



Altura Management Services

General Compliance Training

Acronyms

Acronym	Title Text
CFR	Code of Federal Regulations
CMS	Centers for Medicare & Medicaid Services
COM	Commercial Product
DHCS	Department of Health Care Service
DMHC	Department of Managed Health Care
FDR	First-tier, Downstream, and Related Delegated Entity
FWA	Fraud, Waste, and Abuse
HHS	U.S. Department of Health & Human Services
HMO	Health Maintenance Organization

Acronym	Title Text
IFP	Individual & Family Plan through exchange
MA	Medicare Advantage
MAO	Medicare Advantage Organization
MA-PD	Medicare Advantage Prescription Drug Plan
MLN	Medicare Learning Network
OIG	Office of Inspector General
PDP	Prescription Drug Plan
POS	Point of Service
PPO	Preferred Provider Organization

Introduction

- ▶ Throughout this training, the following will collectively be known as “Sponsors”:
 - DMHC licensed healthcare service plans
 - Staff involved in Medicare Parts C and D.
 - Staff of Medicare Advantage Organizations (MAOs)
 - Prescription Drug Plans (PDPs)

- ▶ Sponsors and their First Tier, Downstream, and Related Entities (FDRs) are responsible for establishing and executing an effective compliance program according to the Department of Managed Health Care (DMHC), the Department of Health Care Services (DHCS), California Department of Insurance (CDI) and Centers for Medicare & Medicaid Services (CMS) regulations and program guidelines. Completing this training in and of itself does not ensure a Sponsor or their FDRs have an “effective Compliance Program.”

- ▶ You will need to complete General Compliance training promptly upon initial hire and annually as required. Documented evidence of the completion of training must be maintained. Please contact Altura’s Compliance team for more information by emailing to: MSOCompliance@alturamso.com.

Training Requirements

Health Program	Description
Medicare Part C	▶ Medicare Part C, or Medicare Advantage (MA), is a health insurance program for seniors or those with disabilities. Private, Medicare-approved insurance companies run MA programs. These companies arrange for, or directly provide, health care services to the beneficiaries who enroll in a MA plan.
Medicare Part D	▶ Medicare Part D, the Prescription Drug Benefit, provides prescription drug coverage to Medicare beneficiaries enrolled in Part A and/or Part B who enroll in a Medicare Prescription Drug Plan (PDP) or an MA Prescription Drug (MA-PD) plan. Medicare-approved insurance and other companies provide prescription drug coverage to individuals living in a plan's service area.
Medi-Cal	▶ Medi-Cal is California's Medicaid program; and provides coverage for those with limited income and resources. Medi-Cal is regulated by the state through DHCS.
Individual & Family Plan (IFP)	▶ IFPs offer affordable health insurance benefits to those who are unable to obtain insurance through their employer. IFP products are provided through the state health insurance exchange "Covered California".

You are required to complete General Compliance Training if you provide health or administrative services to any of the following programs:

Training Requirements (continued)

Health Program	Description
Commercial	<ul style="list-style-type: none">▶ Commercial health insurance is offered to the general population through private insurance; it is not offered or provided by the government.▶ The two most popular commercial plans are Health Maintenance Organizations (HMOs) and Preferred Provider Organizations (PPOs).
Health Maintenance Organizations (HMOs)	<ul style="list-style-type: none">▶ An HMO is a type of health insurance that has a list of providers, such as doctors, medical groups, hospitals, and labs. Members must obtain all of their health care from providers on this list, which is also called a network. HMOs are regulated by the state of California through DMHC.
Preferred Provider Organization (PPO)	<ul style="list-style-type: none">▶ A PPO is a plan for people who want to see providers without prior approval from their health plan or medical group, and who do not want to choose a primary care provider. Indemnity PPO products are regulated by the state of California through the CDI.
Point of Service (POS) Plan	<ul style="list-style-type: none">▶ A POS plan is a type of managed care health insurance system. It combines characteristics of the HMO and the PPO. A POS plan is regulated by the state of California through the DMHC.

- You are required to complete General Compliance Training if you provide health or administrative services to any of the following programs:

Why Do I Need Training?



Compliance is everyone's responsibility!

- ▶ As an individual who provides health or administrative services for Commercial, IFP, Medi-Cal or Medicare enrollees, every action you take potentially affects members/enrollees, federal and state health programs, or the Medicare Trust Fund.
- ▶ Every year, **billions** of dollars are improperly spent because of fraud, waste, and abuse (FWA). It affects everyone—**including you**. This training helps you understand how to detect, correct, and prevent non-compliance and FWA. **You** are part of the solution.

Course Objectives

After completing this course, you should correctly:

- ▶ Recognize how a compliance program operates
- ▶ Understand your responsibilities in reporting actual or suspected non-compliance
- ▶ Understand how to ask questions, report suspected or detected non-compliance
- ▶ Recognize disciplinary guidelines for non-compliant and/or fraudulent behavior
- ▶ Understand non-retaliation and discrimination policies

Compliance Program Requirement

The Centers for Medicare & Medicaid Services (CMS) and the Department of Managed Health Care (DMHC) requires Sponsors to implement and maintain an effective compliance program.

An effective compliance program must:

- ▶ Articulate and demonstrate an organization's commitment to legal and ethical conduct
- ▶ Provide guidance on how to handle compliance questions and concerns
- ▶ Provide guidance on how to identify and report compliance violations
- ▶ Ensure compliance program audits are performed by individuals independent of fiscal or administrative management.
- ▶ Include Standards of Conduct (or Code of Conduct).

Ethics: Do the Right Thing!

Compliance ensures we conduct our business within the boundaries of the law; and guides us in acting ethically and legally.

When we make ethical decisions and commit to doing the right thing, we build trust with our members/enrollees, providers, stakeholders, and regulators. We must:

- ▶ Act fairly and honestly
- ▶ Adhere to high ethical standards in all you do
- ▶ Act with integrity, transparency, and accountability
- ▶ Comply with all applicable laws, regulations, and CMS & DMHC requirements
- ▶ Report suspected violations
- ▶ Do the right thing!

How Do You Know What Is Expected of You?

Ethical standards, expectations, and operational principles and values are outlined in your organization's Standards of Conduct (or Code of Conduct).

- ▶ Standards of Conduct state the organization's compliance expectations and their operational principles and values.
- ▶ Ask management where to locate your organization's Standards of Conduct.
- ▶ Reporting Standards of Conduct violations and suspected non-compliance is **everyone's** responsibility.
- ▶ An organization's Standards of Conduct and Policies and Procedures should identify this obligation and tell you how to report suspected non-compliance.

What is Non-Compliance?



Non-compliance is conduct that does not conform to law, State, or Federal health care program requirements, Code of Conduct/Ethics, and business policies.

Examples of Non-Compliance

“My friend is one of our members, and I am concerned about her health. Even though she is not on my case load, I look at her medical records periodically to make sure she is doing okay.”

Explanation

Accessing a medical record when it is not related to your job is both unethical and illegal.

“A health plan has a program available for plan members shown to improve patient outcomes and member experience. The health plan is excited about the program and offers a doctor’s office \$250 for every patient it enrolls in the program.”

The arrangement incentivizes the doctor’s office to funnel patients to the health plan which is considered a kickback and a crime under the Anti-Kickback Statute.

What is Non-Compliance?



Sometimes good intentions can lead to non-compliance. The key is to always act with integrity – always do what is right even when it is hard or when no one is looking.

Examples of Non-Compliance

“My co-worker changed a date on a member’s authorization request to avoid getting in trouble for being late. I know this is wrong, but it only happened once, so I won’t say anything.”

“One patient needed a doctor’s office visit on December 29th. He stated his insurance would not be effective until January 1st. My co-worker wanted to help the patient and changed the date of service in the medical record to January 2nd to ensure the patient’s insurance covers the visit.”

Explanation

Covering up unethical behavior is wrong.

While you intended to protect your co-worker, you allowed harm to occur to the member.

Knowingly entering inaccurate information in a record to ensure compensation is fraud and is a crime under the Federal False Claims Act. If you know or suspect fraud is occurring, you must report it immediately to management or Compliance.

High Risk Areas for Non-Compliance



The following are examples of high-risk areas:

- ▶ Agent/broker/delegate misrepresentation
- ▶ Appeals and grievance review (for example, coverage and organization determinations)
- ▶ Beneficiary notices
- ▶ Conflicts of interest
- ▶ Claims and Utilization Management processing
- ▶ Credentialing and provider networks
- ▶ Documentation and Timeliness requirements
- ▶ Ethics
- ▶ FDR oversight and monitoring
- ▶ Health Insurance Portability and Accountability Act (HIPAA)
- ▶ Marketing and enrollment
- ▶ Pharmacy, formulary, and benefit administration
- ▶ Quality of care
- ▶ IT System access and safeguards
- ▶ Claims and Utilization Management documentation manipulation

Examples of Non-Compliance in High Risk Areas



Documentation and Timeliness Requirements

- ▶ Please follow all timelines required by your organization and/or Health Plan.

Examples of Non-Compliance

“We received a request from a member to access their medical records. Our co-worker who handles these requests is out on medical leave for at least 2 more months. Due to our shortage of staff, can these types of requests wait until our co-worker returns?”

Explanation

No. It is the law that medical records be provided within 30 days of the request.

“The mailroom where we send out denial letters has been having issues. We have not told anyone, even though outgoing mail has been delayed for at least 2 days. This should not be an issue, right?”

This is an issue because denial letters have sensitive timelines. Delays in mailing should be reported immediately.

Examples of Non-Compliance in High Risk Areas



Claims Documentation Manipulation

Examples of Non-Compliance

“Our patient wants a procedure not covered by his insurance as it is not considered medically necessary. A Physician Assistant knows the procedure would be covered by insurance for treatment of a specific diagnosis and adds this diagnosis to the insurance claim to ensure the procedure is covered.”

Explanation

Knowingly entering inaccurate information in a record to ensure compensation is fraud and is a crime under the Federal False Claims Act. If you know or suspect fraud is occurring, you must report it immediately to management or Compliance.

Examples of Non-Compliance in High Risk Areas



Conflict of Interests

Examples of Non-Compliance

“A pharmaceutical representative has given our office tickets to a highly coveted sporting event in appreciation of all the business that we do with them. We know these are expensive and hard to come by – can we accept the tickets?”

Explanation

No. This would be a conflict of interest and may create the perception that business is only conducted with those pharmaceutical companies that provide perks, and not those in the best interest of the member/enrollee.

Know the Consequences of Non-Compliance

Failure to follow ethical standards, contractual obligations, regulations, and CMS/DMHC guidance can lead to serious consequences, including:

- ▶ Contract termination
- ▶ Criminal penalties
- ▶ Exclusion from participating in all Federal health care programs
- ▶ Civil monetary penalties

Additionally, your organization must have disciplinary standards for non-compliant behavior. Those who engage in non-compliant behavior may be subject to any of the following:

- ▶ Mandatory training or re-training
- ▶ Disciplinary action
- ▶ Termination

Non-Compliance Affects Everybody



Without programs to prevent, detect, and correct non-compliance, we all risk harm to our enrollees/members and to everyone.

Risk Harm to Enrollees/Members

- ▶ Delayed treatment/services
- ▶ Denial of benefits
- ▶ Increased member financial liability
- ▶ Difficulty in using providers of choice
- ▶ Other barriers to care

Overall Impact Affecting Everyone

- ▶ High insurance copayments
- ▶ Higher premiums
- ▶ Lower benefits for individuals and employers
- ▶ Lower provider reimbursement
- ▶ Regulatory/legal penalties and fines.
- ▶ Lower Star ratings
- ▶ Lower profits

Reporting Non-Compliance



You have a responsibility to report Standards of Conduct violations and suspected compliance issues (Privacy, FWA, or non-compliance). This is **everyone's** responsibility.

Your organization's Standards of Conduct and Policies and Procedures will tell you how to report suspected non-compliance. At a minimum, you can report to your Supervisor or to Compliance.

Various methods of reporting may also include calling a confidential hotline, sending an email or mail

Reporting Non-Compliance



Reports of suspected non-compliance may be made anonymously and are kept confidential to the extent allowed by law.

A **whistleblower** is a person who exposes information or activity that is deemed illegal, dishonest, or violates professional or clinical standards.

Whistleblowers and persons who report in good-faith any suspected violations or issues, are protected from retaliation and intimidation.

Examples of Non-Compliance

“After I reported irregularities in my department, my manager began excluding me from meetings and moved me to an undesirable location in the office.”

Explanation

Retaliation or intimidation is not tolerated. The manager’s behavior is unacceptable and should be reported to management or to Compliance.

How to Report Non-Compliance to Altura

- ▶ Any person may anonymously and confidentially report a known or suspected violation or non-compliance without fear of retaliation by using the following reporting channels: a. Toll Free Compliance Hotline: **1-888-279-2449**
- ▶ Online: www.MyComplianceReport.com (**Access ID: AMSO**)
- ▶ Email Altura's Compliance Officer: **MSOCompliance@alturamso.com**
- ▶ Written Notice to Altura's Compliance Officer: i. Altura Management Services

Attention: Compliance Officer

1401 N Montebello Blvd

Montebello, CA 90640

Anonymity vs. Confidentiality

Remaining **anonymous** means that your identity will not be known and will not be attempted to be known.

Reports made anonymously should include as much detail as possible, including any examples, so that investigations can be made thoroughly.

Regardless if you choose to remain anonymous, information shared will be kept **confidential**.

This means that the information about the person who made the report (if not anonymous), and any details about the situation/issue will only be shared with persons on a need to know basis and only to the extent allowed by law.

What Happens After Non-Compliance Is Detected?

Non-compliance must be investigated immediately and corrected promptly.

Internal monitoring and auditing should ensure:

No recurrence of the same non-compliance

Ongoing CMS/DMHC compliance requirements

Efficient and effective internal controls

Protected enrollees

Internal monitoring activities include regular reviews confirming ongoing compliance and taking effective corrective actions.

Internal auditing is a formal review of compliance with a particular set of standards (for example, policies, procedures, laws, and regulations) used as base measures.

Commitment to Compliance and Effective Compliance Program

Supporting this commitment to ethical conduct, your organization is required to adopt and implement an effective Compliance Program.

An effective compliance program fosters a culture of compliance within an organization and, at a minimum:

Prevents, detects, and corrects non-compliance

Is fully implemented and is tailored to an organization's unique operations and circumstances

Has adequate resources

Promotes the organization's Standards of Conduct

Establishes clear lines of communication for reporting non-compliance

Builds a firm non-retaliation policy and culture to support reporting of non-compliance without fear of retribution.

Seven Core Compliance Program Requirements

An effective compliance program must, at minimum, include the following seven core requirements:

- Written Policies, Procedures, and Standards of Conduct
- These articulate the Sponsor's commitment to comply with all applicable Federal and State standards and describe compliance expectations according to the Standards of Conduct.
- Compliance Officer, Compliance Committee, and High-Level Oversight
- The Sponsor must designate a compliance officer and a compliance committee accountable and responsible for the activities and status of the compliance program, including issues identified, investigated, and resolved by the compliance program.
- The Sponsor's senior management and governing body must be engaged and exercise reasonable oversight of the Sponsor's compliance program.

Seven Core Compliance Program Requirements (continued)

An effective compliance program must, at minimum, include the following seven core requirements:

3. Effective Training and Education
 - ▶ This covers the elements of the compliance plan as well as preventing, detecting, and reporting FWA. Tailor this training and education to the different employees and their responsibilities and job functions.
4. Effective Lines of Communication
 - ▶ Make effective lines of communication accessible to all, ensure confidentiality, and provide methods for anonymous and good-faith compliance issues reporting at Sponsor and first-tier, downstream, or related entity (FDR) levels. Having “effective lines of communication” means that several avenues to report compliance concerns are available.
5. Well-Publicized Disciplinary Standards
 - ▶ Sponsor must enforce standards through well-publicized disciplinary guidelines.

Seven Core Compliance Program Requirements (continued)

An effective compliance program must, at minimum, include the following seven core requirements:

- Effective System for Routine Monitoring, Auditing, and Identifying Compliance Risks

Conduct routine monitoring and auditing of Sponsor's and FDR's operations to evaluate compliance with CMS & DMHC requirements as well as the overall effectiveness of the compliance program. Auditors should be independent of the audit function to prevent self-policing and conflicts of interest.

NOTE: Sponsors must ensure FDRs performing delegated administrative or health care service functions comply with Medicare Program and DMHC requirements.

- Procedures and System for Prompt Response to Compliance Issues

The Sponsor must use effective measures to respond promptly to non-compliance and undertake appropriate corrective action.

Summary

01

Organizations must create and maintain compliance programs that, at a minimum, meet the seven core requirements. An effective compliance program fosters a culture of compliance.

02

To help ensure compliance, behave ethically and follow your organization's Standards of Conduct. Watch for common instances of non-compliance, and report suspected non-compliance.

03

Know the consequences of non-compliance and help correct any non-compliance with a corrective action plan that includes ongoing monitoring and auditing.

Summary



COMPLIANCE IS EVERYONE'S RESPONSIBILITY!



PREVENT: OPERATE WITHIN YOUR ORGANIZATION'S ETHICAL EXPECTATIONS TO PREVENT NON-COMPLIANCE!



DETECT & REPORT: REPORT DETECTED POTENTIAL NON-COMPLIANCE!



CORRECT: CORRECT NON-COMPLIANCE TO PROTECT BENEFICIARIES AND SAVE MONEY!

Disclaimer

This training course was current at the time it was published or uploaded onto the web. Medicare and DMHC policy changes frequently so links to the source documents have been provided within the course for your reference.



This course was prepared as a service and is not intended to grant rights or impose obligations. This course may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.

Fraud, Waste, and Abuse and Non-Compliance Reporting Mechanisms



All reports made are treated confidentially and you may choose to remain anonymous. Whistleblowers and persons who report suspected violations in good faith are protected against retaliation.

Government Authority	FWA / Ethics & Compliance Hotline	TTY; Email; or Mail	Online Tool
CMS Hotline	1-800-MEDICARE Or 1-800-633-4227	1-877-486-2048	https://www.stopmedicarefraud.gov
HHS Office of Inspector General	1-800-HHS-TIPS Or 1-800-447-8477	TTY 1-800-377-4950 HHSTips@oig.hhs.gov	https://forms.oig.hhs.gov/hotlineoperations
HHS and US Department of Justice (DOJ)	N/A	N/A	https://www.stopmedicarefraud.gov
For Medicare Parts C and D: National Benefit Integrity Medicare Drug Integrity Contractor (NBI MEDIC)	1-877-7SafeRx Or 1-877-772-3379	N/A	N/A
State of California Bureau of Medi-Cal Fraud or Elder Abuse (BMFEA) Hotline	1-800-722-0432	Email using On-line Form: https://oag.ca.gov/bmfea/reporting fraud@dhcs.ca.gov	https://oag.ca.gov/bmfea/reporting
State of California Department of Health Care Access and Information	1-800-933-6333	Medi-Cal Fraud Complaint – Intake Unit	https://www.dhcs.ca.gov/individuals/Pages/St

Fraud, Waste, and Abuse and Non-Compliance Reporting Mechanisms



All reports made are treated confidentially and you may choose to remain anonymous. Whistleblowers and persons who report suspected violations in good faith are protected against retaliation.

Sponsor	FWA / Ethics & Compliance Hotline	Email	O
Alignment	844-215-2444	compliance@ahcusa.com	w
Blue Shield of California	855-296-9092	stopfraud@blueshieldca.com	w
	855-296-9083	corporate-compliance@blueshieldca.com	re
Brand New Day	866-255-4795 x4071	hotline@universalcare.com	N
Central Health Plan of California	626-388-2392	compliance@centralhealthplan.com	N
Chinese Community Health Plan	415-955-8810	N/A	N
Cigna Health Plan	800-667-7145 800-472-8348	specialinvestigations@cigna.com	N
Community Health			

Fraud, Waste, and Abuse and Non-Compliance Reporting Mechanisms

- All reports made are treated confidentially and you may choose to remain anonymous. Whistleblowers and persons who report suspected violations in good faith are protected against retaliation.



Sponsor	FWA / Ethics & Compliance Hotline	Email	Online Tool	Mail
Humana	Ethics: 877-584-3539 Fraud: 800-614-4126	ethics@humana.com siureferrals@humana.com	www.ethicshelpline.com Fax: 1-920-339-3613	Humana Special Investigation Unit 1100 Employers Blvd. Green Bay, WI 54344
Inland Empire Health Plan	866-355-9038	compliance@iehp.org	https://iehp.org/en/about/compliance-program	IEHP Compliance Officer P.O. Box 1800 Rancho Cucamonga, CA 91729
Inter Valley Health Plan	888-372-8325	N/A	http://www.reportineweb.com/ivhp	Compliance Dept. PO Box 6002 Pomona, CA 91769
Molina Healthcare, Inc.	866-606-3889	N/A	https://molinahealthcare.Alertline.com	N/A
SCAN Health Plan	877-863-3362	N/A	www.ethicspoint.com	N/A
United Healthcare	844-359-7736	N/A	https://secure.ethicspoint.com/domain/media/en/gui/51176/index.html	N/A
Vitality Health Plan		N/A	N/A	N/A
WellCare of California, Inc.	866-678-8355 866-364-1350	N/A	N/A	N/A

Resources/References

Hyperlink URL	Linked Text/Image
https://www.ecfr.gov/cgi-bin/retrieveECFR?gp=&SID=5cff780d3df38cc4183f2802223859ba&mc=true&r=PART&n=pt42.3.423	42 CFR Section 423.504
https://www.ecfr.gov/cgi-bin/text-idx?SID=c66a16ad53319afd0580db00f12c5572&mc=true&node=pt42.3.422&rgn=div5#se42.3.422_1503	42 Code of Federal Regulations (CFR) Section 422.503
https://uscode.house.gov/view.xhtml?req=granuleid:USC-prelim-title42-section1320a-7b&num=0&edition=prelim	Anti-Kickback Statute (AKS) - 42 USC Section 1320a-7b(b)
https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/mc86c21.pdf	Chapter 21 of the Medicare Managed Care Manual
https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovContra/Downloads/Chapter9.pdf	Chapter 9 of the Medicare Prescription Drug Benefit Manual

Resources/References (continued)

Hyperlink URL	Linked Text/Image
https://www.cms.gov/Medicare/Compliance-and-Audits/Part-C-and-Part-D-Compliance-and-Audits/ComplianceProgramPolicyandGuidance.html	CMS Compliance Program Policy and Guidance webpage
https://oig.hhs.gov/compliance/101	Compliance Education Materials: Compliance 101
https://www.dhcs.ca.gov/Pages/default.aspx	DHCS oversees Medi-Cal, the state Medicaid program directly governed by California state laws.
http://wps0.dmhc.ca.gov/regulations/#existing	DMHC state laws relating to managed health care plans in California
https://uscode.house.gov/view.xhtml?path=/prelim@title31/subtitle3/chapter37/subchapter3&edition=prelim	Federal Civil False Claims Act (FCA) - 31 USC Section 3729-3733
https://oig.hhs.gov/compliance/provider-compliance-training	Health Care Fraud Prevention and Enforcement Action Team Provider Compliance Training

Resources/References (continued)

Hyperlink URL	Linked Text/Image
https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/Fraud-Abuse-MLN4649244.pdf	Medicare Fraud & Abuse: Prevent, Detect, Report
https://oig.hhs.gov/compliance/self-disclosure-info/protocol.asp	Office of Inspector General's (OIG's) Provider Self-Disclosure Protocol
https://www.cms.gov/medicare/compliance-and-audits/part-c-and-part-d-compliance-and-audits	Part C and Part D Compliance and Audits - Overview
https://www.cms.gov/Medicare/Fraud-and-Abuse/PhysicianSelfReferral	Physician Self-Referral
https://oig.hhs.gov/compliance/safe-harbor-regulations	Safe Harbor Regulations
https://www.dmhc.ca.gov/LicensingReporting/HealthPlanComplianceMedicalSurvey.aspx#.V-rJEfkrKM9	Technical Assistance Guides to support DMHC laws as they apply to managed health care (HMO/POS)

FWA (Including FCA) – All Lines of Business (LOBs)

For the complete Fraud Waste and Abuse Training Module including False Claims Act, please visit:
[CMS FWA Training](#)

HIPAA

The Health Insurance Portability and Acc

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Expectations

There is an inherent risk in the increasing amount of individual patient' personal health information being used, stored, and transmitted today. In this course, you will learn what you need to do every day to help protect the security and privacy of patient data.

Time	Video	Credit	Feedback
This course will take approximately 20 minutes to complete.	This course includes audit and video. Headphones are recommended.	To receive credit for this course, you must pass a quiz with a score of 80% or higher.	Your feedback is important to us. Please complete a brief survey at the end of the course.



Learning Objectives

In this course you will learn what you need to do every day to help protect the security and privacy of patient data.

Health Privacy Laws & Regulations	Patient Rights & Verification of Identity	HIPAA Breaches & Corrective Actions
<ul style="list-style-type: none">Describe the federal and state laws which govern how certain types of information are handled	<ul style="list-style-type: none">Explain the ways Altura is allowed to use patients' health informationList the rights patients have with respect to their health information	<ul style="list-style-type: none">Describe how HIPAA Regulations are enforced by:<ul style="list-style-type: none">AlturaPublic entitiesDepartment of JusticeOffice of Civil Rights

Learning Objectives

In this course you will learn what you need to do every day to help protect the security and privacy of patient data.

Confidential & Sensitive Services	HIPAA	Privacy Rule
<ul style="list-style-type: none">Practice confidential communication related to sensitive services	<ul style="list-style-type: none">Recall the Federal and State confidentiality laws: Privacy Rule, HITECH, and HIPAA Omnibus Rule	<ul style="list-style-type: none">Comply with HIPAA privacy requirement for use and disclosure of PHI



Altura Management Services

Business Code of Conduct

Objectives

Guide employees in their personal accountability and responsibility to ethical business conduct

Highlight Altura's expectations concerning the Business Code of conduct

Direct staff to resources and topics in the Business Code of Conduct

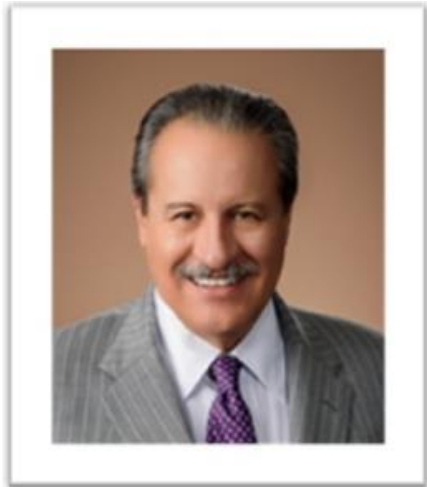
What is the Business Code of Conduct?

The code of Conduct reflects the organization, and overall company culture. It outlines the highest standards of ethical and professional behavior.

The Business Code of Conduct is a resource for you

- Refer to it often when considering appropriate conduct
- You can find the Code of Conduct on Town Square as well at

What is the Business Code of Conduct?



Cástulo de la Rocha

At Altura, we work boldly and live brilliantly.

Each of us is personally responsible for creating a work experience that promotes ethical conduct, accountability, and trust.

We must all exercise the highest ethical standards and professional behavior.

Read the Business Code of Conduct to the understand the standards and guidelines built upon Altura's long-standing commitment to excellence in all that we do.

If you identify something you believe is not in accordance, speak up.

Thank you for your continued commitment to doing the right thing.

About our Code

The code applies to Altura's Board Members, employees, physicians, volunteer and other representatives of Altura.

The code requires each of us to allow all applicable laws, regulations, and internal policies related to the work we do for Altura.

Report concerns to your supervisors and/or Altura compliance.

It is your responsibility to know the policies, regulations, and standards that apply to your work or to ask for education and training.

BUSINESS CODE OF CONDUCT - SECTIONS

The Business Code of Conduct includes:

1. Our Shared Responsibilities
2. Supportive Work Environment
3. Financial Integrity
4. Doing The Right Thing
5. Conflicts of Interest
6. Safeguarding Information and Resources
7. Healthcare Advocacy



1. Our Shared Responsibilities

We each have a responsibility for reporting concerns, responding to violations, and adhering to Altura's anti-retaliation policy.

2. Supportive Work Environment

Everyone is responsible in adhering to a supportive work environment such as non-discrimination, physical safety, alcohol and drug free workplace, and wage and hour practice standards (briefly touching on overtime and break policies).

3. Financial Integrity

Everyone is responsible for maintaining financial integrity in the workplace. This includes accurate and complete financial and business record requirements, including protection of records and appropriate payment and collection policies.

4. Doing the Right Thing

We are all responsible for doing the right thing. This section of the Business Code of Conduct discusses ethical principles and resources for support, including the ethical decision-making process and consultation resources.

Additionally, this section reinforces Altura's commitment to cooperation with government audits, honest dealings with regulatory agencies, and prevention of fraud, waste, and abuse.

5. Conflict of Interest

We have a duty to know what a Conflict of interest is (including conflicts that may be connected to your family, friends and business relationships) and Altura's requirement for disclosing these types of interest.

6. Safeguarding Information and Resources

You are responsible for knowing the policies and requirements for using, disclosing, and protecting confidential information and records.

Confidential information includes patient information, business records, and intellectual property (resources and information made for Altura or made by anyone on behalf of Altura).

You are expected to protect laptops, portable devices, and passwords (never share passwords!).

7. Healthcare Advocacy

As a reminder, political activities and advocacy efforts intersect, but they are different.

“Advocacy” is raising awareness and education about government services impacting limited healthcare resources. This is allowed within certain limits but is managed by Altura’s Government Relations team.

“Political Activities” is strictly prohibited at Altura. This includes directly or indirectly participating in, or intervening in, any political campaign on behalf of (or in opposition to) any candidate for elective public office. Do not engage in political activities at work and/or during business hours.

Reporting Concerns

How to report concerns

If you need guidance or would like to report a concern it is encouraged that you go to your supervisor, however if you do not feel comfortable doing so you can contact Altura's compliance in the following ways:

- Call the 24 hour toll free Compliance Hotline at (888) 279-2449

- File and online report: MyComplianceReport.com
Use access ID: AMSO

- Write the office of the Compliance Officer at the Corporate Headquarters.

Examples of Issues to Report

Altura provides a Compliance Hotline for employees to report concerns. Examples include but are not limited to:

- Suspected Fraud, Waste, or Abuse
- Ethical Violations
- Misappropriation and/or misuse of Company Property
- Violation of Regulations or Laws
- Unsafe Working Conditions

Regular business matters that do not require anonymity should be directed to your supervisor or the HR department. If you need guidance or would like to report a concern it is encouraged that you go to your supervisor, however if you do not feel comfortable doing so you can contact Altura compliance.

Examples of Issues to Report

DO NOT Hesitate to Report Non-Compliance

Anti-retaliation Policy

- Altura strictly prohibits any punishment, retaliation, or negative consequences for reporting concerns in good faith to management and/or Altura compliance.
- If you feel you are being retaliated against for reporting, contact Altura compliance for support.
- Any person who retaliates against another person for the reporting of (or his/her participation in addressing) potential non-compliance shall be subject to the disciplinary actions.
- Take action when you believe our Code, Altura policies, or other laws and requirements may have been or may be violated.
- Raising problems before they become bigger issues is essential to operating with integrity and to protect Altura communities.

Acknowledgment

- I acknowledge that I have and /or have access to the Business Code of conduct and was oriented to the type of information in the code.
- I acknowledge that I own accountability at a professional and personal level at all times and am responsible for knowing and following the policies, regulations, and standards that apply to your work, including the Business Code of Conduct.
- I acknowledge that I'm personally responsible for getting the information from my supervisors and/or Altura's compliance if I do not know or need clarification about policies, regulations, or standards.
- I acknowledge my duty to report concerns about compliance with policies, regulations, and standards to my supervisors and/or Altura's compliance.