OneCare Vermont

Policy Updates
May through June 2020

Overview
Enclosed are the OneCare Policies that have been updated and approved by the OneCare Board of Managers for the time period of May 2020 through June 2020. Policy updates for April 2020 were previously supplied to the Board in the Q1 2020 submission. Summaries of the changes are provided below, followed by the corresponding Policies.

Summary of Changes

- **04-06 Disbursement Authority**
  - **Description**: Provides guidelines for the appropriate delegation of signature and approval authority for financial transactions.
  - **Key Changes**: Option added for two Vice Presidents or above to approve spending in excess of $1M (in addition to the existing option for approval by one Director and either one Vice President or the Chief Executive Officer).

- **04-10 Dues Policy**
  - **Description:** Defines the methodology used to calculate and collect the annual dues paid to OneCare by the network participants who are Risk Bearing Entities.
  - **Key Changes:** No material changes. Simplified the term "Risk Bearing Entities" to "Hospitals" for added clarity.

- **04-11 Participant Fixed Payment**
  - **Description:** Defines the methodology used to calculate and adjust the Participant fixed payments.
  - **Key Changes:** No material changes; minor changes for clarity.

- **04-14 Risk Program Participation PY 2020**
  - **Description:** Guides the exercise of discretion as to whether a new (e.g. first year) or current ACO Participant may be permitted to not participate in a Risk program.
  - **Key Changes:** Minor updates to this policy include clarifications on timing for participation in multiple risk programs and addition of an exogenous factors clause as a possible reason an ACO Participant is unable to participate in additional risk programs.

- **05-01 Contract Management** *(New Policy)*
  - **Description:** Establishes a uniform policy for the drafting, review, approval, management and retention of all OneCare contracts. Describes contracting accountabilities of the Director of ACO Contracting or designee, legal counsel, and Responsible Officers. Establishes a Contract Summary form and Legal Review form to be completed in the contracting process and provides guidelines for contract provisions.

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- **05-02 Participant Appeals** *(formerly 06-12)*
  - **Description:** Outlines the guidelines for Participants and Preferred Providers to appeal a determination, decision, or action made or taken by OneCare in relation to the Participant's or Preferred Provider's participation in any ACO Payer Program.
  - **Key Changes:** The changes in this policy reflect recent updates to leadership responsibilities. Ownership of this policy has transitioned from the Director of ACO Program Operations to the Director of ACO Contracting. Responsibility has shifted from the CEO to the COO for assigning a substitute for the Director of Contracting to address Level 1 Appeals, as well as to identify other officers and/or directors to participate in a Level 2 Voluntary Appeals, if necessary. Policy content was reorganized for added clarity.

- **07-02 Compliance**
  - **Description:** This policy sets forth the elements of the Compliance Program of OneCare, with its purpose to ensure that OneCare's Workforce and Member Network abide by all applicable laws, contractual agreements, and OneCare's Compliance Program.
  - **Key Changes**: Changes including summarizing the role of a new Audit Committee of the Board and outlining the reporting structure between the Chief Compliance and Privacy Office and the Compliance Committee. Updates also address streamlined reporting processes for incorporation of the Compliance Communications, Reporting, and Investigations Policy and formatting changes for efficiency.

- **07-07 Code of Conduct**
  - **Description:** This policy sets forth OneCare's commitment to operating in accordance with all applicable laws, including ethical, business, legal, and regulatory standards. OneCare expects that all Workforce and the Member Network will cooperate with OneCare's Compliance Program, respond promptly and honestly to any inquiries or reviews, and take action to correct any improper activities.
  - **Key Changes**: Changes include additional information regarding applicable laws governing ACOs, including: Provider Enrollment and Exclusion Checks; Health Care Fraud and Abuse laws, specifically (a) the Federal Anti-kickback Law, (b) the False Claims Act, (c) State Anti-kickback laws, and (d) the Deficit Reduction Act of 2005; Antitrust and Unfair Competition; Government Investigations; Harassment prohibition; Accuracy of Records and Retention; Mandatory and Duty to Report Requirements; Improper Influence in Audits; Protection and Proper Use of OneCare Assets; and reiterates Non-Retaliation for reporters. Additional formatting changes have been incorporated for efficiency.

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- **07-08 Compliance Communication, Reporting and Investigation** *(New Policy)*
    - **Description**: This policy sets forth OneCare's expectation of the Member Network and requirement of the OneCare Workforce to communicate any questions about OneCare's Compliance Program or any applicable laws and to report potential or actual Compliance Events in accordance with this Policy. This Policy also establishes the processes for reporting Compliance Events and for the investigations of such reports, including OneCare's commitment to non-retaliation for reporters.

Policy Number & Title	04-06 OneCare Disbursement Authority
Responsible Department/s:	Finance
Author:	Tom Borys, Sr. Director Finance and Payment Reform
Date Implemented:	09/18/2018
Date Reviewed/Revised:	06/01/2020
Next Review Date:	04/01/2021

Purpose:

The purpose of this policy is to provide guidelines for the appropriate delegation of signature and approval authority for financial transactions at OneCare Vermont Accountable Care Organization, LLC (OneCare Vermont). A sound internal control environment requires that only authorized individuals may approve financial transactions. OneCare Vermont relies on these internal control measures to ensure the appropriate procedures and levels of approval for all purchasing and payment methods are followed to ensure:

- Only legitimate and appropriate transactions are executed and recorded;
- Transactions are executed as intended, and in accordance with OneCare Vermont policy and relevant financial, legal and contractual requirements; and
- Errors are detected prior to execution.

Policy Statement:

Sound fiscal responsibility for OneCare Vermont requires that the person with the appropriate level of responsibility and accountability authorize the commitment of and approve payment from OneCare Vermont funds. This policy is intended to ensure compliance with State and federal regulations, provide effective financial management and create a flow of information that supports analysis, forecasting and planning.

Applicability:

This policy applies to all forms of payment, including ACH and wire transfers, or any type of payment made by any electronic media.

Procedure for Approval:

Board of Manager Approved Operational Expenses: OneCare Vermont creates an operating budget for each fiscal year that is approved by the Board of Managers. Levels of authority for budgeted expenditures within the Board approved budget are as follows:

- Spending up to $100,000 requires the approval of one (1) Director

- Spending greater than 100,000, but less than $1M requires the approval of two (2) Directors or one (1) Director and **either** one (1) Vice President or the Chief Executive Officer
- Spending in excess of $1M requires **either:**
    - The approval of one (1) Director **and** either one (1) Vice President or the Chief Executive Officer
    - The approval of two (2) Vice Presidents or above

Unbudgeted Operational Expenses: Should operational needs require the disbursement of unbudgeted expenditures, the following levels of authority apply:

- Spending up to $50,000 requires the approval of the Senior Director, ACO Finance & Payment Reform
- Spending greater than $50,000 but less than $100,000 requires the approval of either one (1) Vice President or the Chief Executive Officer
- Spending of greater than $100,000 on unbudgeted expenses is not permitted without the approval of the Board of Managers

Related Policies/Procedures: N/A

Location on Shared Drive:
S:\Groups\Managed Care Ops\OneCare Vermont\Policy and Procedures\Policies

Management Approval:

Tom Borys 6/22/20

Sr. Director, ACO Finance and Payment Reform Date

Sara E Barry 06/23/2020

Chief Operating Officer Date

Board of Managers Approval:

John Brumsted 07/13/2020

Chair, OneCare Vermont Board of Managers Date

Policy Number & Title:	04-10 Dues Policy
Responsible Department/s:	Finance
Author:	Tom Borys, Sr Director, ACO Finance and Payment Reform
Date Implemented:	January 1, 2019
Date Revised:	April 1, 2020
Next Review Date:	March 1, 2021

Purpose: To define the methodology used to calculate and collect the annual dues paid to OneCare by the network participants who are Risk Bearing Entities.

Scope: This is applicable to all network participants that contribute dues.

Policy:

1) Hospitals participating in OneCare Vermont (OneCare) Programs will pay dues to OneCare for the purpose of funding the portion of programs and/or operations/administration that are approved by the Board of Managers, but are not funded from other sources such as payer contract contributions.

2) The Annual Aggregate Dues Amount is the total funding for programs and operations/administration described in paragraph 1. It will be calculated as part of the OneCare budget process. All figures used to determine the Annual Aggregate Dues Amount will be derived from the Board-approved OneCare budget.

3) The Annual Aggregate Dues Amount will be calculated by: (1) subtracting any payer, government, or other revenues from the budgeted OneCare expenses for programs and operations/administration and (2) adding contributions to reserves required by programs, regulators or approved by the Board (positive or negative).

    a) In the event designated programs and/or operations/administration expenses are to be funded through shared savings or other program settlement funds, those amounts will be excluded from the Annual Aggregate Dues Amount.

4) The Annual Aggregate Dues Amount will be allocated between hospitals using the following methodology:

    a) The total modeled hospital Program Supplemental Payments will be subtracted from the Annual Aggregate Dues Amount to determine the Net Dues Amount.

    b) The Net Dues Amount will be proportionately allocated amongst hospitals using the most recent GMCB approved Net Patient Services Revenue (NPSR) budgets as the basis.

    c) Each hospital that is a Critical Access Hospital will then receive a 50% discount from its preliminary allocation.

        i) The gross total of this discount will then be proportionately allocated to all non-Critical Access Hospitals using the most recent GMCB-approved NPSR budgets as the basis.

    d) If, at this point, any hospital's preliminary dues allocation is in excess of its Maximum Risk Limit (MRL) for all Programs combined, the preliminary dues allocation amount will be replaced with the hospital's aggregate total MRL.

i) Any balance not accounted for will be proportionately allocated to all non-Critical Access Hospitals whose dues have not met their MRLs using the most recent GMCB-approved NPSR budgets as the basis. This process will happen iteratively until all dues have been allocated.

e) Each hospital's modeled Program Supplemental Payments will be added to determine each hospital's Gross Dues Amount.

f) The total Gross Dues Amounts will tie to the Annual Aggregate Dues Amount for all Programs.

5) If there are any material changes to the budget, or actual or reasonably expected OneCare revenues, the change(s) will be brought to the Finance Committee and the Board of Managers for review. Decisions made by the Board of Managers may result in a recalculation and reconciliation of dues.

6) OneCare will deduct each hospital's monthly dues allocation from other payments to be made to the hospital (ex. fixed payments, Program Supplemental Payments). If the monthly amount of the deduction is in excess of the amount that would be otherwise paid to the hospital OneCare will invoice for the dues amount separately and the hospital must pay within thirty (30) days to remain in good standing with OneCare.

Related Policies/Procedures: N/A

Location on Shared Drive:
S:\Groups\Managed Care Ops\OneCare Vermont\Policy and Procedures\Policies

Management Approval:

Tom Borys 5/18/20

Sr. Director, ACO Finance and Payment Reform Date

Sara E Barry 05/21/2020

Chief Operating Officer Date

Board of Managers Approval:

06/01/2020

Chair, OneCare Vermont Board of Managers Date

Policy Number & Title:	04-11 Participant Fixed Payment Policy
Responsible Department/s:	Finance
Author:	Tom Borys, Sr Director, ACO Finance and Payment Reform
Date Implemented:	January 1, 2019
Date Revised:	April 1, 2020
Next Review Date:	March 1, 2021

Purpose: To define the methodology used to calculate and adjust the Participant fixed payments.

Scope: This is applicable to all Participants accepting a fixed payment except those participating in the Comprehensive Payment Reform (CPR) Program.

Policy:

1) In alignment with All Payer Model, hospitals that participate in OneCare Vermont (OneCare) Programs that offer a fixed payment option will accept a fixed payment.
    a) OneCare will consider requests for exceptions based on unique circumstances or other good cause.
2) The fixed payment amounts are subject to monthly changes, calculated by management, for the following purposes, that are pre-identified causes of programmatic payment fluctuations:
    a) Changes in attribution
    b) Changes in the amount paid to OneCare by the plan
    c) To minimize the amount of any reconciliation expected at the conclusion of the Performance Year
3) In the event a Participant experiences a material change in circumstance such as a significant increase or decrease in service volume or change in services (a cause of programmatic payment fluctuations that is not pre-identified), the Finance Committee will review the circumstance and recommend an appropriate course of action regarding the ongoing fixed payment amount to the Board of Managers who will determine the course of action.
4) The fixed payment amounts will be calculated separately for each program using the following guidelines:
    a) Medicare
        i) Once Medicare gives OneCare the fixed payment (aka AIPBP) amount it will pay to OneCare on a monthly basis, OneCare will allocate the fixed payment between participating hospitals with the intent of matching each hospital's fixed payment with OneCare's best estimate of monthly average of zero-paid (i.e. shadow) claims that Medicare will approve for each hospital in the Performance Year.
        ii) The year-to-date and monthly fixed payment amounts paid to each hospital will be compared to zero-paid claims described in section 4.a.i on an ongoing basis. Periodic adjustments will be made to fixed payment amounts to minimize the magnitude of any overpayment and/or reconciliation to the participating hospitals at final Program Settlement.
    b) Medicaid
        i) Once DVHA gives OneCare the fixed payment (aka Fixed Prospective Payment or FPP) amount it will pay to OneCare for January of the Performance Year, OneCare will allocate that fixed payment between participating hospitals with the intent of matching each hospital's fixed payment with OneCare's best estimate of monthly average of zero-paid (i.e. shadow) claims that Medicaid will approve for each hospital in the Performance Year.

ii) Thereafter, the monthly variances in DVHA's payments to OneCare will be equitably allocated amongst hospitals based on the modeled impact to their programmatic service delivery volume, including where the attribution changes occurred.

iii) If new information emerges, all payments made may be reviewed and reconciled.

c) Other Programs

i) Other Programs may offer a fixed payment option. If the model is a reconciled fixed payment, the fixed payments will be set in a similar manner to Medicare. If the model is not reconciled, the fixed payment will be set in a similar manner to Medicaid.

Ongoing Review

1) Some Program Agreements allow for review of the results well after the final settlement has concluded. In the event that a plan initiates this subsequent review, the results will be brought to the Finance Committee and Board of Managers for review and a decision in regard to the best way to manage the circumstance. The Board's actions may supersede any/all methodologies outlined in this policy.

Related Policies/Procedures: N/A

Location on Shared Drive:
S:\Groups\Managed Care Ops\OneCare Vermont\Policy and Procedures\Policies

Management Approval:

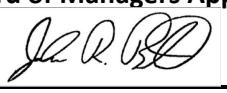
Tom Borys — 5/18/20

Sr. Director, ACO Finance and Payment Reform — Date

Sara E Barry — 05/21/2020

Chief Operating Officer — Date

Board of Managers Approval:

 — 06/01/2020

Chair, OneCare Vermont Board of Managers — Date

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Policy Number & Title:	04-14 Risk Program Participation
Responsible Department/s:	Operations and Finance
Date Implemented:	4/16/2019 for Performance Year 2020 ONLY
Date Reviewed/Revised:	5/6/19
Next Review Date:	4/16/2020

Purpose: To have a policy to guide the exercise of discretion as to whether a new (e.g. first year) or current ACO Participant may be permitted to not participate in a risk program.

Policy Statement: It is the general policy of OneCare that new risk ACO Participants be offered to participate in all risk ACO Programs but in year 1 may choose to only start in the Vermont Medicaid Next Generation Program. Existing Participants are encouraged to move into all available Risk programs in year 2 so long as the ACO Participant is a participating provider with the payer offering the risk ACO Program. If they are unable to participate in additional Risk programs, due to one of the circumstances listed below, Management will work with the participant to identify other "upside" only ACO programs or pilots that are available to the participant and community and would count towards scale targets.

Definitions:
ACO Program: refers to a program between ACO and a Payer for population health management through an alternative payment arrangement.

Participant or Participating Provider: refers to a health care provider that has entered into a Participant/ Affiliate Agreement with OneCare.

Circumstances:
ACO Participant demonstrates to the reasonable satisfaction of ACO Management any of the following circumstances.

1. ACO Participant is already contracted as an Attributing Participant in another Medicare Program or Medicare ACO outside of Vermont (Medicare Exclusivity Rule).

2. ACO Participant is not an Eligible provider in the Payer Program

3. ACO Participant is in a material legal dispute with a Payer.

4. ACO Participant who has participated in a Risk ACO Program is unable to participate in additional risk ACO Programs because additional financial risk is deemed untenable by the organization as defined by the organization's Governing Board.

5. ACO Participant who has participated in a Risk Program is unable to participate in additional ACO risk Programs because the operational demands would materially negatively impact their organization's operations or the organization does not have the resource capacity to fully participate in the clinical and quality programs of the ACO.

6. ACO Participant who has participated in a Risk Program is unable to participate in additional ACO risk Programs because of significant senior leadership changes or transitions (recent past or future) that has the potential to impact growth, workforce, administration and or operations.

If a participant is requesting to defer participation in additional risk programs for any circumstances not listed above, the CEO of OneCare will review the request, and bring to Board of Managers as needed

Related Polices/Procedures: N/A

Location on Shared Drive: S:\Groups\Managed Care Ops\OneCare Vermont\Policy and Procedures\Policies

Management Approval:

Director, Operations — Date: 5/16/19

Chief Operating Officer — Date: 5/16/19

Board of Managers Approval:

Chair, OneCare Board of Managers (Required) — Date: 5/7/19

Policy Number & Title:	05-01 Contract Management
Responsible Department(s):	Contracting
Author(s):	Sara Barry, Chief Operating Officer Linda Cohen, ACO Legal Counsel
Date Implemented:	July 1, 2020
Date Revised:	
Next Review Date:	May 1, 2021

I. Purpose: The purpose of this document is to establish a uniform policy for drafting, review, approval, execution, management, and retention of contracts involving OneCare Vermont Accountable Care Organization, LLC ("OneCare") to ensure that its contractual arrangements are lawful, consistent with business interests, and comply with policies and procedures.

II. Policy Statement and Scope: All Contracts involving OneCare as a party shall be drafted, reviewed, approved, executed, managed, and retained in accordance with this Policy. OneCare will not enter non-written, verbal contracts and shall not attempt to bind itself outside of a written agreement.

III. Definitions:

Any terms used within this Policy that are defined in the *Glossary of Terms for Policies and Procedures* shall have the meaning assigned in that glossary.

"ACO Legal Counsel" is the designated legal representative for OneCare, with the authority and responsibility (through employment or contractually) to review and approve the legal terms and conditions for a Contract. ACO Legal Counsel shall be engaged at appropriate times throughout the contracting process and must provide Legal Review before any Contract is signed by a Responsible Signatory.

"Business Lead" is a representative of the business unit or department requesting the Contract. The Business Lead shall: (i) provide the business terms, goals and information reasonably necessary for the Contract to reflect the arrangement desired; (ii) liaise with the Contracting Department to secure information, answer questions, provide support for the contracting process; (iii) assist to implement and monitor the Contract and (iv) provide support for renewal and termination decisions.

"Business Review" is the process by which every Contract is reviewed by the Business Lead, other identified subject matter experts, and the Contracting Department to assure that the terms of the Contract are consistent with the business goals and objectives of OneCare. The Business Review shall be consistent with other applicable policies of OneCare.

"Contract" is any form of promise or agreement intended to bind OneCare or that may potentially be enforced against OneCare by another party, regardless of its format. This includes, but is not limited to, memorandum of understanding, letter of intent, lease, letter agreement, settlement agreement and

amendments to existing agreements. All Contracts must be in writing and signed by a Responsible Signatory in order to be recognized as enforceable by OneCare.

"Contract Liaison" is a representative of the OneCare Contracting Department responsible for drafting, reviewing, and managing contracting processes as set forth in this Policy. In no circumstance will the Contract Liaison have the authority to make legal determinations or decisions.

"Legal Review" is the process by which Contracts, other than those excepted from this Policy, are reviewed by ACO Legal Counsel, or his/her designee, to assure that the terms of the Contract are consistent with the legal, contractual and regulatory obligations of OneCare and OneCare's business objectives and strategy.

"Responsible Signatory" is a representative of OneCare with the authority to contractually bind the organization up to the representative's authorization level as stated in other OneCare Policies and governance documents. The CEO, COO, and CFO are Responsible Signatories.

IV. Application: This Policy applies to all Contracts entered into by OneCare. This includes Contracts that are drafted by OneCare independently, jointly drafted Contracts, and Contracts proposed by other parties.

V. Policy:

A. Contract Approvals

1. Required Reviews and Approvals. Unless an exception is established, no Contract shall be executed unless: (i) the Contract has been approved by the Responsible Signatory following a favorable Business Review; (ii) the Contracting Department has reviewed for clarity, required provisions and prohibited provisions; (iii) a Legal Review is favorably completed; and (iv) any required Board approval has been obtained.

2. Authority to Execute Contracts. Contracts may be executed only by a Responsible Signatory, except that no Responsible Signatory may sign a Contract that binds OneCare to an amount in excess of the Signatory's authorization level under other applicable OneCare policies. (See, e.g. Policy FINC3, Levels of Authorization)

3. Board Approvals. OneCare's Board must approve execution of any Contract by which OneCare enters into a material arrangement which includes: (i) a value based payment program; (ii) any arrangement that uses a Participation Waiver of fraud and abuse laws; or (iii) arrangements where OneCare engages in a transactions for which Board approval is required by law, the Operating Agreement as amended from time to time or recommended by ACO Legal Counsel.

4. Unauthorized Contracts. No Contract will be recognized by OneCare as binding unless it has been reviewed and executed in compliance with this Policy. OneCare staff or representatives who attempt to or who do enter into a Contract without authority, or compliance with this Policy may be subject to disciplinary action OneCare will vigorously defend against any efforts to hold it responsible for any unauthorized contract.

5. Exceptions. Any exceptions to this Policy must be requested in writing, with support for a good faith, legally compliant reason to make an exception, and each exception must be approved by the COO or his/her designee after consultation to ensure OneCare's obligations will be met.

B. Contract Management

1. Contract Initiation and Drafting

The Contracting Department , shall have primary responsibility for the intake, development, review (including Business and Legal Review) execution, entry into contracts management database, implementation, and management of a Contract as those supporting tasks are allocated by OneCare procedures.

a) Preparation of Contract. The Contracting Department shall lead the preparation, negotiation, and development of the form and terms of the Contract, using to the extent practical, Contract templates and standard provisions. The Contracting Department shall coordinate, as appropriate, with other departments effected by the Contract.

b) Contract Templates, Standard Provisions. ACO Legal Counsel, in cooperation with the Contracting Department may, when appropriate, make available standard contract templates, forms, or provisions for use in all Contracts or particular types of Contracts (e.g. personal services contract template, or no agreements to pay for referrals*).* The Contracting Department will use these templates in the contract management process. Regardless of template used, all Contracts must comply with all other aspects of this Policy.

2. Contract Review

a) Business Review. Every Contract shall be subject to a Business Review to assure that the terms of the Contract are consistent with the business goals and objectives of OneCare. To the extent that the Business Review raises business or operational issues, the Contracting Department shall follow up with the appropriate leaders to resolve those issues.

b) Legal Review. Except for the Contracts specified below, every proposed Contract shall be presented to ACO Legal Counsel with a Business Review for legal review and approval. Legal Review includes evaluation of potential liabilities and risks; compliance with contractual, regulatory and legal obligations; and strategic alignment of terms with OneCare's business goals and objectives. The following Contracts shall not require legal review:

   i. Contracts in the ordinary course of business under a form of agreement template or exclusively using standard terms and conditions that have been approved in advance by ACO Legal Counsel.

c) Business Agreements. If a Contract will require OneCare to disclose individually-identifiable health information to a third party, a "Business Associate Agreement", in a

form approved by the Chief Compliance and Privacy Officer and ACO Legal Counsel, must be executed between OneCare and the third party in advance of any sharing of the data and/or protected health information.

d) Data Use Agreements. If a Contract will require OneCare to disclose data that is owned by a party other than OneCare and is subject to a Data Use Agreement, including but not limited to claims data, information derived from claims feeds, or other similarly protected data (collectively "protected data"), a Data Use Agreement must be executed between OneCare and the third party, subject to approval by the owner of the protected data.

e) Excluded Persons. OneCare will not knowingly contract with or retain on its behalf any person or entity that has been convicted of a criminal offense related to health care or which has been listed by a federal agency as ineligible for federal program participation. The Contracting Department will be responsible for performing and documenting federal exclusion and required background checks.

3. Contract Execution

a) Presentation to Responsible Signatory. Once the Business Review and Legal Review (or an exception demonstrated) are completed, and the Contract is approved for execution, the Contracting Department shall provide the Responsible Signatory with the salient information reasonably required to enter the Contract on behalf of OneCare. The information should include: documentation of compliance with this Policy and associated procedures; a summary of any significant concerns or issues raised in the contracting and review process; identified risks and mitigation strategies; and OneCare's goals and objectives for the Contract and the final Contract. The format of presenting this information shall be established by procedure.

b) Signature. The Contracting Department shall assure the Contract is duly executed by all parties.

4. Contract Management

a) Contracts Management Database. The Contracting Department shall establish and maintain a searchable computer database for Contracts subject to this Policy. Procedures governing authorization to access the database will be developed and maintained in support of this Policy.

b) Retention of Contracts. Fully executed copies of every Contract and supporting documentation shall be maintained by the Contracting Department in a contract management system. The Contract shall be maintained in accordance with OneCare's *Maintenance of Records Policy.* Authorization for the contract management system shall be controlled by relevant procedures.

c) Payment and Accounting. All Contracts involving the exchange of funds or goods shall be shared by the Contracting Department with the finance department upon Contract execution.

5. **Monitoring Contract Performance:**

a) Implementation and Deliverables. The Contracting Department will be responsible for tracking the Contract and its performance to facilitate: (i) Contract implementation; (ii) awareness of and meeting Contract terms and conditions, such as deliverables and deadlines; (iii) addressing questions or issues about the Contract; (iv) incorporating changes or modifications; and (v) OneCare's receipt of obligations owed to it under the Contract.

b) Contract Termination or Extension. The Contracting Department will advise Business Leads of the impending termination of a Contract with enough notice for Business consideration of the whether to extend the Contract. If extending, this Policy will be applicable to the extension documents.

VI. Review Process

This Policy will be monitored regularly for any changes required by payer program updates, changes to network contracting, changes in federal or state laws or regulation or other factors that may impact this Policy.

VII. References

1. Glossary of Terms for Policies and Procedures
   a. Location: S:\Groups\Managed Care Ops\OneCare Vermont\Policy and Procedures\Templates & Info

Related Policies/Procedures/Forms:

1. OneCare Maintenance of Records policy
2. Contract Summary Form
3. Legal Review Form
4. Guidelines for Contract Provisions
5. Checklist for Contract Execution Form
6. Policy FINC3 "Levels of Authorization"

Location on Shared Drive: S:\Groups\Managed Care Ops\OneCare Vermont\Policy and Procedures\Policies

Management Approval:

Martita A. Giard — 05/20/2020

Director, ACO Contracting — Date

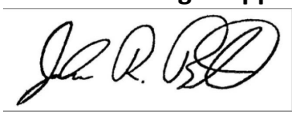
Sara E Barry — 05/21/2020

Chief Operating Officer — Date

Linda J. Cohen — 05/27/2020

ACO Legal Counsel — Date

Board of Manager Approval: **Requires BOM approval annually.*

 — 06/01/2020

Chair of the Board of Managers — Date

Policy Number & Title:	05-02 Participant & Preferred Provider Appeals Policy
Responsible Department(s):	ACO Contracting
Author(s):	Martita Giard, Director, ACO Contracting
Date Implemented:	July 19, 2016
Date Reviewed/Revised:	April 1, 2020
Next Review Date:	March 1, 2021

I. Purpose: To outline the guidelines for Participants and Preferred Providers to appeal a determination, decision, or action made or taken by OneCare Vermont (ACO) in relation to the Participant's or Preferred Provider's participation in any ACO Payer Program(s).

II. Scope: This policy applies to Participants and Preferred Providers contracted with OneCare Vermont and performing as a Participant or Preferred Provider in the ACO network.

III. Applicability:

Determinations, decisions, or actions that may be appealed under this Policy include, but are not limited to::

- Calculation of shared savings or loss (risk), distributions, or assessments;
- Calculation of capitated or other alternative fee-for-service program payments;
- Discipline, sanction, or termination of a Participant, Preferred Provider, or Provider from an ACO Program;
- Denial of a request to participate in an ACO Payer Program; and
- Sharing or distribution of a Participant's or Preferred Provider's performance data.

IV. Definitions:

Participant means an individual or group of Providers that is: (1) identified by a TIN; (2) included on any list of Participants submitted by ACO to Payers; (3) qualifies to attribute lives in ACO Payer Programs; and (4) that has entered into a Risk Bearing Participant & Preferred Provider Agreement with ACO. Participant may be more particularly defined in each ACO Payer Program.

Preferred Provider means an individual or an entity that: (1) is identified by a TIN; (2) if required by ACO Payer(s), is included on the list of Preferred Providers submitted by ACO to Payer(s); (3) does not qualify to attribute lives in ACO Programs; and (4) has entered into a Risk Bearing Participant and Preferred Provider Agreement with ACO. Preferred Provider may be more particularly defined in each ACO Payer Program.

V. Description/Policy:

Before filing an appeal, a Participant or Preferred Provider is encouraged to contact the ACO to determine whether the dispute can be resolved informally.

A Participant or Preferred Provider may not request an appeal for any issue the ACO is prohibited from appealing to the Payer under the relevant ACO Program.

The Appeals process begins with a Level 1 Appeal. If the Participant or Preferred Provider is not satisfied with the ACO's Level 1 decision, the Participant or Preferred Provider may request reconsideration through a Level 2 Voluntary Appeal.

A. Level 1 Appeal:

A Participant or Preferred Provider may submit a Level 1 Appeal in writing within ninety calendar (90) days of the date it receives notice of the issue in dispute.

A Level 1 Appeal must include the following information:

- The full legal business name and Tax Identification Number ("TIN") of the Participant or Preferred Provider contracted with the ACO to participate in an ACO Payer Program;
- The relevant ACO Payer Program;
- The name(s) and National Provider Identifier(s) ("NPI") of any individual Provider(s) who may be relevant to the issue(s) being appealed;
- Statement of the determination, decision or action being appealed with sufficient detail to inform the ACO of any relevant issues; and
- Any relevant supporting information and documentation.

The ACO will provide written acknowledgement to the Participant or Preferred Provider of its receipt of the appeal, and will make any initial requests for additional information or documentation, within fifteen (15) business days of receiving said appeal. The ACO may make additional requests for information or documents outside of this timeframe if necessary for determination of the appeal.

The Director of ACO Contracting will review the written appeal and any information or documents submitted by the Participant or Preferred Provider and will confer with appropriate member(s) of OneCare's Workforce to assist in the appeal review process.
The Director of ACO Contracting[1] will facilitate and finalize the Level 1 Appeal determination.

The ACO will issue a written decision to grant or deny the appeal within sixty (60) calendar days of receipt of the written appeal from the Participant or Preferred Provider, or receipt of any additional information or documentation submitted by the Participant or Preferred Provider pursuant to a request from the ACO, whichever is later. The decision will include the supporting rationale and will set forth any actions that are to be taken by the Participant or Preferred Provider in accordance with the decision.

If the Participant or Preferred Provider is not satisfied with the ACO's decision, the Participant or Preferred Provider may request reconsideration through a Level 2 Voluntary Appeal.

B. Level 2 Voluntary Appeal:

A Participant or Preferred Provider may submit a Level 2 Voluntary Appeal in writing no later than ninety (90) calendar days after the date of the ACO's written decision on the Level 1 Appeal. The ACO's Appeals Committee ("Committee") will determine whether to grant or deny the Level 2 Voluntary Appeal. Any materials reviewed in conjunction with the Level 1 Appeal will be provided to the Committee for review and consideration in making a determination on this appeal. The Participant or Preferred Provider may also submit additional relevant information or documents to the Appeals Committee for review and consideration. The ACO will provide written acknowledgement of its receipt of the Level 2 Voluntary Appeal within fifteen (15) business days of receiving it.

The Appeals Committee shall consist of the ACO's Chief Medical Officer, Chief Operating Officer, Chief Financial Officer/Vice President of Finance, and Senior Director of Finance.[2] The Committee may also designate any member(s) of OneCare's Workforce who may have knowledge or expertise relevant to the

[1] Should the Director of ACO Contracting be unavailable for any reason to timely participate in the Level 1 Appeal process, the COO shall designate an alternate member of the ACO's leadership team with sufficient knowledge and experience to serve in this role.

[2] Should any of these Officers or Directors be unavailable for any reason to timely participate in the Level 2 Voluntary Appeal, the COO shall designate an alternate member of the ACO's leadership team with equivalent knowledge, experience, and expertise as that of the unavailable Officer(s) or Director to serve on the Committee in this role.

subject of the appeal as additional members of the Committee to participate in the review and determination of the appeal. The Appeals Committee may not designate the Director of ACO Contracting as an additional member, however it may request relevant factual information from that individual.

The Participant or Preferred Provider may request a meeting ("Meeting"), either by telephone or in-person, with a panel of at least three (3) members of the Appeals Committee ("Panel") to discuss the subject of the appeal and any materials submitted for consideration by the Committee. The Panel will summarize the contents of the Meeting for any members of the Committee who were not present.

The ACO and the Participant or Preferred Provider will make good-faith efforts to schedule a mutually-agreeable date and time for the Meeting to occur that is within forty-five (45) calendar days of the ACO's receipt of the Level 2 Voluntary Appeal. If, despite good-faith efforts, the parties are unable to agree upon a date and time for the Meeting to occur within this timeframe, the Participant or Preferred Provider may opt to: (1) forgo the meeting; or (2) request an extension of time to conduct the Meeting pursuant to the guidelines set forth below. The Participant or Preferred Provider must request such an extension in writing prior to the expiration of the forty-five (45) calendar day window for the Meeting, otherwise the Participant or Preferred Provider will be deemed to have opted to forgo the Meeting.

The ACO will issue a written decision to grant or deny the Level 2 Voluntary Appeal within sixty (60) days of the latest of: (1) the date the ACO is in receipt of all information and documents submitted by the Participant or Preferred Provider for review by the Appeals Committee; (2) the date the Meeting expires; or (3) the date the Meeting occurs. The ACO's written decision will include the rationale supporting it and will set forth any actions that are to be taken in accordance with the decision.

C. Appeal Extension Guidelines

The Participant or Preferred Provider may make a written request for an extension of any timeframe set forth in this Policy. Any such request must include the reason for making the request and a reasonable estimate of the additional time needed. The ACO may, in its sole discretion, grant this request under the following circumstances: (1) the information or documents supporting the appeal are voluminous and/or complex such that additional time is required for review; (2) information or documents in the possession of third parties, or witnesses with relevant factual knowledge of the subject of the appeal, that are necessary for making a reasonable determination to grant or deny the appeal are not available within the prescribed timeframes, but will be available at a reasonable later date; or (3) the ACO and Participant or Preferred Provider, despite good-faith efforts, are unable to schedule the Meeting within the forty-five (45) calendar day window permitted, and the Meeting can be scheduled within a reasonable period of time outside of the window.

D. Effect of Appeal Decisions

All decisions by the ACO to grant or deny a Level 2 Voluntary Appeal are final. A Participant or Preferred Provider must exhaust the appeals process set forth in the Policy before seeking resolution of the dispute through another process that may be required or permitted under the terms of the relevant Participant or Preferred Provider Agreement with the ACO.

E. Contact Information for Submission of Appeals:

OneCare Vermont Accountable Care Organization, LLC
Attn: Participant Appeals
356 Mountain View Drive, Suite 301
Colchester, Vermont 05446

Review Process: This Policy will be monitored to ensure it remains in alignment with all Program Agreements between ACO and Payers.

References: N/A

Related Policies/Procedures: N/A

Location on Shared Drive: S:\Groups\Managed Care Ops\OneCare Vermont\Policy and Procedures\Policies

Management Approval:

Martita A. Giard — 05/20/2020
Director, ACO Contracting — Date

Sara E Barry — 05/21/2020
Chief Operating Officer — Date

Gregory Daniels — 05/22/2020
Chief Compliance Officer — Date

Board of Managers Approval:

06/01/2020
Chair, OneCare VT Board of Managers — Date

Policy Number & Title	07-02 Compliance Policy
Responsible Department/s:	Compliance
Author:	Greg Daniels, Chief Compliance and Privacy Officer
Original Implementation Date	09/23/2013
Date Reviewed/Revised:	06/01/2020
Next Review Date:	04/01/2021

I. Purpose

This Compliance Policy ("Policy") sets forth the elements of the Compliance Program of OneCare Vermont Accountable Care Organization, LLC ("OneCare"). The purpose of this Policy is to ensure that OneCare's Workforce and Member Network abide by all applicable law and the terms of the Compliance Program. In furtherance of this purpose, this Policy establishes the organization of the Compliance Program whereby OneCare trains its Workforce and Member Network on applicable law, audits and monitors its Workforce and Member Network for compliance with applicable law, provides mechanisms to report potential and actual violations of applicable law or the terms of the Compliance Program, investigates reports of such violations, and implements the appropriate corrective actions in response.

This Policy is one aspect of OneCare's Compliance Program, which is modeled on the regulations governing ACOs and the terms of the All-Payer Model, as well as guidance promulgated by the GMCB, governmental regulators and agencies which oversee ACOs, such as CMS and the Federal Trade Commission ("FTC"). OneCare is committed to compliance with applicable law, including without limitation, those governing publicly funded health care programs and ACOs, including those set forth by the GMCB; ethical standards set forth in OneCare's Code of Conduct, terms of contractual documents with CMS, public and private payers.

In addition, in the conduct of its business, OneCare's Workforce and its Member Network shall comply with all applicable laws. OneCare's Workforce and Member Network must become familiar with and comply with the terms of the Compliance Program as a condition of employment, and violations of the Compliance Program may lead to disciplinary action, up to and including termination of employment. For any questions regarding the Compliance Program, the Workforce should contact their immediate supervisor, Human Resources representative or the Chief Compliance and Privacy Officer of OneCare.

II. Scope

This Policy is applicable to all of OneCare's Workforce, Officers, Senior Management Executives, members of the Board of Managers, Board Sub-Committees, any other Committees acting on behalf of or under the authority of OneCare, OneCare's Member Network, and anyone else who does business with or on behalf of OneCare.

III. Definitions

Commonly used terms have the same definition as defined in OneCare's Policy Glossary, available upon request. For purposes of this Policy, the below terms have the following meanings:

1. **Applicable laws**: means all federal state and local laws, rules and regulations and the terms and conditions set forth in the policies, procedures and payer agreements of OneCare. Applicable law shall include, but not be limited to, the following: (a) federal criminal law; (b) the federal False Claims Act (31 U.S.C. 3729 *et seq*.)

and state law equivalents; (c) the federal anti-kickback statute (42 U.S.C. 1320a-7b{b)) and state law equivalents; (d) the federal civil monetary penalties law (42 U.S.C. 1320a-7a) and state law equivalents; (e) the federal physician self-referral law (42 U.S.C. 1395nn) and state law equivalents; (f) the federal and state antitrust laws (15 U.S.C. 1 *et seq.* and 10 M.R.S.A. § 1101-1102-A and 5 M.R.S.A. § 207, respectively); (g) the federal and state patient privacy protection laws, including the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"); (h) the terms and conditions set forth in the Vermont All-Payer Accountable Care Organization Model ("All-Payer Model") Agreement among the Centers for Medicare & Medicaid Services ("CMS"), the Governor of the State of Vermont, the Green Mountain Care Board ("GMCB") and the Vermont Agency for Human Services ("AHS"), and all related contracts among these parties in furtherance of the All-Payer Model; (i) those regulating and governing the formation and operation of accountable care organizations ("ACOs") and other publicly funded health care programs, including those set forth by the GMCB or the State of Vermont through AHS; (j) ethical standards set forth in OneCare's Code of Conduct; and (k) the terms of all other agreements of OneCare with CMS and other public and private payers.

2. **ACO Legal Counsel**: is the designated legal representative for OneCare, with the authority and responsibility (through employment or contractually) to perform legal or other tasks or functions OneCare assigns to them.

3. **Compliance Authorities:** means any and all laws, regulations, guidelines, or other authorities applicable to OneCare.

IV. Policy

The OneCare Compliance Program is comprised of the following elements:

1. Roles and Responsibilities of Chief Compliance and Privacy Officer, Compliance Committee and Audit Committee

a. Designation of Chief Compliance and Privacy Officer

OneCare shall have a Chief Compliance and Privacy Officer ("CCPO") who oversees all compliance matters on behalf of OneCare. The CCPO shall report directly to the Board and the Chief Executive Officer ("CEO") of OneCare. The CEO, however, shall not have authority to interfere with the independent judgment of the CCPO, or impede the CCPO's direct access the Chair or Members of the Board, or to members of Senior Management when deemed necessary and appropriate by the CCPO.

The CCPO shall be responsible for:

- Overseeing and monitoring OneCare's Compliance Program, including the development, implementation and oversight of OneCare's Code of Conduct and compliance-related policies and procedures, and ensuring alignment of the Compliance Program with applicable law;

- Developing and implementing a compliance education and training program for OneCare Workforce and Member Network;

- Developing policies and procedures that are effective in identifying, and encourage the reporting of, non-compliance or suspected fraud, waste and abuse;

- Serving as a knowledgeable resource to organizational and operational matters relating to compliance;

- Developing, implementing and monitoring an annual Work Plan setting forth the priorities and initiatives of the Compliance Department and the Compliance Committee;

- Ensuring the effectiveness of the Compliance Program through auditing and monitoring, including of risk areas and compliance questions and concerns;

- Reporting regularly to the Audit Committee, the Board, and the CEO on compliance matters, audit findings, investigations, assessments and advising OneCare on recommended corrective actions arising from audits and investigations;

- Reviewing and revising elements of the Compliance Program, including compliance-related policies and procedures, to address changes in applicable law and to incorporate recommendations arising from audits and investigations;

- In collaboration with the Chief Financial Officer ("CFO") and the Audit Committee, overseeing the repayment of overpayments to the extent OneCare receives any overpayment for services, and other applicable payment-related compliance matters;

- Receiving, documenting and investigating reports of potential non-compliance with the Compliance Program or applicable laws, which may include engaging internal and external resources to assist with investigations as appropriate and/or training designees to conduct investigations;

- Developing policies and procedures providing that those who make a good faith report of non-compliance with the Compliance Program or applicable law, and that those who participate in an investigation, may do so without fear of retaliation;

- Advising management and the governing body about difficulties achieving compliance and implications of non-compliance.

The Chief Compliance and Privacy Officer will not serve as legal counsel to OneCare. The CCPO may delegate the foregoing responsibilities to members of the Compliance Department, provided that the CCPO shall remain responsible for all such delegated activities.

b. Designation of the Compliance Committee

There shall be a Compliance Committee comprised of members of the OneCare Workforce, including the following: CCPO, CEO, CFO, Chief Medical Officer ("CMO"), Chief Operating Officer ("COO") director-level representatives of Finance and Payment reform, Public Affairs, Contracting, Operations and Value Based Care, University of Vermont Medical Center Security Officer representative, and Human Resources representative. The Compliance Committee shall be chaired by the CCPO and shall report to the Board regarding its ongoing oversight activities through the Audit Committee.

The activities of the Compliance Committee shall include providing oversight of the Compliance Program, producing an annual work plan for the upcoming program year, and overseeing investigations of reported or suspected instances of non-compliance, including through the analysis of claims payment data made available to OneCare by the various payers, as set forth in the terms of the individual agreements governing each payer program. The Compliance Committee may meet in its entirety or in smaller working groups and shall operate in accordance with the terms of the Compliance Committee Charter.

The Compliance Committee may meet in its entirety or in smaller working groups and shall operate in accordance with the terms of the Compliance Committee Charter.

c. Designation of the Board Audit Committee

There shall be an Audit Committee of the Board that works with and provides input to the Chief Compliance and Privacy Officer in developing and periodically updating a detailed and effective audit and monitoring plan with respect to the Compliance Program. The Audit Committee shall be comprised of members of the Board, the CCPO and the CEO, or designee, as further described in the Audit Committee Charter. The CCPO shall periodically report on internal and external audits of the Compliance Program to the Audit Committee. The Audit Committee shall report to the Board on a quarterly basis.

2. Code of Conduct

OneCare has established a Code of Conduct which is an essential component of the Compliance Program. The Code of Conduct establishes the general ethical and compliance expectations for OneCare Workforce and the OneCare Network of participants, preferred providers, collaborators, contractors, awardees, and others who perform functions or ACO related activity services for or on behalf of OneCare. The Code of Conduct is available to the Workforce and Member Network through paper copy, electronic means, including the OneCare Secure Portal, or upon request. Members of the Workforce are required to certify that they have read and agree to be bound by the terms of the Code of Conduct as a condition of employment as a member of OneCare's Workforce.

3. Policies and Procedures

OneCare shall develop and maintain policies and procedures to ensure that the ACO business and operations are conducted in accordance with this Policy, the Code of Conduct, and all statutory and regulatory requirements. These policies and procedures are available to all OneCare Workforce through paper copy, electronic means or upon request. Training on the development, review and adherence of policies shall be periodically included in Workforce training programs.

OneCare shall adopt and maintain policies and procedures to address the following Compliance Program functions:

i. Internal audit and monitoring policy to ensure compliance with this Policy and Code of Conduct;

ii. Polices addressing compliance with the fraud and abuse laws, including prohibitions found in federal and state criminal law, such as the Anti-Kickback Statute, Stark laws, False Claims Act,

referrals among ACO members, gainsharing Civil Monetary Penalties ("CMP"), and prohibitions on patient inducements, including to address the prohibition on unlawful referrals;

iii. Policies addressing compliance with the requirements of the ACO Fraud and Abuse Waivers granted to OneCare by CMS under the Vermont All-Payer Model;

iv. Non-retaliation;

v. Record retention and destruction (General 10-year retention period for ACO documents);

vi. Information security and HIPAA privacy and security rules compliance, including on the confidentiality of protected health information and notification of breach of protected health information;

vii. Reporting, investigating and correcting violations of the law or the Code of Conduct; and

viii. Training and education.

When an organization becomes a member of the Member Network, it shall provide copies of its written compliance plan and Compliance policies to the Chief Compliance and Privacy Officer. To the extent permitted by law, the Member Network shall ensure its compliance plan and policies sufficiently address legal and regulatory requirements related to ACO activities, and reflect the requirements of this Policy. Members of the Member Network shall work collaboratively with the CCPO to ensure its Compliance Program and policies sufficiently address legal and regulatory requirements related to ACO activities.

4. Education and Training

OneCare recognizes the importance of communicating its Compliance Program to its Workforce and Member Network. It is the intent of OneCare to require its Workforce and Member Network to participate in compliance training programs annually and to make additional trainings on related topics available by electronic and in-person means. Trainings may include lectures, workshops, case studies, videos, classes and other modalities, and materials may be distributed either in-person or on-line. All employees must attend and successfully complete compliance training annually, and all new hires must be appropriately trained as part of their onboarding.

Training programs will be targeted to specific programmatic departments of OneCare. Employees will receive training that is specific to their job responsibilities and obligations under the Compliance Program. Examples of some of the topics to be address by OneCare's training programs are as follows:

- Physician self-referral, Anti-Kickback statutes and CMP penalties, including the application of CMS final waivers in connection with ACO start-up and ongoing operations (42 C.F.R. Chapter V), other fraud & abuse laws, federal and state criminal law related specifically to healthcare fraud, referrals among ACO members, gainsharing CMP, and prohibitions on patient inducements;

- How to detect potential fraud, waste, and abuse and the parameters for reporting any suspicions to the Chief Compliance and Privacy Officer including use of the Compliance Hotline and how to make confidential reports of potential violations;
- Anti-trust law and its application to ACOs;
- ACO beneficiary rights;
- ACO Marketing requirements;
- Reporting and investigating suspected violations and complaints;
- Non-retaliation;
- Conflict of interest requirements;
- Data sharing, other information security requirements, Patient Confidentiality;
- Record retention; and
- Requirements requiring Medicaid reimbursement and utilization of services as may be directed, or waived, by DVHA.

In addition to annual trainings, other education may be provided as necessary to address evolving compliance risks, including but not limited to items and topics addressed in the federal Office of the Inspector General ("OIG") reports or identified during internal or external audits of OneCare or any of its Member Network. The Chief Compliance and Privacy Officer shall keep a record of education and training provided to OneCare's Workforce and Member Network, and shall maintain documentation and attendance records of each training.

5. Conflict of Interest

OneCare has a Conflict of Interest ("COI") Policy that applies to members of the Board and other Key Persons (as defined in the COI Policy) and which requires annual and ongoing disclosures of relevant financial interests, a process for determining whether a conflict of interest exists, a process for addressing any conflicts that arise, and remedial steps that will be taken in the event members of the governing body fail to comply with the policy.

6. Auditing and Monitoring

OneCare maintains a program of periodic auditing and monitoring to routinely identify compliance risk areas specific to ACOs. OneCare has a system for self-evaluation of identified principal risk areas. OneCare will monitor compliance with all risk areas identified in the Compliance Program and will regularly review metrics related to cost, utilization and quality for indications of program integrity concerns. This will include internal monitoring and external audits to determine whether the Compliance Program is being adhered to and whether it is successfully serving its risk areas. Self-evaluations and monitoring efforts are analyzed to identify risk areas and any areas of non-compliance. Findings of non-

compliance through self-evaluations and monitoring are analyzed further to determine the scope and breadth of problems.

The Chief Compliance and Privacy Officer may recommend to the CEO or the Board that independent accounting firms or consultants be retained to review areas of OneCare's operations to determine whether they meet the requirements of the Compliance Program. The monitoring and auditing procedures will include, at a minimum, internal and/or external audits of appropriate programs at OneCare to assess levels of compliance with the Compliance Program and OneCare's website, marketing, provider contracting, policies, quality, training, payer contracting requirements, hotline reporting, governmental and other reporting, high-risk patients and other audits.

Audits will be performed on a regular basis as determined by OneCare and any external auditor retained by OneCare. OneCare will retain the records of audit reports in compliance with OneCare's Records Retention Policy.

7. Confidential Communications and Reporting

OneCare maintains a confidential communication mechanism so that OneCare's Workforce, Member Network and others may report compliance concerns without concern of retaliation. It is the obligation of each member of the OneCare Workforce to report to the Chief Compliance and Privacy Officer conduct he or she knows or reasonably believes to be in violation of the Compliance Program and all applicable laws.

OneCare is committed to a policy of non-retaliation against members of the OneCare's Workforce and Member Network who report suspected violations in good faith. Any action taken by a member of OneCare's Workforce or Member Network to retaliate against anyone making a good faith report alleging improper activities is strictly prohibited. Any member of OneCare's Workforce or Member Network who commits or condones any form of retaliation will be subject to discipline up to, and including, termination of employment or exclusion from OneCare.

For detailed information on reporting potential or actual violations of applicable law, confidentiality and non-retaliation, and investigations, please see OneCare's *Compliance Communication, Reporting, and Investigation* and *Code of Conduct*.

Internal Reporting

Reports of potential or actual violations of applicable law may be made to an immediate supervisor, a member of the management team, a member of the Compliance Committee, the Chief Compliance and Privacy Officer, or OneCare's Compliance Hotline.

Reports made to the Chief Compliance and Privacy Officer will be treated confidentially to the extent permitted by law. Reports may be made anonymously to ensure confidentiality. The CCPO, or designee, or ACO Legal Counsel, where appropriate, will assess and investigate all reports received. Corrective action and training will occur as needed and applicable.

External Reporting

Reports of potential or actual violations of applicable law may be made to OneCare's CCPO, ACO Legal Counsel, or through OneCare's Compliance Hotline or Email. Contact information for the Compliance Hotline and Email is published to the Network by way of the OneCare's website and inclusion in Network education and training materials circulated on an ongoing basis.

If OneCare discovers credible evidence of misconduct from any source related to OneCare's operations and performance, and after a reasonable inquiry believes that the misconduct represents a probable violation of law, OneCare may promptly report the existence of misconduct to the appropriate contracted program and/or law enforcement agency within the appropriate period in accordance with applicable law. OneCare's CEO, CCPO, Audit Committee Members, and the Board will review all such external reports with ACO Legal Counsel prior to any disclosure.

8. Monitoring of Network

OneCare and its Member Network will not knowingly hire, employ or contract with an individual or entity that has been excluded from participation in any federal health care program. All members of OneCare's Workforce and Member Network providers will be screened against the OIG List of Excluded Individuals and Entities ("OIG LEIE") and the federal System for Award Management ("SAM") Exclusion Database prior to initial hire or contracting, respectively, and quarterly thereafter. Documentation of such screening will be maintained by OneCare's CCPO.

The Member Network will be required to conduct such screenings and assure OneCare that there are no excluded or debarred individuals in their employ. The Member Network will immediately notify OneCare of the identity of any person or entity who provides services to or on behalf of OneCare and its Member Network that: (a) has been excluded according to the OIG LEIE or SAM; (b) has been subject to any conviction or adverse action that subjects the individual to federal health care program exclusion under 42 U.S.C. 1320a-7; or (c) has a history of health care program integrity issues.

OneCare will immediately remove any excluded entity or individual from any work related directly or indirectly to OneCare, and will report such removal to payers.

9. Responding to Detected Compliance Issues

OneCare commits to timely and full cooperation with governmental inquiries, audits and investigations, and the adherence to standards and protocols that involve ACO Legal Counsel, the Chief Compliance and Privacy Officer, as well as the compliance officers or their equivalent of OneCare's Network.

OneCare will take appropriate corrective action in response to any identified compliance issues. Such corrective action may include additional training, revision of policies and procedures and/or Workforce discipline.

10. Coordination with Regulators

OneCare will work cooperatively with and maintain communication with payers and regulatory agencies, including the Department of Vermont Health Access ("DVHA") Program Integrity Unit. In doing so, it is essential that OneCare's legal rights are protected. The Workforce should understand that communications and cooperation with payers and regulatory agencies should follow the appropriate procedure for such communications, and if any employee receives an inquiry, a subpoena or other legal

document regarding OneCare's business which is not routine in nature, the employee should notify the Chief Compliance and Privacy Officer, ACO Legal Counsel, or their designee(s), immediately.

While OneCare is a participant in the All-Payer Model, all program integrity requirements set forth in any program agreement between OneCare and DVHA shall be included as part of this Compliance Program. The Chief Compliance and Privacy Officer and OneCare will cooperate and maintain communication with DVHA's Program Integrity Unit to make prompt reports or referrals of fraud, waste, and abuse and removal of an excluded entity or individual from the Member Network or work related directly or indirectly to OneCare, and will participate in the development of corrective action plans.

11. Monitoring Provision of Reports to DVHA

OneCare will monitor on a regular basis through its committees and Board reports relating to key metrics of cost, utilization, and quality to identify variance that may inform program integrity functions.
The following type of reports will be monitored and made available to DVHA at its request: Over and Underutilization reports; HEDIS Measures; Quality Measures required by DVHA ; Care Coordination Outcomes; Beneficiary/Member Experience; Medical Expense Targets; Member Services Grievance and Appeals and; Network reports.

As required by the Agreement between OneCare and DVHA, and at DVHA's discretion, OneCare will conduct a comprehensive evaluation of Quality, Experience, Total Cost of Care, and Utilization outcomes on an annual basis to identify opportunities for improvement as well as accomplishments and will develop interventions based on that evaluation. The evaluation will include over and underutilization, appropriateness, efficacy or efficiency of services, and member satisfaction. The Population Health Strategy Committees will review the evaluation which will ultimately be approved by the Board and made available to DVHA.

V. Questions

Additional information and policies included in OneCare's Compliance Program, including this Policy, are available on the OneCare Secure Portal and upon request. In addition, questions regarding this Policy and the OneCare may be addressed to the Chief Compliance and Privacy Officer at: OneCareVTHotline@OneCareVT.org

Or, you may make anonymous inquires or reports by phone to the OneCare Compliance Hotline at:

Local: 802-847-7220
Toll-free: 877-644-7176, Option 3

VI. Review Process

This Policy and the Code of Conduct shall be reviewed periodically and updated to be consistent with the requirements established by the Board, OneCare Leadership, Federal and State law and regulations, and applicable accrediting and review organizations.

VII. References:

1. Payer Program Contracts and Requirements

2. Policy & Procedure Glossary
    - Location: S:\Groups\Managed Care Ops\OneCare Vermont\Policy and Procedures\Templates & Info\Glossary

VIII. Related Policies/Procedures:

1. 07-06 Conflict of Interest Policy
    - Location: S:\Groups\Managed Care Ops\OneCare Vermont\Policy and Procedures\Policies\Final PDFs with signature
2. 07-07 Code of Conduct Policy
    - Location: S:\Groups\Managed Care Ops\OneCare Vermont\Policy and Procedures\Policies\Final PDFs with signature
3. 07-08 Compliance Communication, Reporting, and Investigation Policy
    - Location: S:\Groups\Managed Care Ops\OneCare Vermont\Policy and Procedures\Policies\Final PDFs with signature

Location on Shared Drive: S:\Groups\Managed Care Ops\OneCare Vermont\Policy and Procedures\Policies\

Management Approval:

Joan Zupko — 6/22/20

Director, Operations — Date

Sara E Barry — 06/23/2020

Chief Operating Officer — Date

Gregory Daniels — 07/02/2020

Chief Compliance and Privacy Officer — Date

Board of Managers Approval:

John Brumsted — 07/13/2020

Chair, OneCare Vermont Board of Managers — Date

Policy Number & Title:	07-07 Code of Conduct
Responsible:	Compliance
Author:	Greg Daniels, Chief Compliance and Privacy Officer
Date Implemented:	01/01/2017
Date Reviewed/Revised:	06/01/2020
Next Review Date:	04/01/2021

I. Purpose

As part of its Compliance Program, OneCare Vermont, Accountable Care Organization ("OneCare") adopts this Code of Conduct Policy ("Policy") to set forth its commitment to operating in accordance with all applicable clinical, ethical, business, legal, and regulatory standards. This Code of conduct is intended to supplement, but not replace, any applicable federal, state or local laws and is companion to the OneCare Compliance Policy. OneCare expects that all persons and entities engaged in OneCare's programs will cooperate with OneCare's compliance activities, respond promptly and honestly to any inquiries or reviews, and take action to correct any improper activities.

II. Scope

This Policy is applicable to all of OneCare's Workforce, Officers, Senior Management Executives, members of the Board of Managers, Board Sub-Committees, any other Committees acting on behalf of or under the authority of OneCare, OneCare's Member Network, and anyone else who does business with or on behalf of OneCare.

III. Definitions

Commonly used terms have the same definition as defined in OneCare's Policy Glossary, available upon request.

IV. Policy

1. Coordination with the Member Network Compliance Programs

OneCare is comprised of its founding members and Member Network, each with their own culture and unique characteristics. In joining together, the Member Network recognizes the importance of acknowledging certain principles and standards central to the mission of OneCare. To this end, the Member Network is bound by the OneCare Compliance Program and this Code of conduct, while also remaining bound by the compliance programs and Code of Conduct of their respective organizations.

2. Mission

The mission of OneCare, as a statewide Accountable Care Organization ("ACO"), is to enhance the effectiveness of patient and family centered care for all Vermonters. OneCare is dedicated

to optimizing the delivery of care in order to improve outcomes and patient experience in support of a sustainable health care system under a predictable rate of growth.

3. Values

OneCare's values include to facilitate the delivery of care which is person centered, holistic, population focused, and evidence-based through teamwork, courage, respect, leadership, excellence and commitment. The OneCare Workforce and the Member Network are expected to be familiar with and support these values.

- **Person Centered:** Seeking superior outcomes that are important to patients through a culture of measurement, quality improvement, and use of superior analytic capabilities to improve the health of our population
- **Holistic:** Recognizing and integrating all factors that impact health including bio-psychosocial and economic
- **Population Focused:** Maximizing the ability of children to learn and develop, supporting a healthy workforce, and meeting the complex needs of the frail elderly and disabled
- **Evidence-based:** Making accurate diagnoses efficiently and implementing evidence based treatments
- **Teamwork:** Foster a culture of collaboration and partnership to improve the delivery of care services
- **Courage:** Challenge existing thinking and vested interests of the system to create new paradigms of care
- **Respect:** the diversity of health care providers and patients in our communities
- **Lead:** Be a leader of national and statewide health care reforms
- **Excel:** Exceed customer expectations with openness and honesty
- **Commitment:** Listen, communicate, and seek opportunities for improvement

OneCare's ACO activities reflect its values in the following areas, and members of the OneCare Workforce and Member Network should act and operate to promote compliance in the following areas:

A. Accurate Quality Reporting and Certifications

OneCare submits quality and data to payers and regulatory agencies. OneCare Workforce and Member Network will collaborate in the collection and reporting of data in an accurate and secure manner. All persons involved in the submission of data will strictly adhere to applicable instructions and guidance in collecting and reporting data, including healthcare privacy laws and regulations.

OneCare also makes certifications regarding its governance and operations to government agencies and contracted parties. OneCare will ensure that such certifications are complete and accurate to the best of their knowledge and ability. OneCare will keep accurate files and records to support its certifications and reports.

Individuals who become aware of any potential violation of law or OneCare policy relating to quality reporting and certifications, or who are concerned about anything relating to such reports and certifications, should immediately report the violation or concern to OneCare.

B. Transparency and Public Participation

OneCare recognizes that part of being accountable for the quality, cost and overall care of attributed beneficiaries includes being transparent about many aspects of its governance, network, clinical model, cost and quality measures, and other aspects required by applicable state and federal laws and regulations. OneCare complies with all applicable public reporting requirements, using its website and other means, including direct communications with public authorities.

OneCare's Board of Managers includes consumer representation and provides the opportunity for public comment at its meetings. OneCare promotes attributed beneficiary input through its Patient and Family Advisory Committee, collection of beneficiary feedback by public website, email and phone, and participation in other ways such as public forums and meetings.

Beneficiaries who become aware of any potential violation of law or OneCare policy relating to transparency or public participation, or who are concerned about anything relating to such transparency or public participation, should immediately report the violation or concern to OneCare.

C. Beneficiary Choice and Non-Discrimination

OneCare does not limit a beneficiary's choice of provider. A beneficiary attributed to OneCare retains the right to access and choose providers as allowed under his or her payment program. Beneficiaries' care is not limited to providers who are members of OneCare's Member Network.

OneCare does not discriminate against beneficiaries who are considered "high risk" or likely to incur high costs of care. OneCare and its participants do not deny or limit services based a beneficiary's race, color, sex, sexual orientation, gender identity or expression, ancestry, place of birth, HIV status, national origin, religion, marital status, age, language, socioeconomic status, physical or mental disability, protected veteran status or obligation for service in the armed forces.

Individuals who become aware of any potential violation of law or OneCare policy relating to beneficiary choice or non-discrimination, or who are concerned about anything relating to such beneficiary choice or non-discrimination, should immediately report the violation or concern to OneCare.

D. Providing Medically Necessary Care

OneCare seeks to keep attributed beneficiaries as healthy as possible by encouraging the right care, at the right time, in the right place. This should make care delivery more efficient and help

lower the rate of growth in health care costs. Members of OneCare's Member Network shall not, however, deny or reduce medically necessary services provided to beneficiaries. OneCare encourages beneficiaries to report questions or concerns regarding the provision of medically necessary care by providers who are members of the ACO to the OneCare's Chief Compliance and Privacy Officer ("CCPO").

E. Provider Enrollment and Exclusion Checks

No provider may be an OneCare member or offer services to OneCare beneficiaries unless he, she or it has demonstrated the appropriate possession of licensure required by law. All providers shall be properly engaged pursuant to a participating provider agreement, and OneCare shall maintain a file on each provider that contains documentation of the provider agreement and tax identification number.

Additionally, OneCare will monitor the following lists of excluded individuals/entities once every quarter for all Workforce, vendors, consultants and Member Network and upon hiring or engagement of the same:

- Office of Inspector General (OIG)
- Federal System for Award Management (SAM)

F. Communication and Marketing — No Beneficiary Inducements

OneCare abides by applicable federal, state, and contractual requirements when communicating with beneficiaries and the public about OneCare and its operations. OneCare shall notify beneficiaries of their participation in the ACO, as required. OneCare will ensure that marketing and other public communications are clear and not misleading, and not used for a discriminating purpose.

OneCare does not provide gifts or other remuneration to beneficiaries as an inducement to receive services from OneCare or any particular member of its Member Network, or to share data with OneCare. OneCare must always refrain from activities that could possibly be construed as an attempt to improperly influence these relationships. OneCare recognizes that its Member Network may, however, provide in-kind items reasonably related to a beneficiary's care that are preventative or advance a clinical goal, consistent with applicable law.

G. Health Care Fraud and Abuse

OneCare does not offer or accept bribes, kickbacks or other payments designed to influence or compromise the conduct of the recipient; and no member of the OneCare Workforce may accept any funds or other assets (including those provided as preferential treatment to the employee for fulfilling their responsibilities), for assisting in obtaining business, including contracts or grants, or for securing special concessions from OneCare. OneCare does not provide gifts or other remuneration to beneficiaries as an inducement to receive services related to OneCare or any particular OneCare participant or to share data with OneCare. OneCare recognizes that its members may, however, provide in-kind items reasonably related to a beneficiary's care that are

preventative or advance a clinical goal to the extent compliant with applicable law.

OneCare abides by applicable federal, state, and contractual requirements when communicating with beneficiaries and the public about OneCare and its operations. OneCare shall notify beneficiaries of their participation in the ACO, as required. OneCare will ensure that marketing and other public communications are clear and not misleading, and not used for a discriminating purpose.

The OneCare Workforce should conduct their business affairs in such a manner that OneCare's reputation will not be impugned if the details of their dealings should become a matter of public discussion.

The following conduct is expressly prohibited:

a. Payment or receipt of money, gifts, loans or other favors of more than nominal value which may tend to influence business decisions or compromise independent judgment;

b. Payment or receipt of kickbacks for obtaining business, including contracts or grants, for or from OneCare;

c. Any other activity that would similarly degrade the reputation or the integrity of OneCare.

Any OneCare Workforce member found to be receiving, accepting or condoning a bribe, kickback, or other unlawful payment, or attempting to initiate such activities, will be subject to termination and possible criminal proceedings. Any Workforce member found to be attempting fraud or engaging in fraud will be liable to termination and possible criminal proceedings. All Workforce members have a responsibility to report any actual or attempted bribery, kickback, fraud, waste or abuse to the OneCare CCPO.

Workforce members must understand the laws and codes that apply to our healthcare business, the most important of which are (a) the Federal Anti-kickback Law; (b) the False Claims Act; (c) State Anti-kickback laws, and (d) the Deficit Reduction Act of 2005. To ensure the Workforce understands these laws, as summarized below, annual and periodic training on these laws and Compliance topics shall be provided and required as a condition of employment.

a. Federal Anti-kickback Law

The federal Anti-kickback Law, makes it a crime punishable by monetary fines and/or imprisonment, to offer, pay, solicit or receive a payment of *any* kind (*i.e.*, cash, services, gifts, entertainment, favors, etc.) to *anyone* to induce customer referrals or in return for beneficiary referrals. Examples covered by the Anti-kickback Law include (i) routinely waiving beneficiary deductibles or co-payments, (ii) offering or furnishing physicians or other providers with free goods or services, (iii) offering goods or services at below market value for the purpose of inducing beneficiary referrals, and (iv) making cross-referrals to

providers who refer beneficiaries within the OneCare Member Network.

b. False Claims

Many beneficiaries of providers in the OneCare Member Network are covered under the federal Medicare and State of Vermont Medicaid programs; OneCare also has business relationships with many different commercial payers. Each of these payers has established billing formats and protocols. Workforce involved in the process must become familiar with these requirements. Common issues that merit particular mention are as follows:

- A federal law prohibits the submission of a false claim for payment by any governmental, including Medicare and Medicaid. False claims are not only claims for payment which the payee knows are unwarranted, but also those the payee submits with reckless disregard for their accuracy, or "deliberate ignorance" of the applicable guidelines. False claims can result in damages of three times the amount of the actual claim, plus civil penalties of up to $10,000 per claim and the costs of the government's lawyers in bringing suit. OneCare is committed to ensuring that all claims for payment are proper, that they accurately reflect the services delivered. All claims must comply with existing billing and coding bulletins, advisories and guidelines. An individual who is uncertain as to a particular charge practice, or believes that documentation is inadequate, should contact a supervisor for guidance, or contact the CCPO immediately.

- While the False Claims Act applies only to OneCare's Medicare and Medicaid payment programs, it is OneCare's intention to comply with all payer requirements, across-the board. Where the requirements themselves are unclear, as they occasionally are, OneCare may seek guidance from the payer directly. With respect to communications with Medicare and Medicaid, the Compliance Department should be consulted prior to any such communications.

- OneCare Workforce members may not offer a "discount" on an existing fee schedule or offer any special price arrangements to an individual or entity that purchases OneCare's products or who refers beneficiaries to OneCare, without the express authorization of the CCPO.

c. State Anti-kickback Laws

In addition to applicable federal laws and regulations, Vermont has special laws that apply to kickbacks. These laws also proscribe certain marketing practices. It is important to be aware of, and act in accordance with, applicable state laws. In addition, employees should comply with all relevant OneCare policies. Any questions regarding Vermont laws should be directed to ACO Legal Counsel or the CCPO.

d. Deficit Reduction Act of 2005

OneCare is required to establish written policies for all employees with detailed information about the federal False Claims Act and applicable state laws and the existence of whistleblower protections under these laws.

H. Privacy and Security of Patient Information

OneCare receives beneficiary information from its Member Network and from payers under its ACO programs. OneCare uses this information as needed to perform care coordination, quality improvement, quality reporting, and population-health based activities. OneCare is obligated under federal and state laws, payer member data use agreements ("DUA") and contractual agreements to limit the use and disclosure of beneficiary protected health information ("PHI") to activities within the ACO. OneCare takes these obligations very seriously and shall maintain the PHI of beneficiaries in a confidential and secure manner, in accordance with all applicable legal requirements. OneCare uses all reasonable efforts to limit access to and utilize and disclose only the minimum necessary PHI needed to accomplish the intended purpose of the access or disclosure. OneCare honors beneficiaries' rights to opt-out of data-sharing in accordance with the requirements of each payer program.

Individuals who become aware of unauthorized or inappropriate disclosure by members of the OneCare Workforce of beneficiary information should immediately make a report to the OneCare CCPO. See also the OneCare *Privacy and Security Polic*y, available by paper and electronic means, and upon request.

I. Conflicts of Interest

OneCare Workforce owe a duty of loyalty to OneCare, and therefore should avoid any actual or apparent conflicts of interest. While conflicts can arise in many different contexts, in general Workforce and Board members are expected to put the interests of OneCare ahead of their personal concerns, and not to seek to benefit themselves at the expense of, or as a result of, their affiliation with OneCare. Board members, Board-subcommittee members, and executive leadership Workforce must disclose circumstances in which their interests may conflict or may be perceived as irreconcilably conflicting with the business interests of OneCare, and such individuals will be precluded from participation in certain decisions. Individuals are required to disclose when they have an interested in a related party with which OneCare seeks to do business. See also the OneCare *Privacy and Security Polic*y, available by paper and electronic means, and upon request. See also the OneCare *Conflict of Interest Policy*, available by paper and electronic means, and upon request.

Some of the more sensitive areas of conflicts of interest and OneCare's related guidelines are as follows: (a) accepting gifts and entertainment, which can appear to be an attempt to improperly influence the recipient into favoring a particular beneficiary, vendor, consultant, participant, or the like; (b) giving gifts, which can raise questions about relationships with our vendors, governmental regulators or others who interact with OneCare; and (c) use of OneCare's property and information, the improper use of which could create a conflict of interest.

In connection with confidential and proprietary information of OneCare, Workforce are required to maintain all information obtained during the course of employment confidentially. No employee or former employee may, without the written consent of OneCare, use for their own benefit or disclose to others any confidential or proprietary information obtained during the course of employment. Further, documents containing sensitive data, including beneficiary information, must not be left in public view, or in an unsecured location. Workforce must also pay particular attention to the manner in which they enter, secure and store computer data, and limit the amount of PHI included in e-mails and correspondence; given the widespread use of technology at OneCare, the potential for a breach of security exists, and must be taken into account, at all times. Any individual who believes that a fellow current or former Workforce member is misusing confidential information, or who believes that a fellow employee is putting the security of information at risk, must immediately make a report to the CCPO.

J. Antitrust and Unfair Competition

The antitrust laws are a series of state and federal laws designed to promote competition, to prevent unreasonable restraint of trade and to limit the ability of a company, in particular circumstances, to dominate a particular market. While occasionally intricate in their application, as a general rule, antitrust considerations prohibit OneCare from agreeing with competitive businesses to allocate customers or services, to restrict or limit operations in defined specialties or geographic areas, or to take steps that would create an unlawful monopoly in a particular market or for a particular service. The antitrust laws also prohibit certain price fixing among providers, and for this reason, ACOs are governed by antitrust laws.

All antitrust concerns should be brought, immediately, to the CCPO for review by OneCare general counsel. Violations of these laws can result in criminal as well as civil liability, and blatant violations have led to imprisonment of individuals and to steep fines.

K. Relationships with Government Authorities and Government Investigations

As an ACO, OneCare is a highly regulated business. OneCare is subject not only to applicable laws, but also to the terms and conditions set forth in the Vermont All-Payer Accountable Care Organization Model Agreement ("All-Payer Model Program") among CMS, the Governor of the State of Vermont, the Green Mountain Care Board ("GMCB"), and the Vermont Agency for Human Services ("AHS"), and related agreements. All employees who interact with a governmental body or agency must know and abide by the specific rules and regulations covering relations with governmental agencies. Such employees also much conduct themselves in a manner that avoids any dealings that might be perceived as attempts to influence governmental officials in the performance of their duties.

With respect to communications with regulators, the Public Affairs Department and the Workforce member or leader who is responsible for interfacing with such regulator should be consulted prior to any such communications. Individuals who are unsure which department is responsible for interfacing with a particular regulator should contact the CCPO prior to communications with any regulator.

It is OneCare's policy to comply fully with the law and cooperate with any reasonable demand made in a government investigation. In so doing, however, it is essential that the legal rights of OneCare and of its employees involved be protected, including to protect the privileged and confidential relationship that OneCare has with its attributed beneficiaries, participants or with others. Accordingly, upon receipt of any subpoena, civil investigative demand, summons or letter request for information or documents, members of the OneCare Workforce are expected to contact their supervisor immediately, who will then forward the relevant subpoena or request to ACO Legal Counsel for review. Similarly, if an individual is contacted by any representative of any regulatory or law enforcement agency in connection with a pending investigation, or with regard to questions about a particular beneficiary, participant, vendor or employee (excepting routine contact with such individuals in connection with your job function), individuals should contact the CCPO.

Members of the OneCare Workforce are not, with certain limited exceptions, obligated to speak with law enforcement officials, even if they are insistent, and may always seek the assistance of ACO Legal Counsel in order to determine whether there is a requirement to respond to any particular inquiry. Similarly, beneficiary information is confidential, and must never be released absent consent, or absent the approval of OneCare general counsel. There are certain state and federal laws, moreover, that afford even greater protection to information regarding particular beneficiaries (e.g., alcohol and drug beneficiaries, certain psychiatric beneficiaries, HIV-positive customers). Even in those limited instances where regulatory agencies, by statute, are authorized to review beneficiaries' records and other information absent consent or legal compulsion, a supervisor should consult with ACO Legal Counsel for guidance before releasing such information. This way, OneCare can be certain that the request for information is appropriate and that its responses are complete and satisfactory.

If a member of the Workforce decides to submit to an interview, the member has the right to demand that the interview take place during normal business hours at OneCare's premises or at another location, and that either ACO Legal Counselor the employee's personal legal counsel be present during the interview. To facilitate any request for legal assistance, and to make available information that may assist employees in deciding whether or not to submit to an interview, upon contact by an investigator, the employee should immediately notify the CCPO. OneCare's intent is to fully cooperate with federal audits and investigations, but only after legal implications of any cooperation is understood. Workforce may not give or show to the investigators any OneCare documents without the express permission of OneCare's CCPO.

Destruction of evidence in a governmental investigation is a serious crime. Any hint of destruction of evidence leads the government to take quicker and more serious steps. No employee or manager is to destroy OneCare records except in accordance with OneCare's record retention and destruction policy. See also the OneCare *Record Retention and Destruction Policy*, available by paper and electronic means, and upon request.

L. Harassment

Abusive, harassing or offensive conduct is unacceptable, whether verbal, physical or visual. This includes any demeaning, insulting, embarrassing or intimidating behavior directed at any

Workforce member related to race, color, sex, national origin, age, religious creed, physical or mental disability, marital status, pregnancy, sexual orientation, veteran status, citizenship or another characteristic protected by law. Unwelcome sexual advances or physical contact, sexually oriented gestures and statements, and the display or circulation of sexually oriented pictures, cartoons, jokes or other material are specifically banned. This Code of Conduct, in addition to the Human Resource policies and procedures of University of Vermont Medical Center, prohibits retaliation against any employee who rejects, protests, or complains about sexual harassment.

M. Books and Records

OneCare has adopted business systems and controls in accordance with internal needs and the requirements of applicable laws and regulations. These established accounting practices and procedures must be followed to assure the complete and accurate recording of all transactions. All employees, within their areas of responsibility, are expected to adhere to these procedures, as directed by appropriate OneCare officers.

If a Workforce member becomes aware of any improper transaction or accounting practice concerning the resources of OneCare, he or she should report the matter immediately to his or her supervisor, or to the CCPO. Workforce also may file a confidential, anonymous complaint with the CCPO. There will be no retaliation against employees who disclose questionable accounting or auditing matters in good faith.

N. Accuracy of Records

OneCare requires honest and accurate recording and reporting of information in order to make responsible business decisions. This includes such data as quality, safety, and personnel records, as well as all financial records.

All financial books, records and accounts must accurately reflect transactions and events, and conform both to required accounting principles and to OneCare's system of internal controls. No false or artificial entries may be made, no undisclosed or unrecorded funds or assets may be maintained and no inaccurate or inflated work hours may be reported. When a payment is made, it can only be used for the purpose spelled out in the supporting document.

O. Record Retention

The space available for the storage of OneCare documents, both on paper and electronic, is limited and expensive. Therefore, periodic discarding of documents is necessary. On the other hand, there are legal requirements that certain records be retained for specific periods of time. Before disposing of documents, employees should consult with their supervisor, so that OneCare's record retention and destruction policy is followed carefully. See also the OneCare *Record Retention and Destruction Policy*, available by paper and electronic means, and upon request.

Whenever it becomes apparent that documents of any type will be required in connection with a lawsuit or government investigation, all possibly relevant documents should be preserved, and

ordinary disposal or alteration of documents pertaining to the subjects of the litigation or investigation should be immediately suspended, e.g., litigation hold. If an employee is uncertain whether documents under his or her control should be preserved because they might relate to a lawsuit or investigation, he or she should contact the ACO Legal Counsel or CCPO.

P. Mandatory Reporting Requirements

ACOs must adhere to many reporting requirements under state and federal law, and it is the policy of OneCare to comply with all reporting requirements. It is important that OneCare employees are aware of any reporting requirements applicable to OneCare and its Member Network.

If Workforce members intentionally fail to make a required report or attempts to cover up facts that would warrant such a report, he or she will be subject to internal disciplinary action, including termination, and could also face criminal charges and the loss of his or her professional license.

Any incident or situation that may require reporting to a governmental agency should be brought to the attention of the CCPO. Any questions or concerns regarding reporting responsibilities should also be directed to the CCPO.

OneCare's policy is to ensure that any identified overpayments are promptly addressed and repaid.

Q. Governance

The OneCare Board of Managers is responsible for ensuring compliance with all federal, state, and local laws and regulations, as well as ethical and patient care obligations. In conjunction with the appointed CCPO, Compliance Committee and Audit Committee, the Board is responsible for implementing and maintaining policies, practices, and procedures for ongoing evaluation of adherence to this Code of conduct and any other OneCare policies. The CEO and members of the Board are fully cognizant of their responsibilities and will ensure that the Compliance Program functions effectively.

R. Fraud

OneCare is committed to the elimination of fraud, to the rigorous investigation of any suspected cases of fraud, and, where fraud or other criminal act is proven, to ensure that wrongdoers are appropriately sanctioned.

Any individual who believes he or she has good reason to suspect a colleague or other person of a fraud or an offense involving OneCare or a serious infringement of OneCare's rules should report such unethical actions to OneCare, including the following:

- theft of OneCare property;
- abuse of OneCare property or abuse of a position or trust; or

- deception or falsification of records (e.g., fraudulent time or expense claims)

S. Improper Influence on Conduct of Audits

No member of the OneCare Workforce, shall directly or indirectly take any action to coerce, manipulate, mislead or fraudulently influence any public or certified public accountant engaged in the performance of an audit or review of the financial statements of OneCare if that person knows or should know that such action, if successful, could result in rendering OneCare's financial statements materially misleading. Any person who believes such improper influence is being exerted should contact the CCPO to report such action.

Types of conduct that could constitute improper influence include, but are not limited to, directly or indirectly:

- Offering or paying bribes or other financial incentives, including future employment or contracts for non-audit services;
- Providing an auditor with an inaccurate or misleading legal analysis;
- Threatening to cancel or canceling existing non-audit or audit engagements if the auditor objects to OneCare's accounting;
- Seeking to have a partner removed from the audit engagement because the partner objects to OneCare's accounting;
- Blackmailing; and
- Making physical threats.

T. Protection and Proper Use of OneCare Assets

All members of the OneCare Workforce should protect OneCare and the University of Vermont Medical Center's assets and ensure their efficient use. Theft, carelessness, and waste have a direct impact on OneCare's operations and success. All OneCare assets should be used for legitimate business purposes. Members of the OneCare Workforce are to use business assets according to all of OneCare's policies and procedures and comply with security programs that prevent their unauthorized use or theft, and abide by all regulations or contractual agreements governing their use.

U. Accounting Complaints

OneCare's policy is to comply with all applicable financial reporting and accounting regulations applicable to OneCare. Member Network entities who have concerns or complaints regarding questionable accounting or auditing practices are encouraged to promptly submit those concerns or complaints to the CCPO or to the Board Audit Committee which will, subject to its duties arising under applicable laws, regulations and legal proceedings, treat such submissions

confidentially. Such submissions may be directed to the attention of the Chair of the Audit Committee or OneCare's CCPO.

4. Duty to Report and Non-Retaliation

OneCare will investigate any possible misconduct related to its activities, and may report probable violations of law to the appropriate authority. To ensure that OneCare can perform such activities, all members of the OneCare Workforce have an affirmative duty to report any suspected violations of law or policy to the CCPO, see contact information below.

OneCare recognizes the importance of open communication and maintains a strict non-retaliation policy toward anyone who reports a concern in good faith. Any retaliatory action taken against anyone making a good faith report of improper activities, or participating in an investigation of improper activity, is strictly prohibited. Please see OneCare's *Compliance, Communication, Reporting, and Investigation Policy* for additional information on reporting and non-retaliation of reporters.

5. Questions and Concerns

Additional information and policies included in OneCare's Compliance Program, including this Policy, are available on the OneCare Secure Portal and upon request. In addition, questions regarding this Policy and the OneCare may be addressed to the Chief Compliance and Privacy Officer at: OneCareVTHotline@OneCareVT.org

Or, you may make anonymous inquires or reports by phone to the OneCare Compliance Hotline at:

Local: 802-847-7220
Toll-free: 877-644-7176, Option 3

V. Review Process

This Code of Conduct shall be reviewed periodically and updated to be consistent with the requirements established by the Board of Managers, OneCare Leadership, Federal and State law and regulations, and applicable accrediting and review organizations.

VI. References:

1. Payer Program Contracts and Requirements
2. Policy & Procedure Glossary
    - Location: S:\Groups\Managed Care Ops\OneCare Vermont\Policy and Procedures\Templates & Info\Glossary

VII. Related Policies/Procedures:

1. 07-02 Compliance Policy
    - Location: S:\Groups\Managed Care Ops\OneCare Vermont\Policy and Procedures\Policies\Final PDFs with signature
2. 07-06 Conflict of Interest Policy
    - Location: S:\Groups\Managed Care Ops\OneCare Vermont\Policy and Procedures\Policies\Final PDFs with signature

3. 07-08 Compliance Communication, Reporting, and Investigation Policy
    - Location: S:\Groups\Managed Care Ops\OneCare Vermont\Policy and Procedures\Policies\Final PDFs with signature

Location on Shared Drive: S:\Groups\Managed Care Ops\OneCare Vermont\Policy and Procedures\Policies\Final PDFs with signature

Management Approval:

Joan Zupko	6/22/20
Director, ACO Program Operations	Date
Sara E Barry	06/23/2020
Chief Operating Officer	Date
Gregory Daniels	07/02/2020
Chief Compliance and Privacy Officer	Date

Board of Managers Approval:

John Brumsted	07/13/2020
Chair, OneCare Vermont Board of Managers	Date

Policy Number & Title:	07-08 Compliance Communication, Reporting, and Investigation Policy
Responsible Department/s:	Compliance
Author:	Greg Daniels, Chief Compliance and Privacy Officer
Original Implementation Date	06/16/2020
Date Reviewed/Revised:	N/A
Next Review Date:	04/01/2021

I. Purpose

The purpose of this Compliance Communication, Reporting, and Investigation Policy ("Policy") is to set forth OneCare Vermont Accountable Care Organization, LLC ("OneCare") expectation of the Member Network and requirement of the OneCare Workforce to communicate any questions about OneCare's Compliance Program or any applicable law and to report potential or actual Compliance Events in accordance with this Policy. This Policy also establishes the processes for reporting Compliance Events and for the investigations of such reports.

OneCare will fully investigate reports of Compliance Events and implement corrective actions as it deems appropriate upon the completion of the investigation in accordance with this Policy, *Code of Conduct* and *Compliance Policy.* It is the policy of OneCare to prohibit retaliation against members of the Workforce and the Member Network who make a good faith report of a Compliance Event and who participate in investigations of such events, program assessments, and internal auditing processes of the Compliance Department and Compliance Committee.

For any questions on the Compliance Program, the Workforce should contact their immediate supervisor, Human Resources representative or the Chief Compliance and Privacy Officer of OneCare.

II. Scope

This Policy is applicable to all of OneCare's Workforce, Officers, Senior Management Executives, members of the Board of Managers, Board Sub-Committees, any other Committees acting on behalf of or under the authority of OneCare, OneCare's Member Network, and anyone else who does business with or on behalf of OneCare.

III. Definitions

Commonly used terms have the same definition as defined in OneCare's Policy Glossary, available upon request. For purposes of this Policy, the below terms have the following meanings:

Applicable laws: means all federal state and local laws, rules and regulations and the terms and conditions set forth in the policies, procedures and payer agreements of OneCare. Applicable law shall include, but not be limited to, the following: (a) federal criminal law; (b) the federal False Claims Act (31 U.S.C. 3729 *et seq*.) and state law equivalents; (c) the federal anti-kickback statute (42 U.S.C. 1320a-7b{b)) and state law equivalents; (d) the federal civil monetary penalties law (42 U.S.C. 1320a-7a) and state law equivalents; (e) the federal physician self-referral law (42 U.S.C. 1395nn) and state law equivalents; (f) the federal and state antitrust laws (15 U.S.C. 1 *et seq.* and 10 M.R.S.A. § 1101-1102-A and 5 M.R.S.A. § 207, respectively); (g) the federal and state patient privacy protection laws, including the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"); (h) the terms and conditions set forth in the Vermont All-

Payer Accountable Care Organization Model ("All-Payer Model") Agreement among the Centers for Medicare & Medicaid Services ("CMS"), the Governor of the State of Vermont, the Green Mountain Care Board ("GMCB") and the Vermont Agency for Human Services ("AHS"), and all related contracts among these parties in furtherance of the All-Payer Model; (i) those regulating and governing the formation and operation of accountable care organizations ("ACOs") and other publicly funded health care programs, including those set forth by the GMCB or the State of Vermont through AHS; (j) ethical standards set forth in OneCare's Code of Conduct; and (k) the terms of all other agreements of OneCare with CMS and other public and private payers.

ACO Legal Counsel: is the designated legal representative for OneCare, with the authority and responsibility (through employment or contractually) to perform legal or other tasks or functions OneCare assigns to them.

Compliance Authorities: means any and all laws, regulations, guidelines, or other authorities applicable to OneCare.

Compliance Event: means any act, event, or circumstance taken by a member of the Workforce or Network that is perceived by a reasonable person to be a potential or actual violation(s) of OneCare's Compliance Program, including the Code of Conduct and other compliance-related policies and procedures, and applicable law. Examples may include a breach of privacy rules, a willful violation of OneCare's policies or procedures including the Code of Conduct, and a willful disregard for applicable law.

Probable Violation of Law: means a reasonable person acting in good faith believes that a violation of law has occurred.

IV. Policy

1. General Information

1. OneCare is committed to conduct its business in accordance with the Compliance Program and applicable law, and expects all members of the Workforce and Network to assist in fulfilling this commitment by reporting Compliance Events, including, without limitation, any observed or suspected unlawful, unethical or wrongful conduct by OneCare or a member of the OneCare Network.

2. OneCare further seeks to promote awareness and understanding across the organization of how the Compliance Program and applicable law impact its operations, and encourages all members of the OneCare Network to raise any questions they may have on the Compliance Program or applicable law, independent of the obligation to report Compliance Events.

3. OneCare recognizes that in order to demonstrate this commitment, a reliable process must exist for the communication, reporting and investigation of Compliance Events.

4. All members of the Workforce have an affirmative duty to report potential or actual violations of the Compliance Program and/or applicable law. OneCare encourages its Workforce to discuss concerns and report issues through normal business channels. The reporting process set forth in this Policy exists to ensure that all compliance-related questions, issues, concerns or events are quickly and effectively communicated to the appropriate levels of OneCare for assessment and follow up. This Policy also includes alternative reporting processes for situations where reporting through the normal business channels is impractical or

inappropriate.

5. The reports described in this Policy may be made orally, by telephone, in person, in writing, or by email or through OneCare's Compliance Hotline, which is available for reporting 24 hours a day, seven days a week. Reports may be made anonymously and will, in all cases, be held in the strictest of confidence except as may be necessary to complete an investigation, notify the appropriate internal and external parties, and/or implement corrective actions, or as required by law.

6. OneCare will not tolerate retaliation against any individual who reports a Compliance Event, or who raises questions, issues, or concerns regarding OneCare's activities or operations, its compliance with legal or regulatory requirements, or its Compliance Program generally. Any reports of retaliation will be investigated thoroughly and appropriate discipline will be imposed on any individual participating in such retaliation, up to and including termination.

2. Communication and Reporting Process: Reporting of Compliance Events and Compliance Questions, Issues, or Concerns

1. As a condition of employment as a member of OneCare's Workforce, or participation in OneCare's Member Network, members of OneCare's Workforce and Member Network, regardless of their position, title, or level of engagement with OneCare, are required to immediately report all potential or actual violations of the Compliance Program or applicable law, whether known or suspected. All members of the Workforce and Member Network are also encouraged to communicate general compliance questions, issues, or concerns to OneCare in accordance with this Policy.

2. Reporting may be made through any of the following methods:

    i. Direct written or oral communication by mail, email, telephone, or personal contact with the reporter's immediate supervisor, any member of OneCare's management or leadership team, or any member of OneCare's Compliance Committee.

    ii. Direct written or oral communication by mail, email, telephone, or personal contact with OneCare's Chief Compliance and Privacy Officer ("CCPO"), or with the Compliance Department at: OneCareVTHotline@OneCareVT.org.

    iii. Anonymous written communication by mail or email. Email may be sent anonymously by going to: www.onecarevt.org/contact-us/ and making that selection on the "Contact Us" menu.

    iv. Call to OneCare's Compliance Hotline - a telephone service - reports made to the hotline may be made anonymously. The Compliance Hotline: Local 802-847-7220; Toll-free: 877-644-7176, Option 3

3. Any supervisor, manager, or Compliance Committee member who becomes aware of a Compliance Event, by way of a report, complaint, or otherwise, shall bring communicate that information to OneCare's CCPO immediately. No member of the OneCare Workforce should attempt to respond, investigate, miti-

gate, correct, or otherwise involve themselves in the activities giving rise to the Compliance Event, or discuss it with anyone outside of OneCare, except as directed by the CCPO or ACO Legal Counsel in compliance with the reporting protocol set forth below, or as permitted or required by law.

4. Members of the OneCare Workforce who are individuals employed or engaged by OneCare are required to report Compliance Events to OneCare as a condition of their employment or engagement. Failure to do so may be grounds for disciplinary action, up to and including termination.

5. Members of OneCare's Member Network are expected to report Compliance Events involving OneCare, members or its Workforce or Member Network to OneCare. Failure to do so may be grounds for termination of membership in OneCare's Member Network or termination of any relevant business relationship with OneCare.

6. Any person making a report of a Compliance Event is encouraged to provide as much information as possible. All reports may, at the discretion of the person making the report, be made anonymously.

7. All reports of a Compliance Event made pursuant to this Section IV, subsection 2, will be documented in a log maintained by OneCare's Compliance Department.

3. <u>Report Processing and Investigation</u>

1. **Non-Compliance Events:** General compliance questions, issues, or concerns *not* rising to the level of a Compliance Event can be raised through general business channels by way of discussion with one's supervisor or another member of leadership, OneCare's Human Resources representative, any member of OneCare's Compliance Committee or Compliance Department, or with OneCare's CCPO. Individuals are encouraged to refer to OneCare's Compliance Policy as a resource in advance of, in conjunction with, raising such questions, issues, or concerns.

2. **Investigation of Compliance Events:** Upon receipt of a general compliance question, issue, or concern, or upon receipt of a report of any activity that may rise to the level of a Compliance Event, OneCare's CPPO will commence an investigation into the matter if warranted by the available facts and the CCPO's professional judgment. Except where OneCare's Chief Executive Officer ("CEO") and/or ACO Legal Counsel is/are implicated in the Compliance Event, the CCPO will bring the report to the attention of the CEO and/or ACO Legal Counsel in a timely fashion, and shall confer with either or both of them to determine whether the matter should be investigated internally, or whether retention of outside legal counsel would be warranted. In the event the CEO and/or ACO Legal Counsel is/are implicated in the Compliance Event, the CCPO shall confer with such other member(s) of OneCare's senior leadership who the CCPO may deem appropriate to fulfill this role and act in their place as a designee (the "Designee Officer").

    i. In the event a decision is made to retain outside legal counsel by those conferring under this Section IV, subsection 3, the CEO or the Designee Officer shall seek and obtain the approval of the Board, where required, to retain such outside legal counsel, or shall immediately make arrangements to retain same where Board approval is not required. No fur-

ther internal discussion or investigative activity shall take place regarding the report except as directed by the retained outside legal counsel.

ii. In the event a decision is made not to retain counsel at that time, OneCare's CCPO and ACO Legal Counsel shall confer on the nature, scope, and conduct of the internal investigation to be undertaken, including the degree of notification to be provided to supervisory staff in the programs implicated by the report and the individuals to be interviewed as part of the investigation.

iii. If at any time during the course of an internal investigation it is determined that the situation warrants the retention of outside legal counsel, the CCPO shall immediately suspend the investigation and the process shall follow that set forth above in this Section IV, subsection 3.

3. **Confidentiality:** In the event the CCPO, ACO Legal Counsel or outside legal counsel, as the case may be, delegates investigation of a Compliance Event to a member(s) of OneCare's Workforce, including members of OneCare's Compliance Department, such Workforce member(s) shall treat the investigation as entirely confidential and shall reveal no details thereof, or otherwise discuss the content or status of the investigation, with other members of OneCare's Workforce, or any other person, except as may be directed by the CCPO, ACO Legal Counsel, or outside legal counsel, or required by law. Failure to maintain the confidentiality of any investigation of a Compliance Event may be grounds for disciplinary action, up to and including termination. In addition, all documentation prepared or received in connection with an investigation of a Compliance Event, including but not limited to: summary reports, recorded statements, forms, or other supporting documentation, shall remain confidential and be maintained as such.

4. **Cooperation:** All members of OneCare's Workforce and Member Network are expected to fully cooperate with all Compliance-related internal and external audits, assessments, and investigations (collectively, "Inquiries"), including, but not limited to requests for information, documentation, and witness interviews. Failure to do so may be grounds for discipline, up to and including termination of employment, or of any contract or other business relationship between OneCare and the member of its Member Network. OneCare will not tolerate retaliation against, or intimidation of, individuals cooperating in such Inquiries.

4. Corrective Actions

1. The CCPO, ACO Legal Counsel, or outside legal counsel shall oversee the prompt implementation of any recommended corrective actions arising out of or associated with a Compliance Event, including but not limited to, the implementation or revision of OneCare's policies and/or procedures, the discipline of a member(s) of OneCare's Workforce, and/or any mandatory reporting to law enforcement, or other governmental agencies, as required by law.

2. OneCare will comply with any governmental reporting obligations under the terms of any agreement with a payer or as may be required by law, including the prompt reporting of any confirmed or suspected fraud, waste, or abuse by any provider participating in the Vermont

Medicaid Program, or other incidents of fraud, waste and abuse under any state or federal laws, to the Department of Vermont Health Access ("DVHA") Program Integrity Unit.

The CCPO will evaluate all Compliance Events and determine, in conjunction with OneCare's legal counsel as needed, whether such events qualify as probable violations of law or as incidents of fraud, waste, or abuse and shall recommend actions OneCare must take to comply with any obligations to report such Compliance Event to the relevant law enforcement entity or other governmental authority.

5. Documentation

1. Upon completion of the investigation, the CCPO shall prepare a summary report of the investigation. The summary report shall document the nature of the Compliance Event, the investigation activities taken, and the investigation's outcome, including any recommended corrective actions. The summary report and all statements, forms, and other supporting documentation prepared or received in connection with the investigation, shall be provided to the CCPO, ACO Legal Counsel, or outside legal counsel, in accordance with Section IV, subsection 3 above.

2. The CCPO, ACO Legal Counsel, or outside legal counsel shall provide copies of the summary report to OneCare's CEO and/or ACO Legal Counsel, and confer with them regarding notification of the appropriate internal and external stakeholders of the existence and results of such investigation(s) and any corrective action(s) to be taken.

3. OneCare's Board Audit Committee shall be provided with periodic reports concerning significant investigations, investigative trends, and corrective actions.

4. The CCPO shall be responsible for oversight of the documentation and distribution of such reports.

V. Review Process

This Policy shall be reviewed periodically and updated to be consistent with the requirements established by the Board, Officers and Senior Management Executives, by federal and state law and regulations, and by accrediting and review organizations applicable to OneCare.

VI. References:

1. Payer Program Contract Requirements
2. Policy & Procedure Glossary
    - Location: S:\Groups\Managed Care Ops\OneCare Vermont\Policy and Procedures\Templates & Info\Glossary

VII. Related Policies/Procedures:

1. 07-02 Compliance Policy
    - Location: S:\Groups\Managed Care Ops\OneCare Vermont\Policy and Procedures\Policies\Final PDFs with signature
2. 07-07 Code of Conduct Policy
    - Location: S:\Groups\Managed Care Ops\OneCare Vermont\Policy and Procedures\Policies\Final PDFs with signature

Location on Shared Drive: S:\Groups\Managed Care Ops\OneCare Vermont\Policy and Procedures\Policies\

Management Approval:

Director, Operations	Date 6/22/20
Chief Operating Officer	Date 06/23/2020
Chief Compliance and Privacy Officer	Date 07/02/2020

Board of Managers Approval:

Chair, OneCare Vermont Board of Managers	Date 07/13/2020