

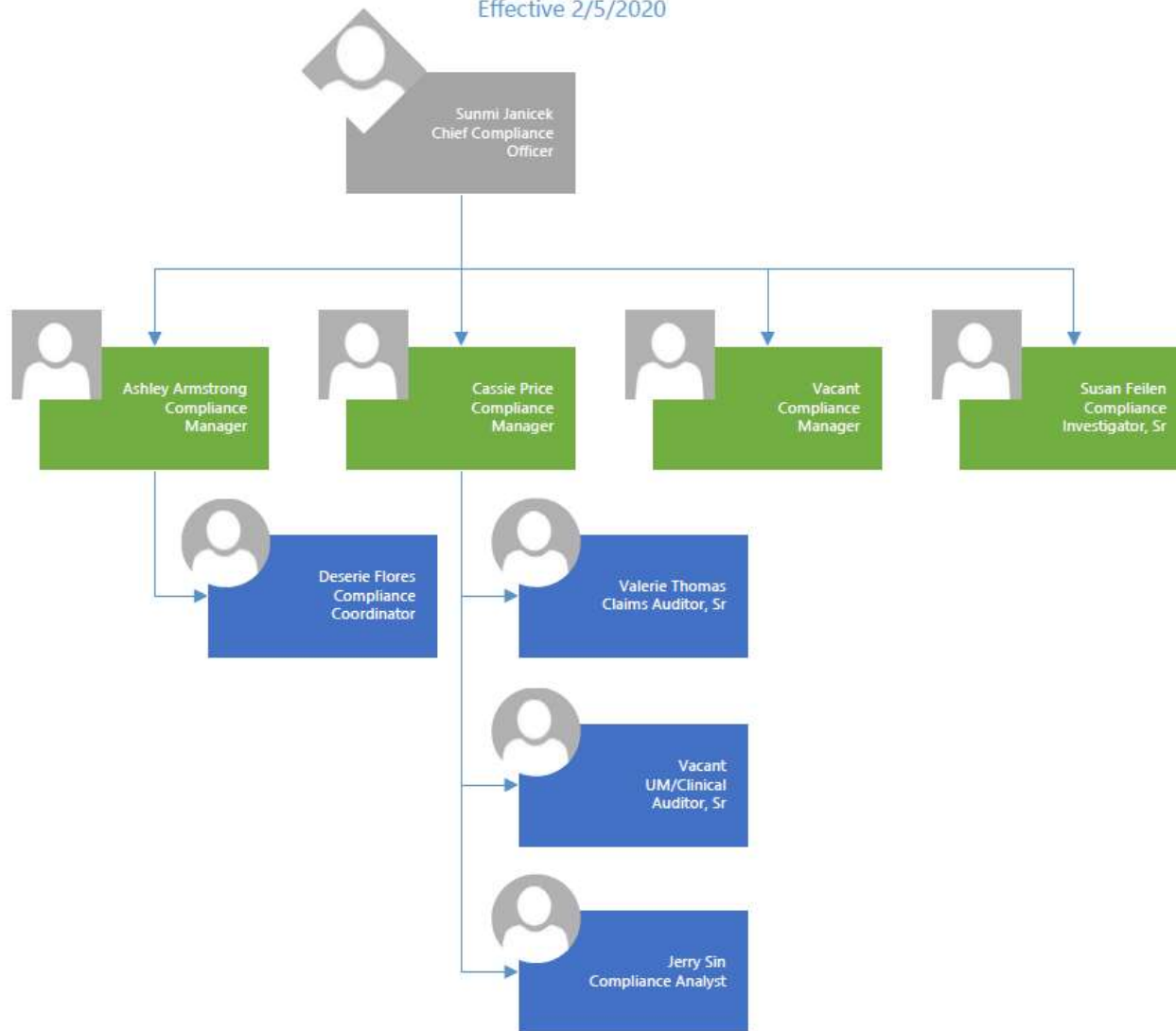


# Annual Compliance Program Refresher Training

2020

# agilon health Compliance Team

Effective 2/5/2020



# Compliance Program



# What is an Effective Compliance Program?

- A comprehensive and effective compliance program must have administrative and management arrangements satisfactory to both federal and state agencies, as demonstrated by:
  - Adopting and implementing an effective Compliance Program which much include measures that prevent, detect, and correct non-compliance with program requirements, as well as, FWA.
  - The Compliance Program must, at a minimum, include the 7 core elements outlined by the Office of Inspector General (OIG).



# The 7 Elements of a Compliance Program



## Element 1: Written Policies, Procedures and Code of Conduct

- agilon health must develop and maintain written policies and procedures (P&Ps) and a code of conduct which articulates the company's commitment to comply with all applicable federal and state standards.
- P&Ps must include processes for preventing, detecting, correcting, and non-compliance and FWA.
- agilon health must provide employees, health networks, physician groups, and participating providers, with a copy of the code of conduct.
- The Code of Conduct and applicable P&Ps are made available to all employees:
  - At the time of hire;
  - When the standards are updated;
  - Annually thereafter; and
  - At any time on the [Compliance Department SharePoint Site](#)



## Element 2: Compliance Officer, Compliance Committee

- agilon health has designate a Compliance Officer and a Compliance Committee who have the authority to report directly and are accountable to the Chief Executive Officer (CEO) or other senior management and are charged with the responsibility and authority of operating and monitoring the Compliance Program.
- The Compliance Officer (CO):
  - Is vested with the day-to-day operations and oversee the Compliance Program
  - Is an employee of the parent organization
- The Compliance Officer is responsible to provide the CEO periodic reports of risk areas facing agilon health, the strategies being implemented to address them, and the results of those strategies.
- The agilon health Compliance Officer is Sunmi Janicek  
[Sun.Janicek@agilonhealth.com](mailto:Sun.Janicek@agilonhealth.com)



## Element 3: Effective Training and Education

- agilon health has established an effective training and education for its employees, including the CEO and other senior management, and governing body members.
- agilon health employees are provided compliance and FWA training within 90 days of initial hire/contracting and annually thereafter.
- Training logs will be recorded showing who was trained, for example:
  - The type of or topic of the training
  - Electronic certifications from the employees taking and completing the training
- Training covers the elements of the Compliance Program, preventing, detecting, and reporting FWA, and HIPAA/HITECH (Health Information Technology for Economic and Clinical Health) and the importance of maintaining the confidentiality of personal health information
- agilon also provides Cultural Competency Training for all employees with direct member/patient contact. See policy [HUM 031](#) for more information.





## Element 4: Effective Lines of Communication

- agilon health has established an effective way to communicate information from the Chief Compliance Officer to employees.
- Examples are:
  - Email distribution
  - Individual group meetings with the Compliance Officer
  - Physical posting of information
  - Monthly Compliance Newsletters
- Reports of non-compliance or potential FWA can be made directly to the Chief Compliance Officer, anonymously or in person, without fear of retaliation.
- agilon health has also established a system to receive, record, and respond to compliance questions or reports of potential or actual non-compliance or FWA while maintaining confidentiality, allowing anonymity, and ensuring non-retaliation against callers.



## Element 5: Publicizing Disciplinary Standards

- agilon health communicates disciplinary guidelines pertaining to non-compliance issues to all employees and provides the consequences of violating the agilon health code of conduct.
- The disciplinary standards include:
  - Examples of how to identify issues of non-compliance or unethical behavior
  - Articulate expectations for reporting compliance issues and assist in their resolution
  - Provide for timely, consistent, and effective enforcement of the guidelines when non-compliance or unethical behavior is determined
- These standards can be found in policy [CMP 003- Reporting of Potential Compliance Issues](#)



## Element 6: Routine Monitoring, Auditing, and Identification of Compliance Risks

- agilon health has a responsibility to develop a monitoring and auditing system that addresses the risks associated with administration of federal and state programs.
- agilon health has developed a formal risk assessment process to identify major compliance and FWA risk areas.
- Risks are identified and ranked to determine which risk areas will have the greatest impact. The monitoring and auditing strategy plan will be prioritized accordingly.
- Once a risk assessment has been completed, a monitoring and auditing work plan will be developed and include the following:
  - Routine internal monitoring of compliance risk areas by business area
  - Periodic internal audits to confirm results of monitoring
  - Evaluation of overall effectiveness of the Compliance Program



## Element 7: System for Prompt Response to Compliance Issues

- agilon health maintains a process to intake, respond promptly to, and investigate all credible issues of non-compliance
- agilon health will develop corrective actions based on the offenses discovered, to prevent similar offenses from recurring.
- If agilon health discovers evidence of non-compliance or FWA, it will:
  - Conduct timely and reasonable inquiry into that conduct
  - Conduct appropriate corrective actions
- Corrective actions will be created to correct the underlying problem that resulted in program violations and to prevent future misconduct.
- Corrective action plans will:
  - Provide structure with timeframes to keep continued misconduct from occurring
  - Continue to be monitored after they are implemented to ensure effectiveness



## So.....What does the AH Compliance Program actually do?

- Ensures organizational compliance and provides guidance with regulatory and health plan requirements
- Provides annual compliance training to staff and providers
- Investigates and reports on incidents of non-Compliance or Fraud, Waste, & Abuse (FWA)
- Vendor (FDR) Oversight
- Auditing & Monitoring of internal operations (Claims, UM, Credentialing, etc.)
- Conducts annual risk assessments to identify areas of focus/concern
- Partners with the organization, health plan partners, and provider networks



## Non-Retaliation

- agilon health will not tolerate retaliation or intimidation in any form against an employee who, in good faith, reports a potential issue of non-compliance.
- Any behavior construed as retaliation by any agilon employee or provider may lead to disciplinary action, up to and including termination
- If you feel you are the victim of retaliation, report to your HR Business Partner immediately.



# Whistleblower Protections

- A whistleblower is a person who exposes information or activity that is deemed illegal, dishonest, or violates professional or clinical standards
- Protected: Persons who report false claims or bring legal actions to recover money paid on false claims are protected from retaliation
- Rewarded: Persons who bring a successful whistleblower lawsuit receive at least 15 percent, but not more than 30 percent, of the money collected.



# Fraud Waste and Abuse Compliance





# Health Care Fraud & Abuse: A Serious Problem Requiring your Attention

- Health Care fraud can cost taxpayers **billions** of dollars
- To combat fraud & abuse, you must know how to protect agilon from potential abusive practices, civil liability, and possible criminal activity

**YOU** play a vital role in protecting the integrity of Health Care



# Health Care Fraud & Abuse: A Serious Problem Requiring your Attention

## Committing Fraud Is Not Worth It

Medicare Trust Fund recovered approximately **\$1.2 billion**

**\$232 million recovered** in Medicaid  
Federal money transferred to the Treasury

The Federal  
government convicted  
**497 defendants** of  
health care fraud

Department of Justice (DOJ) opened **1,139 new criminal** health care fraud investigations  
DOJ opened **918 new civil** health care fraud investigations

## Consequences

### HHS OIG Criminal Actions

FY 2016	765
FY 2017	766
FY 2018	679

### HHS OIG Civil Actions

FY 2016	690
FY 2017	818
FY 2018	795



**NOTE: All statistics cover FY 2018 unless otherwise noted.**

## False Claims Act (42 U.S.C. 1320a-7b(b))

The False Claims Act is a federal law that prohibits any person from:

- Knowingly presenting, or causing to be presented, to an officer or employee of the U.S. Government a false or fraudulent claim for payment or approval.
- Knowingly making, using, or causing to be made or used, a false record or statement to get a false or fraudulent claim paid or approved by the government.
- Conspiring to defraud the government by allowing a false or fraudulent claim to be paid.
  - A violator may be to the U.S. Government for civil and/or monetary penalties.



## False Claims Act Examples

Some examples which fall under The False Claims Act include, but are not limited to:

- A claim indicating that a service was provided for some diagnosis code other than the true diagnosis code in order to obtain reimbursement for the service, which would not be covered if the true diagnosis code were submitted.
- A claim for a service or supply that was never provided.
- A claim indicating a higher level of service than was actually provided.



## Anti-Kickback Statute (42 U.S.C. § 1320a-7b(b))

The Anti-Kickback Statute makes it a criminal offense to knowingly and willfully offer, pay, solicit, or receive payment – including any kickback, bribe, or rebate – in return for:

- Referrals for the furnishing or arranging of any items or service reimbursable by a federal health care program.
- Purchasing, leasing, ordering, or arranging for the purchasing or leasing of an item or service reimbursable by a federal health care program.

Payment is defined as the transfer of anything of value – money or gifts – directly or indirectly, overtly or covertly, in cash or in kind.

- When this happens, both parties are held in criminal liability of the impermissible “kickback” transaction.



## Anti-Kickback Example

An example of a possible kickback would be:

- A hospital demands that radiologist pay excessive transcription costs for which the hospital is reimbursed under Medicare Part A. The radiologists either have to pay an amount that exceeds what Medicare pays for the service or risk losing the contract to provide radiology services for the hospital.

Penalties for violating the Anti-kickback Statute can include:

- Up to 5 years in prison,
- Criminal fines up to \$25,000,
- Administrative civil money penalties up to \$50,000, and
- Exclusion from participation in federal health care programs.



## Stark Law (42 U.S.C. § 411.353)

Also known as the “Physician Self-Referral” Law, the Stark Law:

- Prohibits a physician from making referrals for certain designated health services payable by Medicare to an entity with which he/she – or an immediate family patient – has a financial relationship (ownership, investment, or compensation), unless an exception applies.

Examples of Stark Law violations include, but are not limited to:

- A Physician referring Medicare patients for certain designated health services to an entity with which the physician or a patient of the physician’s immediate family has a financial relationship.
- An agent referring patients to a specific provider, who in turn pays the agent.

Penalties for violating the Stark Law include:

- Up to a \$23,863 fine for each service provided.
- Up to a \$159,089 fine for entering into an arrangement or scheme, and
- Exclusion from participation in all Federal health care programs.



## Conflict of Interest

- Conflict of interest is a set of circumstances that creates a risk that creates competing interests or loyalties that either are, or potentially can be, at odds with each other.
- All agilon health employees must avoid situations where their personal interests could conflict or appear to conflict with the best interests of the company.
- If you find yourself in a situation where you believe a conflict of interest exists, you are responsible for seeking guidance from the Chief Compliance Officer, Sunmi Janicek [Sun.Janicek@agilonhealth.com](mailto:Sun.Janicek@agilonhealth.com)





# Reporting Non-Compliance or FWA



## Non-Compliance Reporting

- Employees are required to, and encouraged to, bring forth information on suspected or known issues of non-compliance, FWA, or other violations of patient or company privacy or confidentiality issues.
- agilon health's Code of Conduct clearly states this obligation.
- agilon health prohibits any form of retaliation or intimidation against employees for reporting a compliance concern in good faith or for good-faith participation in any investigation or other proceeding related to such a report.
- Disciplinary actions that could be imposed for non-compliance or FWA include training, verbal or written warnings, reprimands, suspensions, terminations, and/or financial or criminal penalties.



## Ways to Report Non-Compliance

- Suspected non-compliance or FWA can be reported in the following ways:
  - By notifying a supervisor, manager, or director
  - Directly to the Chief Compliance Officer, Sunmi Janicek  
[Sun.Janicek@agilonhealth.com](mailto:Sun.Janicek@agilonhealth.com)
  - Through the Compliance secured email box ([ComplianceAH@agilonhealth.com](mailto:ComplianceAH@agilonhealth.com)) or the Compliance hotline (833-668-8638)
- Reports made through compliance can be made confidentially and/or anonymously.



## For Your Reference

Compliance maintains a [Public SharePoint](#) site where many of these resources are housed. You will also find guidance posted from CMS, NCQA, HHS, and more.

- [Enterprise Policies & Procedures](#)
- [Code of Conduct](#)
- [Annual Compliance Plan](#)
- [Compliance Bulletin Archives](#)
- [CMS Medicare Managed Care Plan Chapter 9 – Compliance Program Guidelines](#)



# **The following slides are for our Premier ACO (Accountable Care Organization)**

**\*Please see slide 32 for log-in information for the training modules**



## Premier ACO Compliance Training

- Our Medicare Shared Savings Program Accountable Care Organization (ACO), Premier ACO, has many exciting compliance initiatives underway. Compliance is taking this opportunity to ask you to help us meet some requirements and to introduce you to the ACO Compliance Team.
- agilon health has partnered with Wilems Resource Group, an independent company, to ensure our Compliance Training and Reporting is running smoothly and effectively. Kimberly Busenbark, CEO of Wilems Resource Group, will serve as the ACO Compliance Officer. agilon health will also be taking advantage of their online ACO Compliance Training and Compliance Reporting Tool.



## Complete the ACO Compliance Training – Action Required

➤ The Medicare Shared Savings Program requires that all individuals providing functions or services related to the ACO complete annual compliance training. That means you!



➤ You must complete the Premier ACO Compliance Training by **April 30, 2020**. The training is accessible to you anytime, anywhere, by clicking the links below. **You are required to complete two (2) ACO Compliance Training Modules.**



## Required Training Log In Information

### ➤ Module 1 – ACO Overview Training

#### ➤ Visit

<https://www.wilemsrgtraining.com/training/overview-training>

#### ➤ Enter password: wilems2020

#### ➤ Review the module and **complete the attestation** at the end

➤ Select “Premier ACO” for ACO

➤ Type “Agilon Health” for Organization

### ➤ Module 2 – Fraud, Waste, & Abuse Training

#### ➤ Visit <https://www.wilemsrgtraining.com/training/fraud-waste-abuse-training>

#### ➤ Enter password: wilems2020

#### ➤ Review the module and **complete the attestation** at the end

➤ Select “Premier ACO” as ACO

➤ Type “Agilon Health” for Organization





## Understand Premier ACO Anonymous Reporting

- Premier ACO has an online Compliance Reporting Tool that is accessible to all ACO-related individuals including Medicare Beneficiaries. This tool allows you to report any compliance concerns related to the ACO, and can be accessed by clicking the link below. You can report anonymously or provide your contact information. The information you submit will be transmitted to the ACO Compliance Officer who will follow-up on the report. The ACO has a non-retaliation policy which means you don't need to fear making a good faith report.
- We rely on individuals like you to let us know when something is wrong. If you ever feel that you are being retaliated against, please call ACO Compliance Officer: Kimberly Busenbark at 713-893-7902.
- Anonymous Reporting Tool:  
<https://wilemsrgtraining.com/anonymous-reporting>



## Meet your Premier ACO Compliance Team

Kimberly Busenbark, ACO Compliance Officer

Email: [kwilems@wilemsrg.com](mailto:kwilems@wilemsrg.com)

Phone: 713-893-7902

Maddie Short, ACO Compliance

Email: [mshort@wilemsrg.com](mailto:mshort@wilemsrg.com)

Phone: 210-872-0134

Sunmi Janicek, Chief Compliance Officer Agilon Health

Email: [sun.janicek@agilonhealth.com](mailto:sun.janicek@agilonhealth.com)

Phone: 714-651-5661

If you ever have any questions or concerns regarding ACO Compliance, please contact Kimberly.

If you have questions related to the use of the online compliance tools, please contact Maddie.



## End of Course

**You've completed this lesson!** Thank you for your time and attention.

Please also ensure you review the following additional training documents. When the training has been completed, please remember to submit your attestation in Workday:

- Medicare Parts C and D General Compliance Training Web-Based Training Course
- Combating Medicare Parts C and D Fraud, Waste, and Abuse Web-Based Training Course
- ✓ agilon health Supplement Compliance Training
- agilon health Supplemental HIPAA Privacy Training

