PURPOSE:
The purpose of this document is to implement the relevant provisions of 42 C.F.R. §§ 422.503(b)(4)(vi), and 423.504(b)(4)(vi), Chapter 9 of the PDBM, and Chapter 21 of the MMCM, which requires Part C and Part D sponsors to develop and implement an effective compliance program, including the maintenance of written policies and procedures and standards of conduct.

POLICY:
To articulate Devoted Health’s compliance and ethical standards and practices, and its commitment to comply with all applicable federal and state laws and regulations, Devoted has established written policies and procedures, including a Medicare Compliance Plan to implement the Medicare Compliance Program. These policies and procedures, in concert with, direct employees, Board of Directors, and FDR employees in implementing the elements of the Medicare Compliance Plan. Devoted Health’s Medicare Compliance Policies and Procedures are reviewed and updated at least annually, and when there are significant changes to applicable federal and state laws, regulations, or program requirements.

I. When the need arises, requiring Medicare Compliance to develop and implement a policy and procedure to address new or revised law, regulations, or program requirements, either an existing policy will be revised or a new policy will be drafted. When a new policy is drafted:
   A. A New Medicare Compliance Policy will be drafted utilizing the Medicare Compliance Policy and Procedure Template. Desktop guides containing procedural details may be in place to further describe the policy activities.
   B. Requirements and responsibilities will be outlined in the draft policy.
   C. Once a draft policy is created, it will be reviewed and approved by the Medicare Compliance staff responsible for the affected area.
D. The draft policy could be routed to other business partners for review, as needed, to ensure that there are no conflicts to other business or compliance policies and procedures.

E. The draft policy will next be reviewed by the MCO for additional review and input.

F. The MCO will conduct a final review of the draft policy and make any revisions, before issuing his/her approval. Once approved by the MCO, the policy can be implemented as a final policy and will be loaded to the Medicare Compliance policy repository.

II. Existing Medicare Compliance Policies and Procedures and the Medicare Compliance Plan are reviewed at least annually and revised if needed, or when there are legal, regulatory, or program changes that require Policy and Procedure revisions. When existing policies are updated:

A. Updates are noted via track changes in the document.

B. The revised document is submitted to the appropriate member or members of the Medicare Compliance Department for review and comment along with any other impacted business area.

C. The MCO will conduct a final review of the draft policy and make any revisions before issuing his/her final approval. Once approved by the MCO, the policy can be implemented as a final policy and will be loaded to the Medicare Compliance policy repository.

Policies are ‘due’ by the last day of the month that they are to be reviewed, i.e., policies up for annual review in January must be updated by the last day of the month (January 31st). A timeliness metric is documented at this time. Those business owners who are late in reviewing policies at the time of metric documentation will be issued a CAP immediately. Sample (10%) policies are then assessed by an analyst on the Compliance Team on the first business day of the succeeding month to ensure their (template/format) accuracy and will be reported as part of the Compliance team’s oversight of policies and procedures.

All business owners and employees of Devoted Health have access to a shared folder in Devoted Health> Company Shared Drive> Policy/Procedure that references policy template, format & a ‘How To’ process on the upload instructions of a policy into Orinoco.

REGULATORY REFERENCES:
● Chapter 21 MMCM and Chapter 9 PDBM

REFERENCED DOCUMENTATION:
● Policy Template
● Policy format
● Orinoco template

ACRONYMS & DEFINITIONS:
● BCI –Business, Conduct & Integrity
● BOD - Board of Directors
● CMS - Centers for Medicare & Medicaid Services
● FDR - First Tier, Downstream, and Related entities FWA – Fraud, Waste, and Abuse
COMP.08

Creation and Maintenance of Medicare Compliance Policies Policy & Procedure

- MA – Medicare Advantage
- MCC – Medicare Compliance Committee
- MCO - Medicare Compliance Officer
- MMCM - Medicare Managed Care Manual
- OIG – U.S. Department of Health & Human Services’ Office of Inspector General
- PDBM - Prescription Drug Benefit Manual

REVIEW:

Accountable for Policy Maintenance: Shannon O’Kane

Accountable for Implementation: Shannon O’Kane

Review and Revision History:

<table>
<thead>
<tr>
<th>Date</th>
<th>Revision #</th>
<th>Reason for Change</th>
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<tbody>
<tr>
<td>01.01.2020</td>
<td>1.1</td>
<td>Annual Review and Update (Shannon O’Kane)</td>
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<tr>
<td>01.01.2021</td>
<td>1.2</td>
<td>Annual Review and Update (Shannon O’Kane)</td>
</tr>
<tr>
<td>01.20.2022</td>
<td>1.3</td>
<td>Added content to existing policy / Annual Review (Kiley Cernansky)</td>
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