

## **Instructions to First Tier Entity Medicare and Medicaid Compliance Program Guidelines**

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As a first tier entity, **20/20 Hearing Care Network, LLC (20/20)** must comply with compliance program requirements established by the Centers for Medicare & Medicaid Services (CMS) and Agency for HealthCare Administration (AHCA), as described in your organization’s agreement with **20/20’s**. Among other requirements, we are required to monitor the compliance of our entities to which you subcontract services covered by your agreement with (i.e., downstream entities).

As part of fulfilling our organization’s monitoring responsibilities, please complete the following annual attestation. **20/20** is not responsible for your organization’s interpretation or use of this template. At all times, your organization maintains responsibility for complying with the terms of your agreement with **20/20’s** policies and procedures, and CMS/AHCA requirements (as may be amended). You should consult with your designated compliance officer and/or legal counsel if you have questions regarding how to meet these requirements.

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### **Attestation for Downstream Entities**

As required by the Centers for Medicare & Medicaid Services (CMS), First Tier, Downstream, and Related Entities (FDRs) that provide administrative and/or health care services for Medicare Parts C and D plans must meet specific CMS compliance program expectations. **20/20 Hearing Care Network, LLC (20/20)** is a First Tier provider of administrative and or health care services for Part C or D plans. Your organization is considered a Downstream Entity of **20/20**, and this attestation is intended to be evidence that the requirements listed below were met by your organization for 2018. These requirements are further described within CMS’s updated guidance on the compliance program requirements and related provisions for Sponsors (“Guidelines”), published in both Pub. 100-18, Medicare Prescription Drug Benefit Manual, Chapter 9 and Pub. 100-16, Medicare Managed Care Manual, Chapter 21.

#### **1. General Compliance and Fraud, Waste and Abuse (“FWA”) Training**

The CMS Medicare Parts C & D Fraud, Waste and Abuse Training and General Compliance Training were provided in 2018 to all of our employees, contractors and downstream entities who are assigned to work on Medicare business. If deemed\*, our organization is exempt from completion of FWA training but ensures the CMS Medicare Parts C and D General Compliance Training is provided to all employees, contractors and downstream entities who are assigned to work on Medicare business. This occurred initially within 90 days of hire or contracting and annually thereafter. Records of General Compliance and Fraud, Waste and Abuse Training completion are maintained for at least 10 years.

#### **2. Medicaid Training**

All applicable Medicaid training, which may include, but not be limited to: Cultural Competency Training; Health, Safety and Welfare Education Training (Abuse, Neglect and Exploitation Training); Medicaid Provider Training; and Orientation Training **or** our own comparable versions of these trainings were provided to all of our applicable employees, providers, contractors and downstream entities who are assigned to work on Medicaid business. This occurred initially within 90 days of hire or contracting and at least annually thereafter. Records of employee, provider, contractor and downstream entity completion are maintained for at least 10 years.

#### **3. Code of Conduct and Compliance Policies**

20/20’s Code of Conduct and Compliance Policies are in place and were provided in 2018 to all of our employees, contractors and downstream entities who are assigned to work on Medicare business. This occurred initially within 90 days of hire or contracting and at least annually thereafter. Records of employee, contractor and downstream entity acceptance/attestation of the Code of Conduct and Compliance Policies are maintained for at least 10 years.



\* Deemed: means that the organization has met the FWA certification requirements through enrollment into the Parts A or B of the Medicare program or accreditation as a Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS); deeming status only applies to the training and educational requirements for FWA.

**4. Compliance Resource**

Our organization has a qualified compliance resource, knowledgeable about the operation and oversight of the compliance program.

**5. Reporting Mechanisms**

Employees, contractors and downstreams were informed of their obligation to report, and how to report, any suspected or detected non-compliance or potential FWA for internal investigation, as well as the disciplinary standards for non-compliant behavior. The reporting mechanisms ensure confidentiality and allow for anonymity, as desired and are available 24 hours a day. In addition, we don't allow retaliation or intimidation against anyone who reports in good faith. In turn, our organization reports any applicable incidents to **20/20** as they arise.

**6. Procedures and System for Prompt Response to Compliance Issues**

Our organization has implemented procedures and a system for promptly responding to compliance issues as they are raised.

**7. Exclusion/Debarment**

Our organization ensures that none of our employees, contractors or downstreams that service Medicare business are on the HHS Office of Inspector General (OIG) or the General Services Administration (GSA) System for Award Management (SAM) exclusion lists through the screening of these lists prior to hire or contracting and monthly thereafter. Documentation of pre-hire/contract and monthly screenings is maintained for at least 10 years.

**8. Offshore Operations**

Our organization does not engage in offshore operations for related Medicare business without the express consent of an authorized Health Plan representative since these activities, if involving the receipt, viewing, processing, transferring, handling, storing or accessing of PHI, must be reported to CMS. **20/20** has been notified of any such offshore arrangements.

**9. Downstream Entity Oversight**

Our organization ensures that compliance is maintained by our organization as well as any of our contracted downstream entities. Our organization has strong oversight in place to ensure that any of our subcontracted downstream arrangements that are used to service Medicare business are in compliance with all of the above requirements, as well.

I certify, as an authorized representative of an entity that has a written agreement with **20/20, and all "First Tier" Health Plans**, that the statements made above are true and correct to the best of my knowledge. Also, my organization agrees to maintain documentation supporting the statements made above. We'll maintain this documentation in accordance with federal regulations and our contract with **20/20**, which is no less than ten (10) years. My organization will produce evidence of the above to **20/20**, or CMS upon request. My organization understands that the inability to produce this evidence may result in a request for a Corrective Action Plan (CAP) or other contractual remedies such as contract termination

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Signature of Organization's Authorized Representative

\_\_\_\_\_  
Organization's Authorized Representative Printed Name and Title

\_\_\_\_\_  
Organization Name

\_\_\_\_\_  
Printed Date



\* Deemed: means that the organization has met the FWA certification requirements through enrollment into the Parts A or B of the Medicare program or accreditation as a Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS); deeming status only applies to the training and educational requirements for FWA.

<b>POLICY FOR CODE OF CONDUCT</b>		
DEPARTMENT: Compliance	LOB: ALL	DATE: April, 2003
POLICY #: 143	REVIEWED AND APPROVED DATE: May 5, 2021	
Business Owner: Christine Futcher Compliance Executive		
REVIEWED/APPROVED by: Robert C. Coppola O.D.	TITLE: President	

**POLICY:**

As part of its commitment to providing quality services to its membership, 20/20 EyeCare Network Inc. and 20/20 Hearing Care Network LLC. (herein referred to as 20/20) has established and shall maintain articulated standards of legal and ethical conduct, as set forth in the Code of Conduct (the "Code"). The Code provides comprehensive information and guidance on standards of ethical behavior and compliance with applicable federal and state laws.

**1 PURPOSE:**

- 1.1. To set forth a process for establishing and communicating standards by which all who are subject to the Code are required to conduct themselves.

20/20 Hearing Care Network. Inc. and its affiliates (20/20) are committed to the highest standards of ethics, honesty, and integrity in pursuit of its mission of education, patient care, and public service. All directors, providers, employees, vendors, delegated entities, business associates who participate in the work and mission of 20/20 are expected to adhere to this Code in the discharge of their duties. Consistent with other 20/20 policies and procedures, the Code provides guidance for the 20/20 providers and employees and sets forth our commitment to good practices and following the law.

To also ensure that compliance with the Code is monitored and effectively enforces.

- 1.2. Following this Code will help you do the right thing. It will also protect you and 20/20. You are encouraged to talk with your supervisor if something is not clear.

**2 PROCEDURE:**

**COMPLIANCE WITH THE LAW**

- 2.1. 20/20 is committed to compliance with all applicable laws, rules, and regulations. It is the responsibility of everyone at 20/20, including employees, providers, agents, representatives, contractors, vendors, and volunteers, to follow, in the course and scope of their work, all applicable laws, rules, regulations, and 20/20 policies, as well as federal and state healthcare program requirements and maintain an environment that is committed to integrity and ethical conduct.
- 2.2. All 20/20 employees, providers, agents, representatives, contractors, vendors, and volunteers, are required to report any concerns that may be violations of law, regulation, contract, or policy to the appropriate party. 20/20 will take no adverse action and maintains a policy specifically prohibiting retaliation against persons who make such reports in good faith.

### **3 CONFIDENTIALITY**

- 3.1. 20/20 is committed to the appropriate protection of confidential information. Federal and state laws and 20/20 policies prohibit the unauthorized seeking, disclosing, or giving of confidential information, contained in patient medical records, employee records and provider records. All providers, employees, agents, representatives, contractors, vendors, and volunteers are required to know and comply with Federal and State laws and policies related to information of privacy and security.
- 3.2. Confidential information is to be accessed, used, and disclosed only when authorized and required to complete assigned job duties. User IDs, passwords, and other authentication devices are the equivalent of a signature within the information systems and must be safeguarded and never shared or disclosed. 20/20 providers and employees are required to know and comply with laws and policies related to information of privacy and security.
- 3.3. Additionally, all employees, providers, agents, representatives, contractors, vendors, and volunteers are prohibited from sharing confidential information.

### **4 DISCRIMINATION**

- 4.1. 20/20 is committed to the principles of diversity and equality and will not discriminate. 20/20 does not discriminate against individuals on the basis of their race, sex, religion, color, national or ethnic origin, age, disability, sexual orientation, gender identity, gender expression, military service, pregnancy, physical or mental disabilities, genetic information, or any other class protected by applicable law in its administration of policies, programs or employment.

### **5 HARASSMENT**

- 5.1. 20/20 prohibits harassment of any kind. 20/20 strictly prohibits harassment or contribution to any type of harassment. This includes, but is not limited to, sexual harassment or misconduct, treating colleagues in a disrespectful manner, retaliation, or bullying. Everyone is encouraged to report if they witness any type of harassment.

### **6 CONFLICTS OF INTEREST**

- 6.1. All employees, providers, agents, representatives, contractors, vendors, and volunteers of 20/20 should avoid potential or perceived conflicts of interest. Individual conflicts of interest refer to situations in which an individual's or family member's financial, professional, or other personal considerations may directly or indirectly affect, or have the appearance of affecting, an individual's professional judgment in exercising any duty or responsibility, including the conduct or reporting of medical care. Conflicts of interest can arise under many situations, including business relationships, purchasing decisions, gifts, use and appropriation of 20/20 assets, medical care activities, student related activities, and activities related to family members.
- 6.2. In order to identify and review conflicts of interest and the appearance thereof, all members of the 20/20 community are expected to disclose all outside activities and financial interests that might be or have the appearance of being conflicts of interest or commitment upon initial employment, and annually thereafter, as well as immediately if any changes in circumstances arise that may present a potential conflict of interest.

## **7 MARKET COMPETITION AND PURCHASING, GIFTS, AND KICKBACKS**

- 7.1. 20/20 is committed to complying with state and federal antitrust (monopolies) and anti-kickback laws and regulations. 20/20 's business practices prohibit setting charges in collusion with competitors, giving or receiving kickbacks, entering into certain exclusive arrangements with vendors, and sharing confidential information with competitors. When someone who can influence purchasing, decisions made at 20/20 takes money or anything of value from a vendor, it can be considered a kickback, which is illegal. For this reason, 20/ shall not accept any kind of gift, service, or benefit from any vendor or vendor representative.

## **8 PATIENT REFERRALS**

- 8.1. 20/20 is committed to the lawful referral of patients for the delivery of appropriate patient care. If a referring physician, or his or her immediate family member, has an ownership or investment interest in, or a compensation arrangement with, the entity to which a patient is referred, and payment for the referred services will be made from a federal or state health care program (such as Medicare and Medicaid) federal law, commonly referred to as the "Stark Law," may prohibit the referral. No 20/20 providers shall refer a patient for services in violation of the law.
- 8.2. Additionally, members of the 20/20 should be aware that if someone refers a patient to another provider and receives something of value in exchange, it can be considered a kickback. Anti-kickback rules also apply to the recruitment of providers, recruitment of medical care subjects, and the acquisition of providers' practices.

## **9 BILLING AND CLAIMS**

- 9.1. 20/20 is committed to charging, billing, documenting, and submitting claims for reimbursement for hospital and professional services in the manner required by applicable laws, rules, and regulations. All providers and employees should know and carefully follow the applicable rules for submission of bills and claims for reimbursement.

## **10 ENVIRONMENT**

- 10.1. 20/20 is committed to complying with all applicable environmental laws and to maintaining all necessary environmental permits and approvals. Environmental compliance includes the proper handling, storage, use, shipment and disposal of all materials that are regulated under any applicable environmental law.

## **11 CONTROLLED SUBSTANCES**

- 11.1. 20/20 prohibits the unlawful possession, use, manufacture or distribution of illicit drugs and alcohol on its property or as part of any 20/20 sponsored activity. Health care professionals, including those who maintain Drug Enforcement Agency (DEA) registration, must comply with all federal and state laws regulating controlled substances.

## **12 DISCIPLINARY ACTION**

- 12.1. 20/20 is committed to responding appropriately when anyone at 20/20 violates law or policy. All 20/20 providers, employees and representatives must carry out their duties for 20/20 as stated in these policies, and, as required by law, report violations of local, state or federal laws, rules or regulations to a supervisor, the Office of Healthcare Compliance, the Office of General Counsel or the Integrity Line. If the respondent does not report violations, knowing

that such a failure violates a clear legal obligation, the individual may be subject to disciplinary action and may be terminated from employment. Disciplinary action may apply to a supervisor who knowingly directs or approves a person's improper actions or is aware of those improper actions but does not act appropriately and within the supervisor's scope of authority to correct them, or who, by knowingly violating a clear legal or professional duty, otherwise fails to exercise appropriate supervision.

### **13 RESPONSE TO INVESTIGATION**

- 13.1. If an employee receives a subpoena, search warrant or other similar document, before taking action, they must immediately contact the Compliance Office. The Compliance Office is responsible for authorizing the release or copying of documents. If a government investigator, agent, or auditor comes, a supervisor or the Compliance Officer, should be contacted before discussing any matters with such investigator, agent, or auditor.


### **14 OFFICE OF HEALTHCARE COMPLIANCE**

- 14.1. To assist 20/20 with its commitment to appropriate conduct, all providers and employees are encouraged to report violations of any law or policy to a supervisor, Compliance Officer. It is the duty of all providers and employees, and 20/20 representatives to report job-related criminal conduct of which they have actual knowledge or job-related situations that endanger the health and safety of any individual. All reports are treated as confidential and are shared with others only on a bona fide need-to-know basis. 20/20 will take no adverse action toward, and prohibits retaliation against, persons making reports in good faith. False accusations made with the intent of harming or retaliating against another person can subject the accuser to disciplinary action.

### **15 STATEMENT OF RECEIPT AND ACKNOWLEDGMENT**

- 15.1. Upon initial employment or contract and annually thereafter, 20/20 will distribute the Code to all associates, members of the Board of Directors and providers and employees will ensure formal training on the Code will occur. Company associates, members of the Board of Directors and providers must certify acknowledging that they agree to adhere to the Code and its related policies. Proof of certification will be maintained by the Corporate Privacy Department. All associates are required to comply with 20/20's Code; failure to do so may result in disciplinary action, up to and including termination.
- 15.2. Ongoing electronic access to the Code is available on our 20/20 Portal to ensure each person authorized to use the portal is aware and informed of current policies. Compliance with the company's Code is monitored, attested annually and effectively enforced.
- 15.3. Those who do not comply with the Code are subject to corrective and disciplinary actions, which are appropriate and applied consistently across the company.
- 15.4. All providers have access to the 20/20 portal via a unique username and password. The 20/20 Portal requires all users to understand and attest they adhere to the Code online annually. If a user does not complete the necessary training their account becomes inactive and they must contact the corporate office for reinstatement. At the time a corporate office associate will grant the user access to complete the required compliance training and once completed the user will regain full access to the 20/20 portal.

**APPROVED BY:**

Signature 

Date 5/5/21

Print Name Robert C Coppola OD

Title President

<b>Revision Record</b>			
Revision Date	Version Number	Revised By	Revision description
4/2018	1.0	Robert Coppola OD	Hearing Policy Established
5/2019	2.0	Robert Coppola OD	Review, revise and update
9/2019	3.0	Robert Coppola OD	Medicare specific
9/2020	4.0	Robert Coppola OD	Annual approval and incorporation of 20/20 EyeCare Network
5/2021	5.0	Robert Coppola OD	Annual review and approval