# COMPLIANCE PROGRAM

## VERSION 10


**VERSION HISTORY**

| Version | Approved and Reviewed by | Date | Notes |
|---|---|---|---|
| 1. 2013 | CEO of ATRIO | November 2012 | In the form of a policy |
| 2. 2014 | CEO and Board | November 2013 | N/A |
| 3. 2016 | Board | December 2015 | Policy transitioned to Program Document |
| 3. 2017 | Audit and Compliance Committee | December 2016 | Version 3.0 was approved for reuse in 2017 |
| 4. 2018 | CEO and Board | December 2017 | Revised to reflect current structure |
| 5. 2019 | CEO/President and Audit and Compliance Committee | January 2019 | Updated to reflect 2019 structure and work flows. |
| 6. 2020 | President and Audit and Compliance Committee | February 2020 | Revisions per updated audit and monitoring plan |
| 7. 2021 | CEO/President and Audit and Compliance Committee | February 2021 | Review by Compliance Team with changes. |
| 8. 2022 | ATRIO Compliance Office, Internal Compliance Committee, and the Audit and Compliance Committee. | March 2022 | Review by Compliance Team. Document rewritten, condensed and brought up to date. |
| 3.2023 | ATRIO Compliance Office, Internal Compliance Committee, and the Audit and Compliance Committee. | March 2023 | Reviewed by compliance team to ensure all aspects of the compliance program are included. |
| 3.2024 | V-9 Compliance Team Annual Reivew | April 2024 | |

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# Program Summary

As a recipient of federal funds contracted with CMS to administer a Medicare Advantage Plans, ATRIO Health Plans, Inc. (“ATRIO”) has the responsibility to ensure the integrity of health plan operations. This document reflects the interpretation of U.S. Office of Inspector General (OIG) and the Centers for Medicare & Medicaid Services (CMS) compliance program requirements and related provisions, as adopted and implemented by ATRIO.

This document outlines the Compliance Program activities that ATRIO has implemented to ensure it is operating an effective compliance program that meets federal and state regulatory requirements. These activities include measures to prevent, detect, and correct Medicare Parts C and D non-compliance and fraud, waste, and abuse (FWA).

**This Compliance Program applies to all ATRIO Employees, Board of Directors, and First Tier Downstream, and Related Entities (FDRs).**

ATRIO’s Compliance Program activities are based on the following seven (7) core requirements set forth in Code of Federal Regulation (CFR) laws 42 CFR 422.503(b)(4)(vi) and 42 CFR 423.504(b)(4)(vi), and sub-regulations in Chapter 21 of the Medicare Managed Care Manual and Chapter 9 of the Prescription Drug Benefit Manual:

**Element I.** Written Policies, Procedures, and Code of Conduct

**Element II.** Compliance Officer, Compliance Committee and High-Level Oversight

**Element III.** Effective Training and Education

**Element IV.** Effective Lines of Communication

**Element V.** Well Publicized Disciplinary Standards

**Element VI.** Effective System for Routine Monitoring and Identification of Compliance Risks

**Element VII.** Procedures and System for Prompt Response to Compliance Issues

## Element I. Written Policies, Procedures and Code of Conduct

ATRIO creates and maintains Policies and Procedures that are easily understood, relevant and current, specific to job functions, reviewed on a regular basis, and readily available.

These written policies, procedures, and standards of conduct:

1) Articulate the organization's commitment to comply with all applicable Federal and State Standards
2) Describe compliance expectations as embodied in ATRIO's Code of Conduct
3) Implement the operation of the Compliance Program
4) Provide guidance to employees and others on dealing with potential compliance issues.
5) Identify how to communicate compliance issues to appropriate compliance personnel.
6) Describe how potential compliance issues are investigated and resolved by the organization; and
7) Include a policy of non-intimidation and non-retaliation for good faith participation in the compliance program, including but not limited to reporting potential issues, investigating issues, conducting self-evaluations, audits and remedial actions, and reporting to the appropriate officials.

ATRIO requires its employees and the Board of Directors to conduct and behave in an ethical manner and follow the compliance expectations set forth in the Code of Conduct and other Compliance Department Policies and Procedures.

ATRIO distributes its Code of Conduct, Compliance Program and compliance policies, including the Health Insurance Portability and Accountability Act (HIPAA) policies to all employees within 90 days of hire, annually thereafter and when there are material changes. ATRIO distributes its Code of Conduct to all members of the Board of Directors (the "Board") within 90 days of appointment, annually thereafter and when there are material changes. All ATRIO employees have access to the Compliance Policies and Procedures. Board members will be provided with any compliance policies and procedures upon request.

ATRIO's First Tier Downstream Related Entities (FDRs) must distribute ATRIO's Code of Conduct and compliance policies to their own employees or they may distribute their internal comparable policies and the Code of Conduct. Distribution must occur within 90 days of contracting, annually thereafter and when there are material changes. ATRIO Compliance Department has methods to communicate this expectation to FDRs and ensure FDRs distribute the documents.

## Element II. Compliance Officer, Compliance Committee and High-Level Oversight

The Executive Management Team and the Board are responsible for exercising reasonable high-level oversight of the Compliance Program implementation and effectiveness. These individuals have a wide variety of backgrounds, operational expertise and decision-making authority, and they are knowledgeable about and recognize the importance of the content and operation of the Compliance Program.

As required by CMS, ATRIO has designated a Compliance Officer (herein referred to as "ATRIO Compliance Officer" or "ACO") and a Compliance Committee (herein referred to as "Internal Compliance Committee" or "ICC") who report directly and are accountable to the Executive Management Team (ATRIO's CEO/President or other executives).

**OVERSIGHT COMPONENTS**

**ATRIO Compliance Officer:** The ACO is a full-time ATRIO employee who is vested in the day-to-day operations of Compliance Program activities. The ACO guides ATRIO's compliance with Medicare regulations, sub-regulatory guidance, contractual agreements, applicable Federal and State laws, as well as internal policies and work instructions to protect against Medicare program non-compliance and potential FWA. Together with the Internal Compliance Committee, the ACO communicates and manages issues identified, investigated, and resolved by the Compliance Program policies.

The ACO informs ATRIO's governing bodies of the activities and status of the Compliance Program on a regular basis, through the following means:

1) Internal Compliance Committee meetings
2) Audit & Compliance Committee meeting and reporting
3) One-on-one formal meetings with the CEO/President, with discussions about risk areas facing the organization, the compliance strategies being implemented to address them, and the results of those strategies.
4) Urgent communications. Immediately upon receipt of governmental compliance enforcement activity—from CMS Notices of Non-Compliance to formal enforcement actions—the ACO advises the CEO/President, documents such notification, and works with the operational area to correct the deficiencies contributing to non-compliance.

**Internal Compliance Committee (ICC):** The ICC is chaired by the ACO or his/her designee and provides Compliance Program reports to ATRIO's Audit and Compliance Committee. The Internal Compliance Committee is comprised of ATRIO's Executive Leadership Team and Compliance

Department employees, which meet at least quarterly to review and discuss ATRIO's Compliance Dashboard, compliance concerns, audit and monitoring findings, and areas of risk. The Internal Compliance Committee is chartered to ensure each operational area's compliance risks or concerns are brought forth to the committee.

On a regular basis, Compliance Department staff disseminate via email updated guidance from CMS or other regulatory agencies, including HPMS memos or announcements, within a reasonable time frame, to appropriate ATRIO Employees and Executive Staff, as determined by their job duties and responsibilities. This helps ensure Internal Compliance Committee members are up to date about compliance matters that may affect their operational areas.

**Audit and Compliance Committee –** The Audit and Compliance Committee is a sub-committee of ATRIO's Board that provides oversight and is chartered to ensure the effectiveness of ATRIO's Compliance Program. The Committee meets at least quarterly. During Committee meetings, the ACO reports on Compliance Program risks, audit results, corrective action plans, CMS Notices of Non-Compliance, and Warning Letters or formal sanctions applied by regulatory agencies.

**Board of Directors –** The Board is accountable for reviewing the status of the Compliance Program, despite delegating certain compliance oversight responsibilities to the ATRIO Audit and Compliance Committee. The Board reviews the performance and effectiveness of the Compliance Program, including reviewing measurable evidence that the Compliance Program is detecting, correcting, and preventing non-compliance and/or FWA on a timely basis.

## Element III. Effective Training & Education

ATRIO implements four (4) mandatory compliance-related trainings in accordance with CMS and OIG requirements and timeframes.

1) **General Compliance Training –** All Employees and Board of Directors involved in the administration or delivery of Parts C and D benefits receive this training within 90 days of hire or appointment, annually thereafter and when there are updates to the training.
2) **Fraud, Waste and Abuse (FWA) Training –** All Employees and Board of Directors involved in the administration or delivery of Parts C and D benefits receive this training within 90 days of hire or appointment, annually thereafter, and when there are updates to the training.
3) **HIPAA and HITECH Privacy for Covered Entities –** All Employees receive this training within 90 days of hire or appointment, annually thereafter and when there are updates to the training.
4) **Security Awareness –** All Employees receive this training within 90 days of hire or appointment, annually thereafter and when there are updates to the training.

Compliance Department staff document and tracks completion of mandatory training with system generated reports and/or employee attestations. All mandatory training materials are reviewed at least annually and updated as needed to ensure they remain relevant and meet current regulations and guidance.

> If an Employee fails to complete the mandatory trainings or attest to educational requirements within the allotted timeframe given, disciplinary action may result per ATRIO's HR policies.

ATRIO maintains training records for a period of ten (10) years from the date the training was taken, including records on attendance, topic, certificates of completion (if applicable), and test scores of any tests administered to its Employees.

Additional trainings and educational expectations are provided or communicated as often as necessary as decided by the ACO or their designee. For example, **department-specific or business function-specific trainings** are tailored to employee responsibilities and the compliance-related issues they may face within their position. As the need arises, training on new guidance or other current topics is provided to applicable groups.

Management may require additional, specialized or refresher training for employees to address or correct instances of non-compliance.

ATRIO communicates its compliance training expectation to FDRs through distribution of ATRIO's Code of Conduct and requires FDRs to distribute either ATRIO's Code of Conduct or its own comparable Code of Conduct to its Employees within 90 days of hire, when there are materials changes and annually.

ATRIO requires its FDRs to maintain records of the training of the FDRs' employees consistent with ATRIO's record retention policy.

## Element IV. Effective Lines of Communication

ATRIO has established and implemented several communication mechanisms to assist in maintaining a culture of compliance by those inside and outside of ATRIO, including plan members, employees, Board of Directors, and FDRs.

The ACO maintains a virtual "open door" policy. **Employees are encouraged to consult with the ACO on potential non-compliance issues, regulatory questions, or suspected FWA**.

Explanation of Benefits (EOB) mailings provide information to members about how to identify and report potential FWA. Members have access to FWA and Compliance training and incident reporting mechanisms posted on atriohp.com

All Employees, Board Members, and FDRs receive trainings and policies that outline ATRIO's expectation to report in good faith any misconduct, potential fraud, suspected or actual compliance violations and ethical concerns related to ATRIO's Medicare Advantage program, FWA, privacy and security.

ATRIO's Compliance Department distributes an Onboarding Resource Guide to new (and annually to existing) employees, which includes a summary of key compliance staff responsibilities, compliance requirements and available resources. Employees may access it at any time by going to S:\ATRIO_RESOURCES.

Reportable issues may be identified in a visible incident, or in other ways including but not limited to, self-evaluations, departmental monitoring activities and internal or external audits. Trainings and policies communicate ATRIO's **zero tolerance** for intimidation and retaliation of anyone who makes a good faith report.

All reporting methods are user-friendly, and many are available 24 hours a day, 7 days a week.

ATRIO has established communication methods that allow for **accessible, anonymous, and confidential good faith reporting** of potential non-compliance or FWA issues as they are identified.

**Internal reporting options include:**

- Call ATRIO's Compliance Hotline 877-309-9952 (anonymous or identify yourself)
- Electronic reporting mechanism at atriohp.com (anonymous)
- Mail (anonymous or identify yourself)

ATRIO Compliance Officer
ATRIO Health Plans
2965 Ryan Drive SE
Salem, OR 97301

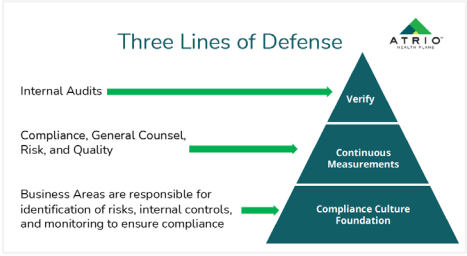
- Email the Compliance Department at compliance@atriohp.com

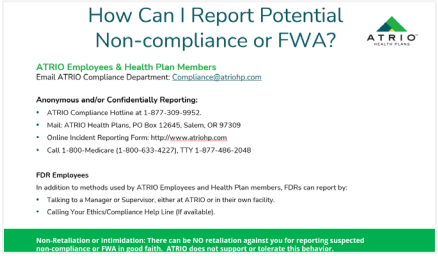
**External reporting options include:**

- Contact OIG*
- Contact CMS*
- Contact the state government's insurance division*

**Contact information is online at atriohp.com.*

ATRIO's ACO ensures that all reports are documented and maintained confidentially to the greatest extent possible, allowing anonymity if desired.
Compliance-required slides are included in all internal trainings or presentations and are recommended to be included in all types of ATRIO presentations. Content includes the following:


ATRIO Compliance staff include the "Compliance is everyone's responsibility" box below their signatures in every e-mail. This provides daily reminders to anyone that receives an e-mail from the department.

**Compliance is everyone's responsibility.**
If you see something, say something.
Report any known or suspected violations of compliance, HIPAA, fraud, waste, or abuse to any of your compliance resources.

**Compliance Hotline: 1-877-309-9952**

## Element V. Well Publicized Disciplinary Standards

All Employees, Board members and FDRs receive trainings and policies that outline ATRIO's expectation for "good faith participation" in the Compliance Program, ATRIO's policy on non-intimidation and non-retaliation, and related disciplinary standards.

Good faith participation includes:

- Report suspected or detected incidents of non-compliance, including FWA, HIPAA violation and/or unethical behavior.
- Cooperate with audits, investigations, and document department actions to remediate a potential or actual violation; and
- Provide evidence upon request and ensure that documentation of corrective or remediation is documented and available for future audit;
- Participate in required trainings on compliance, FWA and privacy/security.

> It is ATRIO's policy for **zero tolerance** for intimidation and retaliation of anyone who in good faith reports compliance concerns and suspected or actual compliance violations or ethical concerns.

ATRIO's Compliance Program Disciplinary Standards policy outlines the consequences of detected non-compliance and/or unethical behavior. Disciplinary standards include, but are not limited to:

- Education and training.
- Payment suspension as part of an ongoing investigation.
- Corrective Action Plan participation.
- Termination of employment or contract.
- Referral to the appropriate regulatory agency or law enforcement.

Provisions for enforcement and disciplinary standards are necessary to add to the credibility and reliability of how ATRIO conducts investigations and resolves non-compliance for delegated and internal health plan operations.

ATRIO is committed to prevent future reoccurrence of violations and to enforce disciplinary actions in a timely, consistent, and effective manner. Any disciplinary action will be in coordination with Human Resources policies and will be applied in a fair and equitable basis. Disciplinary actions take into consideration any mitigating or aggravating circumstances.

ATRIO Compliance Department consistently broadcasts to all ATRIO Employees and the Board the

importance of compliance and disciplinary standards through the following activities:

1. Distribution of and ongoing access to the Compliance Program document, Code of Conduct, compliance policies including Disciplinary Standards, and work instructions as applicable.
2. Trainings, as discussed under Element III.
3. Posters hung in ATRIO Offices and distributed to FDRs for their use.
4. Required PowerPoint Compliance slides.
5. Compliance articles in the Employee Newsletter.

## Element VI. Effective System for Routine Monitoring, Auditing, and Identification of Compliance Risks

ATRIO's ACO or his/her designee maintains current compliance policies and work instructions to outline roles and responsibilities for routine monitoring, internal and external audits, and the process of identifying and documenting compliance risks.

The ACO or his/her designee develops and maintains ATRIO's Risk Assessment, Audit and Monitoring Work Plan, and required OIG/GSA screenings - three main tools to help identify operational compliance risks.

**Risk Assessment and Audit and Monitoring Work Plan**

Annually, ATRIO Compliance in conjunction with Operational staff conducts a Risk Assessment to identify compliance risks in all operational areas including any delegated FDRs. The outcome of the Compliance Risk Assessment is shared with the Internal Compliance Committee, the Audit and Compliance Committee and is used to create the Audit and Monitoring Work Plan.

Final risk scores for each operational area, including any delegated duties administered by FDRs are calculated, and ranked according to which areas present the highest risk. All areas are re-evaluated at least annually and/or when there are changes which could affect the risk.

Development of the Audit and Monitoring Plan is determined using the annual Risk Assessment.

The Audit and Compliance Committee reviews the annual Risk Assessment and Audit and Monitoring Work Plan, Compliance Program effectiveness audit, completed audit and monitoring activities, and the status of corrective actions.

### Audits

Compliance Program:

As required by CMS, the ATRIO Compliance Program effectiveness is audited annually, by either using employees who are not part of the Compliance department to perform the audit, by an external consultant, or other evaluation to ensure the effectiveness. The results of such audits or evaluations are shared with the Executive Management team, Internal Compliance Committee and the Audit and Compliance Committee.

Operational and FDR audits:

Using the results of the Risk Assessment and based on available resources, the highest risk areas are audited to test and confirm compliance with Medicare regulations, sub regulatory guidance, contractual agreements, and applicable Federal and State laws as applicable. These audits also

include FDR Compliance Program Effectiveness on a rotational and risk based cycle. The Compliance Department is responsible for conducting audit activities. The ACO receives and reviews completed audit reports and associated corrective actions required as a result of the audit findings or deficiencies.

Compliance deficiencies discovered by an audit will result in mandatory corrective actions, either through the formal Corrective Action Plan process or as audit remediation.

**Monitoring**

Monitoring activities are conducted primarily by the operational areas and reported to compliance as outlined in the monitoring plan. Depending on the operational area and level of risk, monitoring activities may be performed daily, weekly, monthly, quarterly, annually or on an ad-hoc basis. Monitoring activities are displayed in the form of a dashboard or other monitoring report formats that can effectively gauge compliance with regulatory standards.

> ATRIO's operational management staff is responsible for ensuring that it is monitoring its own departmental performance and that of its FDRs to ensure compliance with Medicare regulations and guidance.

Compliance deficiencies discovered during monitoring require an incident report to be completed by the operational area and submitted to compliance. The incident report includes the requirement for a root cause analysis, remediation of the issue, corrective actions, due dates and responsible individuals. These actions are tracked by Compliance to ensure the issue has been corrected. Ongoing or systematic deficiencies require a formal Corrective Action Plan.

**FWA Prevention and Detection**

Compliance Department staff conducts FWA prevention and detection activities to identify concerns of unusual claims patterns which may lead to potential fraud, waste and abuse. All referrals from Customer Service or other operational areas are fully investigated to determine their legitimacy. Ad-hoc targeted audits are conducted when HPMS, HFPP, OIG and other provider alerts or reports are received.

Investigation of unusual patterns, trends and changes over time are identified by monitoring member reports, conducting claims queries, and analyses.

Pharmacy conducts monitoring and investigations related to prescribers, controlled substances and opioids, and all of the various reports provided by CMS to supplement ATRIO's FWA program. Suspected or actual FWA is reported to Medic, as required by CMS.

ATRIO has engaged a vendor to help with FWA efforts.  On an agreed upon schedule, the vendor provides a list of ATRIO claims that are flagged by the vendor's system as potentially suspicious. When necessary, ATRIO will request and review medical records and conduct provider audits. Any claims found to be fraudulent are reported to Medic. ATRIO will initiate withholding, offsetting, adjusting, or recovering payment of those claims and may initiate a provider's exclusion from ATRIO's network, as applicable.

Documentation of all investigations is logged, and all evidence is maintained. Prevention and detection activities are reported to the FWA Internal Workgroup, the Internal Compliance Committee and the Audit and Compliance Committee.

Any suspicions of FWA can be reported anonymously to Compliance via the multiple channels listed under Element IV. Reports of FWA can be made by anyone, including but not limited to employees, providers, and members.

**HIPAA Privacy/Security Oversight Activities**

ATRIO's HIPAA Privacy Officer and Security Officer conducts regular monitoring and investigation activities to help prevent, detect and correct privacy and/or security incidents. Documentation of all investigations are logged, and all evidence is maintained. Prevention and detection activities are reported to the Internal Compliance Committee and the Audit and Compliance Committee.

ATRIO maintains a HIPAA Privacy Program, policies and work instructions that comply with HIPAA regulations.

## Element VII: Procedures and System for Prompt Response to Compliance Issues

ATRIO has established and implemented procedures and a system for promptly responding to non-compliance issues, FWA, and HIPAA incidents as they are raised. These issues are identified through reports to compliance (via an incident report, e-mail, or phone call), while investigating potential compliance problems and as identified in the course of self-evaluations and audits. Compliance staff works with the operational area to correct such problems promptly and thoroughly to reduce the potential for recurrence, and ensuring ongoing compliance with CMS requirements.

If there is evidence of misconduct related to payment or delivery of items or services, ATRIO conducts a timely, reasonable investigation and applies appropriate corrective actions (for example, repayment of overpayments, retraining or other remediation efforts, including disciplinary actions) in response to the identified violation. ATRIO has procedures to voluntarily self-report potential fraud or misconduct related to the Medicare program to CMS or its designee (such as the MEDIC) and HIPAA breaches to the Office of Civil Rights.

ATRIO conducts a timely and well-documented inquiry into any reported or identified non-compliance or issue involving potential Medicare program non-compliance, potential FWA and HIPAA violation.

With all types of reports of potential or actual non-compliance, FWA or HIPAA incidents, the Compliance Department initiates an investigation into every report as quickly as possible, but no later than two (2) weeks from the date of the report or suspicion is received.

A reasonable inquiry includes a preliminary investigation of the matter by the ATRIO Compliance Officer or the designee. If the issue appears to involve potential fraud or abuse and ATRIO does not have the resources or ability to investigate the potential fraud or abuse in a timely manner, the issue is referred to the MEDIC within 30 days of the date the potential fraud or abuse is identified. ATRIO will continue the investigation to determine the facts of the case and take the appropriate steps to remediate the identified non-compliance.

Root cause analysis and corrective actions are required to correct non-compliance and a formal Corrective Action Plan (CAP) may be requested. All corrective actions must undertake appropriate correction activities in response to non-compliance or potential FWA.

All corrective actions must be designed to correct the underlying problem (root cause) that resulted in violations and to prevent future non-compliance. A root cause analysis determines what caused or allowed the FWA, problem or deficiency to occur. The corrective actions are tailored to address

the particular FWA, problem or deficiency(ies) identified, and must include timeframes for specific achievements.

When non-compliance involves an FDR, ATRIO requires the deficiency to be corrected. Contracts between ATRIO and FDRs include language that details the ramifications of failing to maintain compliance or engaging in FWA, such as contract termination. ATRIO monitors corrective actions after implementation to ensure that they are effective. The elements of the corrective action that address non-compliance or FWA must be documented and include beneficiary impact. ATRIO enforces effective correction through disciplinary measures, including employment or contract termination, if warranted. Thorough documentation is maintained of all deficiencies identified, and the corrective actions taken.

If a regulatory entity, such as CMS, imposes a Corrective Action Plan on ATRIO, the ACO or his/her designee will work with the agency and the operational teams to carry out the plan until it is completed. All related reports, incident documentation, and CAP documentation will be maintained for a period of ten (10) years, per the retention policy.

**Fraud and Misconduct Related to Payment or Delivery of Items or Services**
ATRIO adheres to CMS and other regulatory guidelines and documents all actions related to the issue. For example, ATRIO reports to CMS or its designee, and provides data regarding provider payment suspensions and pending investigation of credible allegations of fraud, or evidence of suspicious activities by a provider of services or supplier (including a prescriber, pharmacy or supplier relating to the inappropriate prescribing of opioids).

**Self-Reporting Potential FWA and/or Significant Non-Compliance**
Self-reporting of FWA/non-compliance to oversight entities (such as CMS, OIG, U.S. Department of Justice) is done at the discretion of the ACO and/or at the direction of the Audit and Compliance Committee. Self-reporting is an important practice in maintaining an effective Compliance Program.

ATRIO will refer cases involving potential fraud or abuse that meet any of the following criteria to the MEDIC:

- Suspected, detected or reported criminal, civil, or administrative law violations;
- Allegations that extend beyond the Parts C and D plans, involving multiple health plans, multiple states, or widespread schemes;
- Allegations involving known patterns of fraud;
- Pattern of fraud or abuse threatening the life or well-being of beneficiaries; and
- Schemes with large financial risk to the Medicare Program or beneficiaries.

The reasons for self-reporting may include:

1. To receive guidance from oversight entities on how best to mitigate the harm to members caused by the incident of non-compliance;
2. To minimize the potential cost and disruption of a full-scale audit and investigation;
3. Oversight entities consider self-disclosure a mitigating factor when negotiating a fair monetary settlement/penalty; and
4. To decrease the chance of receiving an OIG permissive exclusion which would prevent ATRIO from doing business with Federal health care programs.

## Terms & Definitions

- **CMS:** the Centers for Medicare & Medicaid Services. CMS is the agency within DHHS that administers the Medicare program.

- **DHHS:** the United States Department of Health and Human Services.

- **Employee(s):** full time employees, part-time employees, temporary employees, independent contractors, and volunteers employed by ATRIO or Atrio Holding Company.

- **FDR:** a first-tier, downstream or related entity.
    - First-tier entity: any party that enters into a CMS acceptable written arrangement with ATRIO (Part C or Part D) to provide administrative services or health care services to Medicare-eligible individuals and/or members enrolled in ATRIO's Medicare Advantage plan(s).

        *Example: A pharmacy benefit manager ("PBM") has a written contract with ATRIO to administer the pharmacy benefits to members. The PBM is a first-tier entity.*

    - Downstream entity: any party that enters into a written arrangement, acceptable to CMS, with persons or entities involved with the administration of the Medicare Advantage benefits, below the level of the arrangement between ATRIO and its first tier entity(ies). These written arrangements continue down to the level of the ultimate provider of health and/or administrative services.

        *Example: All pharmacies in ATRIO's Pharmacy Network are downstream entities because the pharmacies are directly contracted with ATRIO's PBM.*

    - Related entity**:** any entity that is related to ATRIO by common ownership or control and;

        i. Performs some of ATRIO's management or services functions under contract or delegation;

        ii. Furnishes services to members under an oral or written agreement; or

        iii. Leases real property or sells materials to ATRIO at a cost of more than $2,500 during a contract period.

- **FWA:** fraud, waste, and abuse.
    - Fraud is knowingly and willfully executing, or attempting to execute, a scheme or artifice to defraud any health care benefit program or to obtain (by means of false or fraudulent pretenses, representations, or promises) any of the money or property owned by, or under the custody or control of, any health care benefit program.

    - Waste is the overutilization of services, or other practices that, directly or indirectly, result in unnecessary costs to the Medicare program. Waste is generally not considered to be caused by criminally negligent actions but rather the misuse of resources.

    - Abuse includes actions that may, directly or indirectly, result in unnecessary costs to the Medicare program, improper payment, payment for services that fail to meet professionally recognized standards of care, or services that are medically unnecessary. Abuse involves payment for items or services when there is no legal

entitlement to that payment and the provider has not knowingly and/or intentionally misrepresented facts to obtain payment. Abuse cannot be differentiated categorically from fraud because the distinction between “fraud” and “abuse” depends on facts and circumstances, intent and prior knowledge, and available evidence, among other factors.

- **GSA:** United States General Services Administration. One role of the GSA is to promote management best practices and efficient government operations through the development of governmentwide policies.

- **HIPAA:** Health Insurance Portability and Accountability Act, a 1996 Federal law that restricts access to individuals' private medical information.

- **HITECH:** Health Information Technology for Economic and Clinical Health Act, a 2009 federal law that imposes data breach notification requirements for unauthorized use/disclosure of unsecured protected health information, provides individuals with a right to obtain their protected health information in an electronic format, and applies certain HIPAA provisions directly to business associates.

- **Internal Audit:** a formal review of the operational areas or FDR operations in accordance with CMS standards, conducted by an ATRIO Compliance Department auditor.

- **Monitoring:** regular review performed as part of daily operations to confirm ongoing compliance and ensure that corrective actions are carried out and effective.

- **MEDIC:** the Investigations Medicare Drug Integrity Contractor, an organization CMS has contracted to perform specific program integrity functions for Parts C and D under the Medicare Integrity Program. The I-MEDIC’s primary role is to identify potential FWA in Medicare Parts C and D.

- **OIG:** the Office of the Inspector General within the DHHS. The Inspector General is responsible for audits, evaluations, investigations, and law enforcement efforts relating to DHHS programs and operations, including the Medicare program. OIG maintains a List of Excluded Individuals and Entities (LEIE).