter. Initial attestations shall be in writing and maintained in the employee's Human Resources records. Annual attestations may be performed in Vantage's on-line tool, Policy Center. Additionally, the *Code of Conduct* is available to all employees through Policy Center for review at any time. For providers and other FDRs, the *Code of Conduct* is provided by request and on Vantage's general website (www.VantageHealthPlan.com).

Component II – Designation of Compliance Officer and Compliance Committee

The Director of Compliance and the Medicare Compliance Officer serve as the points of contact for all compliance activities within Vantage and the liaison with federal and state regulators. The Director of Compliance and the Medicare Compliance Officer are each accountable to Vantage's Board of Directors. This reporting structure will allow the Medicare Compliance Officer to function independently and objectively by reviewing and evaluating compliance issues/concerns within the organization which relate to Vantage's Medicare Advantage plans.

Vantage is required to designate a full-time employee of the organization as the Medicare Compliance Officer to oversee the Medicare Compliance Program and operational compliance of the organization.

The Medicare Compliance Officer has the following responsibilities:

- Oversee and monitor the implementation of the Compliance Plan.
- Ensure employees receive, review, and fully understand the Compliance Plan.
- Answer questions concerning compliance issues or provide a process for employees or FDRs to refer the questions to the Medicare Compliance Officer.
- Develop and facilitate educational and training programs that focus on compliance issues and ensure employees and/or FDRs are informed and comply with applicable federal and state standards and Vantage's *Code of Conduct*.
- Create policies, programs and communication materials that encourage and prompt all employees to report suspected compliance violations, fraud, waste, abuse and other potential compliance concerns. This responsibility will include communication of non-retaliation policies and protective measures for good faith reporting.

- Annually review and revise (as needed) the Compliance Plan to reflect changes in organizational needs, government policies, and procedures. Revisions and updates may also apply to the Vantage Employee Handbook as appropriate in coordination with Vantage's Human Resources Department.
- Ensure regulatory and operational documents are current and available to Vantage employees.
- Objectively and independently investigate potential compliance issues. As needed, the Medicare Compliance Officer shall facilitate an investigation and any subsequent corrective action(s) with employees and/or FDRs providing services to Vantage.
- Report program improvements and solutions to reduce Vantage's exposure to compliance violations and/or fraud, waste and abuse to the Compliance Committee on a quarterly basis or more often if needed.
- Report incidents of non-compliance including, but not limited to situations involving fraud, waste and abuse to the executive staff and/or the Vantage Board of Directors.

The Director of Compliance and the Medicare Compliance Officer and designee(s) have the authority to review all documents and other information which are relevant to compliance activities, including but not limited to: research data, member records, claims records, records concerning marketing, and FDRs. Compliance Officer responsibilities are multi-faceted, primarily concerned with assuring the organization complies with state and federal laws and regulations in accordance with contractual requirements, established policies and procedures, and the *Code of Conduct*.

Vantage's General Counsel serves as Vantage's Privacy Officer. The regulatory guidelines for designating a Privacy Officer are found at 45 CFR 164.530. The regulatory guidance identifies the roles and responsibilities of the privacy official including the following: conducting privacy training, overseeing administrative, technical and physical safeguards to protect PHI, addressing privacy-related complaints, applying appropriate disciplinary actions against employees and/or FDRs, mitigating harmful effects of the use or disclosure of PHI, protection from retaliatory actions, and revising policies and procedures as necessary to comply with changes in law.

Vantage has established a Compliance Committee which is co-chaired by the Medicare Compliance Officer and the Director of Compliance. The committee is involved in implementing, maintaining, and revising the Compliance Plan. The members of the committee include individuals with a variety of backgrounds who understand the vulnerabilities within their respective areas of expertise. The Compliance Committee annually performs a risk assessment of various operational areas to detect exposure for potential non-compliance. Furthermore, at the discretion of the Compliance Officer and/or Director of Compliance, ad hoc members may be present as required during the

committee meetings to address specific compliance concerns or compliance activities. Standing members of the Compliance Committee include the following:

Chairs	Members
Medicare Compliance Officer Director of Compliance	Chief Executive Officer
	Executive Vice President
	Chief Financial Officer
	Chief Information Officer
	Medical Director
	Director of Medical Management
	Controller
	Director of Marketing
	Director of Member Services and Commercial Enrollment
	Director of Provider Networking
	Chief Human Resources Officer
	Product Manager
	General Counsel
	Board of Directors Representative

The Compliance Committee meets quarterly or more frequently as deemed necessary. All Compliance Committee activities are recorded in minutes that are maintained in files under the direct control of the Medicare Compliance Officer. The Medicare Compliance Officer and/or the Director of Compliance shall present Compliance Committee activities to Vantage’s Board of Directors and/or CEO.

The specific responsibilities and activities of the Compliance Committee are as follows:

- Developing strategies to promote compliance and the detection of any potential violations.
- Monitoring and auditing of potential regulatory environment and specific risk areas for Vantage.
- Reviewing existing policies and procedures and assisting in the development of new policies and procedures as warranted.
- Developing the *Code of Conduct* for all staff of Vantage (executive, management, and support staff) including the facilitation of organization-wide communication regarding adherence to the *Code of Conduct*, operational policies and procedures, and state and federal laws and regulations.
- Recommending and monitoring the development of internal systems and controls to reduce compliance violations.
- Assisting with the creation and implementation of monitoring and auditing efforts.
- Ensuring compliance and fraud, waste and abuse training and education are completed as required for employees and FDRs.
- Assisting in the creation of effective corrective action plans and ensure they are implemented and monitored.

- Supporting the Director of Compliance and Medicare Compliance Officer's needs for sufficient staff and resources to carry out their duties.
- Ensuring there is a system for employees, FDRs, and members to report in good faith potential compliance violations and/or instances of fraud, waste or abuse confidentially or anonymously (if desired) without fear of retaliation.
- Reviewing and approving the Compliance Plan and other related compliance oversight activities (i.e. Medicare audit calendar) prior to the Board of Directors' endorsement.
- Ensuring that training and education are appropriately completed.
- Providing regular and ad hoc reports on the activities and status of compliance efforts, including issues identified, investigated, and resolved, to the Board of Directors.
- Ensuring that the Board of Directors is knowledgeable of the content and operations of Vantage's Compliance Program.
- Ensuring that the Board of Directors understand and exercise its responsibility to provide reasonable oversight regarding the implementation and effectiveness of the Compliance Program.

Component III – Training and Education

Education and ongoing training programs are the core elements to compliance success at Vantage. Training increases employees' knowledge of compliance and is designed to cover high risk areas. Vantage's training and education include the following components:

- A description of the Compliance Plan, including a review of compliance policies and procedures, the *Code of Conduct*, and Vantage's commitment to business ethics and compliance.
- An overview of the process to ask compliance questions, request compliance clarification or good faith reporting of potential non-compliance. Training emphasizes confidentiality, anonymity, and non-retaliation for compliance-related questions or reports of potential non-compliance.
- A review of the disciplinary guidelines for non-compliant or fraudulent behavior. Disciplinary actions may include counseling and verbal warning(s), written/formal warning(s), or possible termination when such behavior is serious or repeated or when knowledge of a possible violation is not reported.
- A review of policies related to contracting with the government, such as the laws addressing fraud and abuse or gifts and gratuities for governmental employees.
- A review of potential conflicts of interest and Vantage's disclosure/attestation documentation.
- An overview of HIPAA, the CMS Data Use Agreement, and the importance of maintaining the confidentiality of Protected Health Information ("PHI").
- An overview of the compliance monitoring and auditing efforts.

Component IV – Effective Lines of Communication

A key component to the Compliance Plan is the ability to implement effective lines of communication ensuring confidentiality between the Director of Compliance, the Medicare Compliance Officer, members of the Compliance Committee, Vantage's employees, the Board of Directors, and Vantage's FDRs.

The Medicare Compliance Officer and Director of Compliance will implement Vantage's non-retaliation policy to encourage employees and FDRs to report, in good faith, suspected or confirmed misconduct without fear of retribution. To meet the requirement of maintaining confidentiality, allowing anonymity (if desired), and ensuring non-retaliation, Vantage has instituted several avenues for reporting compliance concerns.

Joel Wiedeman is Vantage's Director of Compliance. Mr. Wiedeman provides direction and oversight of the Compliance Program. This position is responsible for ensuring the execution of the compliance initiatives for all lines of business within Vantage Health Plan. The Director of Compliance has management oversight of the compliance officers within Vantage. The following options are made available to report suspected or confirmed fraud, waste and abuse issues or other compliance concerns as they are identified:

- Compliance Hotline: 888-607-0058
- Commercial/Marketplace Compliance Fax: 318-807-1036
- Compliance Email: complianceissues@vhpla.com
- Suspected Compliance Violation Form located on Vantage's Website

Vantage's Medicare Compliance Officer is Mrs. Sally Knight-Rainer. Mrs. Knight-Rainer is the contact for reporting violations pertaining to the Medicare Advantage Plans, its members, and those producers who sell this line of business. The following options are made available to report suspected or confirmed fraud, waste and abuse issues or other compliance concerns as they are identified:

- Compliance Hotline: 888-607-0058
- Medicare Compliance Fax: 318-361-2184
- Medicare Compliance Email: complianceissues@vhpla.com
- Suspected Compliance Violation Form located on Vantage's Website

Vantage's General Counsel, Robert Bozeman, is a member of the Compliance Committee and serves as a resource for the Compliance Department. Compliance issues which involve the interpretation and/or application of federal or state law shall be directed to General Counsel for his review. General Counsel shall serve as the liaison with any federal or state law enforcement agency (civil or criminal) regarding Compliance, Privacy or other issues related to Vantage.

The Compliance Department will distribute to employees “Compliance Emails”, as appropriate. These emails are an additional avenue for the Compliance Officers to communicate important changes to regulations and processes. They also provide reminders and helpful tips for employees to perform their responsibilities in a compliant and ethical manner. Compliance emails, alerts and other compliance communications are sent to the entire organization through the company-wide email distribution.

The Compliance Plan strictly prohibits retaliation against those who, in good faith, report concerns or participate in the investigation of any compliance issues.

Component V – Enforcement of Disciplinary Standards & Guidelines

The Compliance Plan includes elements and methods of publicized disciplinary standards, including standards and disciplinary guidelines such as:

- Expectations for reporting and resolving compliance issues
- Identify noncompliant or unethical behavior
- Provide timely, consistent, and effective enforcement of the standards when noncompliant or unethical behavior is determined.

Any suspected compliance violation will be investigated by the applicable Compliance Officer and/or his/her designee. Each violation will be considered on a case-by-case basis and disciplinary actions will be imposed fairly and consistently. The disciplinary guidelines apply to employees and all FDR’s. Vantage has disciplinary guidelines that include the following steps:

- 1) Counseling and Verbal Warning
- 2) Written/Formal Warning
- 3) Suspension and Final Written Warning
- 4) Termination of Employment or Agreement

The Compliance Officers reserve the right to recommend a corrective action plan or other disciplinary actions on employees or FDR’s for committing non-compliant violations.

Following an investigation that confirms an employee has violated one or more of the elements of the *Code of Conduct* and/or Vantage’s Compliance Plan, disciplinary action will be undertaken. All acts of discipline will include consultation with the Chief Human Resources Officer. The Compliance Officers reserve the right to combine or skip levels in the disciplinary process depending upon the facts of each situation and the nature of the compliance violation. Some actions or compliance violations may subject an employee to immediate suspension or termination of employment.

In order to ensure that employees fully understand and appreciate the serious consequences of compliance violations, the disciplinary process is described in separate

compliance policies. The Employee Handbook and the initial employee compliance training also discusses the disciplinary process.

Vantage follows a similar disciplinary process for its FDRs. When a compliance issue arises with an FDR, all acts of discipline will be carried out by the Medicare Compliance Officer, Director of Compliance and appropriate parties. The Compliance Officers reserve the right to combine or skip levels in the disciplinary process depending upon the facts of each situation and the nature of the compliance violation. Some actions or compliance violations may subject a FDR to immediate termination of contract. The disciplinary process is described in separate compliance policies.

Component VI – Monitoring & Auditing

Internal monitoring and auditing provides a process to assess organizational performance with regulations, contractual agreements, and applicable state and federal laws, as well as internal policies and procedures and established performance standards. Vantage will establish and implement an effective work plan for monitoring and auditing each year to perform comprehensive internal audits to ensure compliance. The work plan is designed by performing risk assessments with Vantage's various departments to identify compliance risks. The work plan also includes those areas historically identified by regulatory agencies as high risk. The work plan will also include internal monitoring and audits and as appropriate, external audits, to evaluate Vantage's compliance with CMS requirements and the overall effectiveness of the Compliance Plan.

The Compliance Department may conduct departmental monitoring and auditing activities throughout the year. Each audit performed by the Compliance Department will identify the objectives, scope, methodology, findings, recommendations, corrective action plans, resolutions and follow-up, as applicable. Any deficiencies identified by the Compliance Department will be tracked and monitored. Where applicable, audit tools will model the CMS audit tools. Audit tools will be reviewed and updated according to current and revised guidelines. For areas where CMS has not developed or distributed audit tools, the Compliance Department may develop or purchase audit tools which incorporate CMS requirements.

The Medicare Compliance Officer and/or the Director of Compliance will report and provide updates on the monitoring results to the Compliance Committee and executive personnel. Vantage maintains ultimate responsibility for fulfilling the terms and conditions as set out in its contract(s) with CMS and its licensing obligations with the LDOI and any other applicable state regulatory agency. Vantage is liable for any failure to meet all such requirements.

Component VII – Ensuring Prompt Response & Development of Corrective Actions

The Compliance Plan has established and implemented procedures for promptly responding to compliance issues, investigating potential compliance self-evaluations and audits, correcting problems promptly and thoroughly to reduce recurrences, and ensuring

ongoing compliance with applicable federal and state requirements. The Compliance Department inquiry/investigation shall be timely and reasonable where evidence suggests misconduct. The initiating source of the inquiry may be an employee, provider or member complaint, a result of an internal audit, or other means. The Compliance Department considers the appropriate time of initiation of the inquiry to be immediate, but no later than two (2) weeks from the date the potential misconduct is identified and/or brought to the attention of the Compliance Department. Vantage ensures a prompt response to all detected offenses. Research and investigation timeframes may also be dictated by the source of the inquiry.

The inquiry is officially initiated by recording the investigation in the Compliance Log. The inquiry includes an investigation of the matter by the Medicare Compliance Officer, the Director of Compliance and/or his/her designee. These research efforts include, but are not limited to, the collection of facts, review of regulatory guidance, contact with members, and/or providers, internal requests from applicable departments, and interviews with appropriate employees.

All research, inquiries, and other investigative activities are kept as confidential as possible. Factual information is assembled, interviews conducted and recorded, and written responses obtained in order to ensure that the inquiry remains objective. Upon completing the inquiry, the Medicare Compliance Officer, Director of Compliance and/or his/her designee shall complete a written summary of the findings.

In the case of compliance violations, the applicable Compliance Officer shall prepare a corrective action plan ("CAP"). The CAP will be appropriate (i.e. repayment of overpayments, disciplinary actions against responsible employee) in response to the violation. The written corrective action plan will be presented to the Compliance Committee for review, modification, and approval. It is the responsibility of the applicable Compliance Officer to ensure that the CAP is launched, monitored, and the results reported back to the Compliance Committee within the timeframe established. All communication regarding the CAP will be in writing and maintained in the Compliance Department's files. Further, Vantage may voluntarily self-report potential fraud or misconduct to CMS, LDOI or other regulatory agency as appropriate.

Component VIII –Fraud, Waste and Abuse Program

Vantage has established a comprehensive fraud and abuse plan, respectively titled the *Vantage Health Plan Fraud, Waste and Abuse Program* ("Fraud Program"). The Fraud Program is intended to detect, prevent and control fraud, waste and abuse. The Fraud Program includes procedures to voluntarily self-report potential fraud or misconduct to the appropriate regulatory agencies.