



Compliance Plan

Revised December 12, 2018

This Compliance Plan is the property of Rocky Mountain Health Plans and contains information intended only for the use of Rocky Mountain Health Plans or the Individual or entity to which it is addressed. No other person shall use this Compliance Plan for any purpose. The Compliance Plan contains proprietary information and may include trade secrets. No person shall disclose, copy, print, distribute or use its contents without the expressed consent of Rocky Mountain Health Plans.

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Letter to Individuals, Officers and Directors

Welcome to RMHP

Steve ErkenBrack, President & CEO
Rocky Mountain Health Plans



To all Individuals, Officers and Directors:

Over the years our mission has consistently been dedicated to the health of our members and communities and development of mutually-beneficial relationships to achieve high-quality health plans and services throughout our service areas. To complement this mission, our company practices following high standards of integrity to protect our members and the government programs we use to serve our members.

Our most valuable assets are our members and our reputation. We are committed to maintaining high compliance standards. Our principles and values have consistently reflected this commitment as a testimony to our concerns for our members and the communities we serve.

There are also more concrete reasons for our keen focus on compliance: state and federal contracts maintained by RMHP for our members involves significant legal responsibilities. It is essential that we meet these responsibilities and that we uphold these commitments for our continued success in serving our constituencies.

For these reasons RMHP adopted this Compliance Plan, which has been approved by the RMHP Board of Directors. Using this Compliance Plan as a guide and obeying the law are fundamental expectations RMHP. Thank you for your cooperation and adherence to this commitment.

A handwritten signature in black ink, appearing to read 'Steve ErkenBrack'. The signature is stylized and cursive.

Steve ErkenBrack
President & Chief Executive Officer

Mission of the Companies

The following is the mission statement of Rocky Mountain Health Maintenance Organization (RMHMO) d/b/a Rocky Mountain Health Plans (RMHP).

Mission

We take the initiative to improve the lives of our Members and the health of our communities by offering innovative health plans, providing excellence in service and care for our Members, and staying true to our tradition of putting people before profits.

Values

- We make decisions based on the well-being of our Members.
- We are respectful, compassionate, and fair.
- We are innovative and action-oriented.
- We honor the rights of physicians and patients in medical decision-making.
- We are catalysts for continuous quality improvement.
- We believe that the quality of our relationships shapes our future.

Introduction

The Rocky Mountain Health Plans Compliance Plan is developed by RMHP but is instituted for use by RMHP and Rocky Mountain HealthCare Options, Inc. (RMHCO). These entities will be collectively referred to herein as the “Rocky Mountain Organization” (RMO).

RMHP is a wholly owned subsidiary of United HealthCare Services, Inc. (UHS) which is a wholly owned subsidiary of UnitedHealth Group Incorporated (UHG). RMHP has contracted with UHS for UHS to provide personnel services and manage the business affairs of RMO. This Compliance Plan guides the conduct of certain Individuals engaged in providing such services.

References to UHG applicable policies include applicable policies of UHS and United Healthcare Insurance Company (UHC).

RMO is working with UHG to align its corporate compliance program with UHG. This Compliance Plan guides Individuals to know, understand and maintain high standards of compliance and business and personal conduct. This Compliance Plan will assist Individuals in complying with state and federal law, including, without limitation, Federal Health Care Reform legislation enacted under the Affordable Care Act (ACA). Therefore, all Individuals should be familiar with and abide by the standards of conduct set forth in this Compliance Plan.

“Individuals” in the context of this Compliance Plan means those persons acting on behalf of RMO, through an employment relationship with UHS, and also specifically includes RMHP officers, Board of Director members, and contractors as applicable.

This Compliance Plan guidance is not intended to be a complete listing of detailed instructions for every conceivable situation or to be used in an inflexible manner. Instead, it is intended as a general guide to help Individuals fulfill compliance obligations. The Compliance Plan contains a structure and resource section to help answer questions about compliance and appropriate business conduct. It identifies key personnel and departments that will assist Individuals with interpretation, explanation and training in laws, reporting violations and in providing guidance.

Benefits of a compliance program are to:

- Assist in the prevention, detection and correction of any criminal or fraudulent conduct by Individuals, representatives, and agents;
- Demonstrate to Individuals and the community at large RMO's strong commitment to honest and responsible corporate conduct;
- Improve the quality, efficiency, and consistency of delivery of Member care;
- Create a centralized source for distributing information on health care statutes, regulations, and other program directives related to fraud and abuse and related issues;
- Formulate a methodology that encourages Individuals to report potential problems;
- Develop procedures that allow the prompt, thorough investigation of alleged misconduct by Individuals, independent contractors, and consultants;
- Initiate immediate, appropriate, and decisive corrective action;
- Minimize, through early detection and reporting, the loss to the government as well as private health care from false claims and thereby reduce RMO's exposure to civil damages and penalties, criminal sanctions, and administrative remedies, such as program exclusion; and
- Enhance the structure of RMO's compliance.

Purpose

The purpose of this Compliance Plan is to develop and implement a program of compliance with applicable laws and to assist Individuals with the goal of attaining and maintaining high standards of compliance and business conduct. The Compliance Plan's primary goal is to foster a cooperative work environment of high standards and to help promote compliance with applicable laws.

This Compliance Plan is intended to provide reasonable guidelines so that RMO:

- Complies in all material respects with all federal, state and local laws and regulations that are applicable to its operations;
- Satisfies the conditions of participation in health care programs funded by the state and federal government and the terms of its other contractual arrangements;
- Detects and deters fraud and abuse, criminal conduct or other forms of misconduct by Members, providers, Individuals, vendors/suppliers and contractors;
- Promotes self-auditing and self-policing, and provides for voluntary disclosure of violations of laws and regulations; and

- Establishes, monitors, and enforces high professional standards.

For the Compliance Plan to be effective, it must have the cooperation of all Individuals. The Compliance Plan contains resources to help resolve any questions about appropriate conduct in the work place. Adherence to its spirit as well as its specific provisions is important.

Scope of Compliance Plan

This Compliance Plan applies to the business, legal and compliance affairs and activities of RMO, all Individuals, and all RMO contractors who manage the business, financial, legal and compliance affairs and activities of RMO.

This compliance program is not limited to Medicare and Medicaid issues, but encompasses other legal requirements such as compliance with other federal law and federal grant requirements, including, without limitation, MLR requirements under ACA, state law compliance, antitrust issues, privacy and patient rights. Each Individual is accountable to ensure that all requirements are met in all operational / organizational functions.

This Compliance Plan is meant to supplement other policies and procedures applicable to RMO such as UHG policies and federal HIPAA policies. The plan is intended, at a minimum, to promote compliance with state and federal laws. However, in many cases this Compliance Plan exceeds the standards required by law. While this Compliance Plan is intended to serve as a guide for workplace conduct, it cannot address every situation that Individuals may encounter. Therefore, RMO expects Individuals to exercise personal integrity and good judgment in every situation, regardless of whether it is specifically addressed in this Compliance Plan.

Commitment Statement

RMO is committed to complying with the law, to following appropriate business practices, and to taking appropriate corrective action with regard to all illegal or wrongful activities discovered.

RMO's values reflect our concern for our communities and our commitment to legal and appropriate business practices. These values serve as the foundation for our business decisions and relationships, and the guiding tenets for the Compliance Plan. RMHP will take prompt steps to correct any violation of the Plan.

Code and Standards of Conduct

UHG Code of Conduct

The people of UnitedHealth Group and its subsidiaries around the world (“UnitedHealth Group” or “the Company”), as Individuals and as a company, share five values that best describe how we aspire to conduct ourselves and our business: integrity, compassion, relationships, innovation and performance. Together, these values describe the kind of behavior expected of us by the people we serve, that each of us must work toward every day. Integrity purposefully leads the list. Integrity means we are reliably honest, fair and morally responsible, always acting in the best interests of our customers, consumers and the communities where we live and work. How we conduct our work day-to-day is important to fulfilling our mission to help people live healthier lives and making the health care system

work better for everyone. Health care is among the most personal, intimate aspects of everyone's life, and each Individual we touch must be able to trust in our commitment to integrity. It is the foundation for each of the four other values and everything we do at UnitedHealth Group.

The UnitedHealth Group Code of Conduct: Our Principles of Ethics & Integrity ("The Code", "Code of Conduct", "Principles of Ethics & Integrity") provides guidelines for helping us sustain the highest possible standards of ethical behavior in our work.

In the event of any conflict or inconsistency between this Compliance Plan and the UHG Code of Conduct, UHC Government Programs Compliance Program, UHC Fraud Waste and Abuse Program or UHC Compliance Policies, the applicable UHG or UHC document shall govern.

Purpose and Objective of the Code of Conduct

This Code of Conduct (Code) provides guidance to all Individuals and assists us in carrying out our daily activities within appropriate legal standards. These obligations apply to our relationships with providers, Members, contractors, regulators, consultants, and one another. The Code is a critical component of our overall compliance program.

The objective of this Code is to provide us with an overview of requirements. It is impossible, however, to describe in a brief statement all of the types of conduct that could lead to legal problems. This Code is designed to alert Individuals to the types of conduct that could create exposure. Being aware of these areas should enable Individuals to identify potential problems. RMO depends upon each Individual at all times to rely upon his or her good judgment and do the right thing.

Our Principles of Ethics & Integrity

Every UnitedHealth Group employee, director and contractor must act with integrity in everything we do. Acting with integrity begins with understanding and abiding by the laws, regulations, Company policies and contractual obligations that apply to our roles in the Company, our work and our mission. The UnitedHealth Group Board of Directors has adopted this Code of Conduct, which applies to all employees, directors and contractors, to provide guidelines for our decision-making and behavior. This Code is a core element of the Company's compliance program. Each section includes tools to help you understand your responsibilities and find answers to questions: an explanation of each subject addressed by the Code, key considerations, hypothetical challenges, resources and links to applicable policies. Policies at the enterprise, business and department levels provide more specific direction.

Complying with the Code of Conduct Since the Code cannot address every situation you might encounter, UnitedHealth Group relies on your good judgment and values to uphold the spirit and intent of the Code. If you are ever unsure about what to do in a particular situation, discuss the issue with your manager and ask questions. We have many resources available to help you.

You must comply with this Code and all policies that apply to you. Managers have an additional responsibility to understand this Code and policies that apply to your business units so that they

may serve as resources and provide guidance to employees. If you are uncertain as to how this Code or any policies apply to you and your function in the Company, or if you have questions, contact UnitedHealth Group Compliance & Ethics, your business Legal Representative or Compliance Officer.

Reporting Misconduct if you encounter what you believe to be a potential violation of law, regulation, this Code or Company policy, speak up. Speaking up is not only the right thing to do, it's required by Company policy. UnitedHealth Group provides many ways to report ethical, legal, regulatory and policy concerns, including the Compliance & Ethics HelpCenter. You have the option of reporting anonymously, where permitted by law, and, regardless of how you report, you are protected from retaliation whenever you speak up in good faith. All reports will be reviewed and, if necessary, investigated.

Reporting potential Code or policy violations helps the Company address issues quickly and thoroughly. You also help us identify opportunities to provide guidance on how the Code and our policies apply in specific situations. You help us all to live the Company's values and fulfill its mission.

Violations of the Code of Conduct and Policies

Violating this Code, Company policies, laws and regulations or our contractual obligations not only has potential legal and regulatory consequences, but also compromises UnitedHealth Group's reputation. Unethical or illegal acts can never be justified.

No employee, regardless of his or her position, is ever authorized to commit, or direct another employee to commit, an unethical or illegal act. In addition, employees cannot use any third party to act in any way that is prohibited by law, this Code, any Company policy or any contractual obligation.

All violations of this Code of Conduct, Company policies, contractual obligations, or laws will be taken seriously and may result in discipline, up to and including termination of employment and possible legal action, including referral to law enforcement.

Waiver and Changes to the Code

Circumstances may arise where you believe that a waiver of the Code requirements is merited. Requests for waiver of the Code are rarely, if ever, granted. However, you may seek formal waiver of a specific requirement or obligation of this Code by submitting a written request to the UnitedHealth Group Chief Compliance and Ethics Officer. Most waiver requests will be determined by the UnitedHealth Group Chief Compliance and Ethics Officer, while those submitted by certain officers will be forwarded to the Audit Committee of the UnitedHealth Group Board of Directors for review and determination. Any waiver requested by UnitedHealth Group's Chief Executive Officer, Chief Financial Officer, Chief Accounting Officer, Controller or persons performing similar functions (collectively known as the "Senior Financial Officers"), or any other executive officer or director that is granted by the Audit Committee will be publicly disclosed on UnitedHealth Group's website, to the extent required by U.S. securities rules and the

New York Stock Exchange. No action prohibited by this Code should be taken without a written waiver from either the UnitedHealth Group Chief Compliance and Ethics Officer or the Audit Committee.

UnitedHealth Group's Chief Compliance and Ethics Officer may make non-material changes to this Code of Conduct, including updates to the resources, policies and questions and answers provided. All material changes must be approved by the Audit Committee of the Board of the Board of Directors.

Individuals shall abide by the UHG Code of Conduct. A copy of the internal UHG Code of Conduct is provided [here](#) and is incorporated herein by this reference. A copy of the external UHG Code of Conduct can be accessed [here](#). You can access the following policies internally at [eGRC Policy Center](#) and search with the **Policy Identifier** and checking the box **Policy**. Example: ID-5448.

Associated Policies

- Anti-Corruption Policy (ID-5401)
- Avoiding Conflicts of Interest (ID-5350)
- Outside Directorships (ID-5349)
- Related-Person Transactions Approval (ID-5329)
- Gifts and Entertainment (Business Courtesies) (Honoraria Paid to Employees) (ID-5256)
- Interactions with Pharmaceutical, Medical Device or Biotech Manufacturers, Wholesalers or Distributors (ID-5434)
- Insider Trading (ID-5867)
- Travel & Expense Management Policy (ID-5527)
- Government Contracting Policy/Organizational Conflicts of Interest Guidance (ID-5533)
- Anti-Kickback Policy (ID -5559)
- False Claims Act Compliance Policy (ID-5448)

Questions or Concerns? Contact:

- Your Director
- Your business **Legal Representative or Compliance Officer**
- The **Compliance & Ethics HelpCenter** (800) 455-4521 (US), www.uhghelpcenter.ethicspoint.com
- UnitedHealth Group **Compliance & Ethics** (952) 936-7463 or EthicsOffice@uhg.com
- **International Compliance** InternationalCompliance@uhg.com
- The **Government Relations Compliance Group** at GovCompliance@uhc.com
- ComplianceQuestions@rmhp.org

Adherence to Compliance Plan

This Plan has been carefully designed to ensure that RMO acts in accordance with all known legal duties. No Individual may disregard any requirement of this Plan. This Plan in no way alters the current employment status of every Individual and neither creates a policy of progressive discipline, nor a guarantee of a disciplinary measure less than dismissal.

The Compliance Plan was designed with the expectation that it will be modified to accommodate changes in the law and otherwise, where necessary. This document contains confidential and proprietary information and is the private property of RMO.

Compliance Committee Charter

Compliance Organizational Structure

RMO has established a compliance program tailored to RMO principal lines of business: Commercial, Medicare, Medicaid, and Child Health Plan Plus.

The RMO Board of Directors oversees the performance of the compliance program.

The effectiveness of the compliance program depends largely on the leadership efforts of key personnel at RMO. While all Individuals are obligated to follow our Plan, we expect our leaders to set the example. This section of the Plan contains structure, responsibilities and directives for key personnel and committees:

- RMO Boards of Directors
- RMO Executive Officers
- Compliance Officer
- Compliance Committee
- Director of Legal and Regulatory Affairs
- Directors and department heads
- Director of Human Resources and Corporate Services
- Vice President, Community Integration
- Associate Vice President of Federal Health Reform and Medicare Programs
- Outside Counsel
- Internal Audit Director

These key personnel, committees and business units are charged with specific duties that collectively will ensure RMO accomplishes the following goals:

- RMO will maintain compliance standards and procedures reasonably designed to reduce the risk of criminal conduct and other violations of the UHG Code of Conduct;
- RMO will allow only specific, high-level personnel to be assigned ultimate responsibility for overseeing the compliance program;

- RMO will not delegate substantial discretionary authority to any Individual whom it knows, or through the exercise of due diligence should have known, had a propensity to engage in illegal activities;
- RMO will take reasonable steps to communicate effectively and achieve its compliance with its standards and procedures for all Individuals;
- RMO will utilize monitoring and auditing systems that are reasonably designed to detect wrongful behavior or criminal conduct by Individuals or other persons. RMO will also utilize and monitor its publicized reporting system whereby Individuals and other persons, agents, customers, and stakeholders can report illegal conduct by others within the organization without fear of retribution, retaliation, or intimidation; and
- RMO will cooperate to the fullest extent reasonable and practical with appropriate federal, state, and local authorities investigating a potential violation of law. It is a violation of RMHP policy for any Individual to conceal an offense or to alter or destroy evidence.

Compliance Oversight

Oversight of corporate compliance is conducted by the RMO Board, the Vice President of Legal & Government Affairs and Chief Compliance Officer, the Associate Vice President of Federal Health Reform and Medicare Programs, the Director of Legal and Regulatory Affairs and the Director of Human Resources and Corporate Services. The Compliance Officer directs the compliance program and the Legal and Regulatory Affairs Department. The Compliance Officer reports directly to the CEO and to the Board of Directors. The Compliance Committee oversees the operations of this compliance program.

Boards of Directors

The duties of the RMO Boards of Directors relative to compliance efforts are as follows:

- To assume overall responsibility for compliance oversight;
- To set the standard for RMO for corporate compliance through its explicit and implicit adherence to its Code of Conduct and prevention of fraud, abuse and waste; and;
- To take timely and appropriate actions as warranted and outlined in this Compliance Plan on issues which may arise from daily operations, monitoring activities or external factors.

RMO Board of Directors

The RMO Board of Directors shall have the responsibility for overseeing this Compliance Plan for the RMO Boards of Directors as follows:

- Review at its meetings those compliance reports, audits and findings presented by the Compliance Officer at meetings of the Board of Directors;
- Appoint a Compliance Officer to implement the Compliance Plan;
- Approve the Compliance Plan;
- Assure that this Compliance Plan receives sufficient funding to support its implementation, continuous monitoring, internal auditing, and remedial efforts;

- Take action on any revisions of this Compliance Plan recommended by the Compliance Committee to the RMO Boards of Directors;
- Receive reports as requested from the Compliance Committee and Compliance Officer;
- Meet with external auditors on an annual basis, or as needed, to review recommendations relative to changes in the business environment and to identify areas of impact and the effect of the changes; and
- Conduct candid discussions of investigations and corrective action.

Duties of the RMO Board Member

The designated Board member will serve as liaison for compliance oversight with the Board. The duties include:

- To maintain effective communication between the Board and the CEO and Compliance Officer of RMO;
- To review the establishment of an effective and anonymous reporting process to provide Individuals an alternate channel of communicating without retribution that includes a process for receipt of reports from Individuals and appropriate investigative protocols for conducting investigations;
- To operate as a direct Board level contact for Individuals to use an alternate mechanism to report suspected compliance violations;
- To ensure that reports received directly by Board member is documented appropriately and appropriately to the Board;
- To report complaints or allegations inconsistent with the goals of this Compliance Plan directly to the RMO Board as appropriate (such complaints may also be reported for consultation to the Compliance Officer); and
- To refer complaints or allegations concerning other issues to the CEO or other appropriate officers of RMO as appropriate.

Duties of RMO Executive Officers

While the Board of Directors, Compliance Officer, Compliance Committee, and Director of Legal and Regulatory Affairs hold significant roles in compliance, adherence to this Compliance Plan is the responsibility of all officers, vice presidents, directors, managers, supervisors, Individuals, contractors and others. RMO Executive Officers have specific duties related to compliance including:

- To support RMO's culture as one of compliance to laws and regulations, open communication and avoiding fraud, abuse and waste;
- To work closely with and support the efforts of those with specific responsibility for the oversight and monitoring of this Compliance Plan;
- To support and encourage departments to attend appropriate educational sessions;
- To fairly evaluate leadership associates, managers and supervisors relative to their dealings with Individuals on corporate compliance efforts; and

- To participate openly and on a timely basis with requests for information or investigations; and
- Ensuring appropriate resources are available for activities required by this Compliance Plan.

Duties of Outside Counsel

Outside Counsel shall maintain a record of every document served on RMO with regard to compliance issues. Outside Counsel will review all summons, subpoenas, and other documents served on RMO to determine appropriate action. Outside Counsel shall be given primary oversight duties to ensure the complete and prompt compliance with the court document in question or the filing of necessary pleadings to answer, suppress, quash, modify, or otherwise protect RMO. Outside Counsel may participate as legal advisor to the Compliance Committee and advise the RMO Boards of Directors, the Compliance Committee, the Compliance Officer and the Director of Legal and Regulatory Affairs on compliance matters and compliance issues.

Duties of the Compliance Officer

The Compliance Officer oversees the operational compliance activities of the companies. The Compliance Officer, in conjunction with Compliance Committee, is responsible for oversight of the development of compliance policies and standards, and overseeing and monitoring RMO's compliance activities. The Compliance Officer and Compliance Committee shall maintain the compliance program, and shall have open access to management staff. The Compliance Officer shall act as the "voice" of the Compliance Committee by providing reports to the RMO Boards of Directors and governmental authorities, as required. In addition, the Compliance Officer will review reports of alleged fraud, waste and abuse, and coordinate with the Compliance Committee any violations of this Compliance Plan. The Compliance Officer and/or Compliance Committee shall have full access to RMO documents and Individuals in the course of an investigation into alleged misconduct. In order to fulfill these duties, the Compliance Officer shall have direct access to all records including claims, enrollment, financial, marketing, and employment records as necessary. The Compliance Officer has direct access to the RMO Boards of Directors and the CEO.

The primary duties of the Compliance Officer include:

- To establish policies for the dissemination of compliance policies to Individuals and development of appropriate training mechanisms to promote the understanding of such policies and the carrying out of such policies;
- To oversee the creation of mechanisms and channels for Individuals to report, and to encourage reporting of, suspected violations of RMO policies or regulatory obligations without fear of reprisal and the prompt investigation of all credible reports of such violations;
- To request routine audits of company functions and assessment of the effectiveness of internal controls to assess compliance in risk areas and with applicable RMO policies and regulatory obligations;

- To oversee the development and monitoring of the implementation of this Compliance Plan (including any applicable specific compliance policies) and to report progress and relevant information to the RMO Boards of Directors and CEO at least twice per year;
- To periodically review and recommend revising this Compliance Plan as necessary, to meet the changing needs of RMO in their respective business and regulatory environments;
- To oversee that internal auditing and monitoring standards meet the needs of this Compliance Plan;
- To coordinate potential fraud investigations/referrals with Internal Audit Department and the National Benefit Integrity Medicare Drug Integrity Contractor (NBI MEDIC) where appropriate;
- To oversee the development of methodologies and corrective action plans to address issues which arise from audits and other monitoring measures on a timely basis;
- To oversee a confidential communications process to the extent permitted by law or law enforcement authority for the solicitation, evaluation and response to complaints and problems;
- To obtain from RMO senior leadership and RMO Boards of Directors required commitment of resources to carry out review and monitoring activities identified in Compliance Plan;
- To report compliance-related investigations at least twice per year to the RMO Board of Directors as appropriate;
- To chair and manage the Compliance Committee;
- To coordinate with the Human Resources Department and RMO departments to ensure that Individuals, providers, contracted staffing agency personnel, potential Individuals, and contractors do not appear in the OIG List of Excluded Individuals / Entities (LEIE), the System for Award Management (SAM), Office of Foreign Assets Control (OFAC), and CMS Preclusion List (federal exclusion databases) as applicable, and that this is verified prior to hire or engagement for services as well as monthly thereafter;
- To coordinate with Human Resources Department to ensure Individuals' certifications are completed, that they have received, read, and understood the Standards of Conduct;
- To be responsible for oversight of the Internal Audit function (Internal Audit provides review of all fraud alerts issued by the Department of Health and Human Services Office of Inspector General and coordinates internal compliance reviews and monitoring activities, including periodic reviews of departments and conducts audits for areas of risk as defined by the Compliance Officer); and
- To monitor internal and external audits and investigations for the purpose of identifying risk areas, troublesome issues and deficient areas experienced by RMO and providing direction for implementing corrective and preventive action based on results of audits.

Duties of the Compliance Committee

The Compliance Committee has responsibility for oversight of the RMO's regulatory compliance performance, including risk assessment, compliance policy development, education and dissemination of information, conducting investigations of alleged regulatory or policy violations and requesting monitoring initiatives and audits be conducted.

The Compliance Committee is comprised of the Compliance Officer, the Chief Information Officer, the Director of Legal and Regulatory Affairs, the Associate Vice President of Federal Health Reform and Medicare Programs, the Director of Internal Audit, the Director of Human Resources, and the Director of Pharmacy. Additionally, the Compliance Officer will have the authority to add one additional person, based on their unique expertise and background, to the Compliance Committee.

The Compliance Committee is established to advise the Compliance Officer and work on implementation of the compliance program. The Compliance Officer chairs the Compliance Committee.

The Compliance Committee's responsibilities include:

- To determine the appropriate strategy/approach to promote compliance with the program and detection of any potential violations, such as through hotlines and other fraud reporting mechanisms;
- To review, suggest changes to, and approve this Compliance Plan including any relevant compliance policies;
- To provide direction for implementing corrective and preventive action based on results of audits;
- To review compliance initiatives;
- To prepare a report to the RMO Board of Directors, which may include updates, a summary of compliance efforts, results of new initiatives, and proposed changes to this Compliance Plan that would enhance the compliance efforts and annual work plans for the program for the upcoming year;
- To report to the RMO Board of Directors the status of investigations undertaken by the Compliance Committee, and the existence of any problem areas or issues with this Compliance Plan;
- To independently investigate and act on matters related to compliance, as may be needed, including the design and coordination of internal investigations that respond to reports of problems or suspected violations, and any resulting corrective action with affected member departments, providers, agents and, if appropriate, independent contractors. The Compliance Committee and its designee have the authority to review all documents and other information that are relevant to compliance activities.
- To monitor changes in the health care environment and identify the impact of such changes on specific risk areas;
- To review policies regarding dissemination of compliance information;

- To review and provide guidance on risk areas identified by the Director of Legal and Regulatory Affairs;
- To recommend, as necessary, the revision of policies and procedures, as needed, so that such policies support the Code of Conduct;
- To monitor, through summary reports, the types of hotline calls coming through the hotline, identify trends or patterns, and evaluate the adequacy of the investigation, follow up and resolution of such calls;
- To respond to incidents of apparent wrongdoing;
- To review any allegations made against any Individual or agent of RMO under this plan;
- To determine how much monitoring is necessary, based on the perceived risk within RMO; and
- To serve as grievance body for compliance-related issues.

Duties of Director of Legal and Regulatory Affairs

The Legal and Regulatory Affairs Department will assist the Compliance Officer, and will coordinate the operational implementation and maintenance of the Compliance Plan. The Legal and Regulatory Affairs Department will perform the following duties:

- To act as centralized source for distributing information on new health care statutes and regulations;
- To document and maintain approved changes to this Compliance Plan including the Standards of Conduct and the Code of Conduct and to oversee that this Compliance Plan is updated, revised and distributed;
- To oversee the day-to-day operations of this Compliance Plan and report to the Compliance Officer and Compliance Committee all compliance-related issues;
- To regularly report to the Compliance Officer the business activities and compliance matters of departments and business units;
- To communicate requirements for development of compliance training programs to the Human Resources Department and make requests for training of new Individuals; conduct training of Individuals, as necessary, or coordinate such training with the Human Resources Department for training of Individuals;
- To assist or instruct Individuals in compliance-related decision-making;
- To communicate new laws and either facilitate or participate in the operational implementation of new laws;
- To coordinate all non-Medicaid and non-Medicare RMO audits, regulatory examinations and site visits by external federal and state regulatory agencies (all Medicaid and Child Health Plan audits shall be coordinated by the Vice President, Community Integration, and all Medicare audits shall be coordinated by the Associate Vice President of Federal Health Reform and Medicare Programs, unless otherwise assigned by the Compliance Officer or Compliance Committee);

- To assist the Human Resources Department with any similar audits or reviews;
- To encourage open communication and use of the chain of command to discuss compliance issues while maintaining and overseeing the operations of the Compliance/Fraud Hotline as a mechanism to receive concerns;
- To review problem areas identified by callers reported to the Compliance Officer, RMO Board Member, and the Compliance/Fraud Hotline; respond to confirmed violations of standards, laws, and regulations; and facilitate, educate, or assist departments to prevent future similar occurrences; coordinate with the Human Resources Department to consistently enforce standards through corrective action and/or disciplinary mechanisms;
- To recommend to the Compliance Officer auditing and monitoring mechanisms or programs in accordance with the Office of Inspector General's Work Plan or identified risk areas to ensure compliance;
- To coordinate investigation of alleged violations of standards and laws;
- To prepare documentation and case presentation to Compliance Committee;
- To work through the Compliance Committee to recommend and take corrective action with appropriate departments, providers, and contractors;
- To coordinate oversight of the RMO's compliance function to ensure areas of risk are effectively and expeditiously assessed and mitigated;
- To provide a resource and assist departments throughout RMO by coordinating the interpretation of and compliance with laws, regulations and contract provisions that may affect their work; and consult with Outside Counsel to obtain interpretations of law or of any requirements under the Plan, which may appear unclear;
- To act as an advisor or internal consultant to help departments improve their processes for compliance by reviewing their work products, forms, letters and documents, policies and procedures, and assist in the review, revision and formulation of documents and policies to ensure compliance with regulatory requirements;
- To make appropriate assessments and identify specific compliance risk areas for approval by the Compliance Officer and prioritize the monitoring and correction of problems in the risk areas;
- To maintain records related to the Compliance Plan;
- To cause Individuals in charge of contracting to alert, within 90 days of contract execution, third-party contractors and providers to the existence of this Plan and RMO's commitment to its principles;
- To assist the Compliance Officer in the preparation of reports to the RMO Board of Directors, as necessary;
- To assist Outside Counsel with any legal issues that need operational and compliance input, as necessary;
- To respond, in conjunction with Outside Counsel, to external agency requests regarding compliance issues;

- To coordinate internal compliance reviews and monitoring activities as appropriate, including annual or periodic reviews of certain departments that have the potential to become involved in compliance issues due to involvement with risk areas;
- To continue monitoring areas under corrective action based on prior compliance assessments;
- To coordinate compliance issues with the Vice President, Community Integration for issues relating to the Medicaid or CHP+ programs; and
- To coordinate compliance issues with the Associate Vice President of Federal Health Reform and Medicare Programs for issues relating to Medicare programs.

Duties of Director of Human Resources and Corporate Services

The Director of Human Resources and Corporate Services or his/her designee shall assist, whenever necessary, the Compliance Officer and the Director of Legal and Regulatory Affairs with regard to corporate compliance with the Compliance Plan by Individuals. The Director of Human Resources and Corporate Services or his/her designee shall bring to the attention of the Compliance Officer violations of this Compliance Plan by Individuals. The duties of the Director of Human Resources and Corporate Services include:

- To provide oversight in conjunction with Corporate UHG Human Capital and Compliance for compliance with all applicable employment-related laws and regulations;
- To provide in conjunction with Corporate UHG Human Capital and Compliance overall administration, coordination and evaluation of the Human Resources Department including: 1) compliance training (Training shall include assisting in and providing oversight for periodic training programs to promote Individual understanding of the Compliance Plan and to arrange with a designee to provide each new Individual an electronic copy of this Compliance Plan within 90 days of hire. Individuals will receive a Compliance Plan Summary), and 2) assist in investigation of suspected or reported violations of applicable employment-related laws;
- To oversee, in conjunction with UHG Employee Relations, all compliance enforcement and disciplinary issues, disciplinary processes and sanctions that are related to Individual compliance with the Plan including the imposition of accountability for violation of company policies or regulatory obligations (including supervisors and managers who condone or unreasonably fail to prevent improper conduct);
- To oversee, in conjunction with UHG Employee Relations, the administration of appropriate, equitable, and consistent enforcement of standards through appropriate interventions and/or disciplinary action (all such actions are evaluated and determined on a case-by-case basis); coordinate disciplinary action for violations with the Compliance Officer and UHG Employee Relations as necessary;
- To work with Legal and Regulatory Affairs and UHG Talent Acquisition to put in place adequate programs and procedures to screen Individuals, potential Individuals, contracted staffing agency personnel, and other contractors by reviewing the OFAC, LEIE, SAM and CMS Preclusion List (federal exclusion databases) for any excluded Individuals (these databases provide information to the public, healthcare providers, patients and others

regarding parties excluded from participation in the Medicare, Medicaid and all federal healthcare programs); overseeing the review of National Practitioner Data Bank and Cumulative Sanction Reports with respect to Individuals as appropriate based on the duties of the Individuals; and

- To assist, in coordination with UHG Human Capital Compliance, the coordination of RMO compliance with Title VI of the Civil Rights Act, Section 504 of the Rehabilitation Act, the Age Discrimination Act of 1975, the Americans with Disabilities Act of 1990, other related laws; in coordination with UHG Employee Relations be responsible for the prompt and equitable resolution of complaints alleging from any complaint of discrimination on the basis of race, color, national origin, age, or disability, in admission or access to, or treatment or employment in, RMO programs, health care plans, and activities to the extent required by applicable law.

Duties of Directors and Department Heads

Each RMO department shall appoint a designated Compliance Staffer for compliance activities. The designated Compliance Staffers will coordinate departmental compliance activities with the Legal and Regulatory Affairs Department.

The designated Staffer shall be familiar with all applicable laws and regulations relating to the department, the operating procedures relevant to the Compliance Plan, and any applicable risk areas that exist in the department.

Each department shall work with the Legal and Regulatory Affairs Department to establish compliance policies. These policies shall include the following features:

- Written policies and procedures for risk area activities undertaken by departmental personnel;
- Educational and training programs to address compliance issues of particular importance to the department;
- A program for all new department personnel to receive training with regard to compliance and standards of conduct;
- A program for routine “spot checks” of departmental processes and work to review compliance, with the results of such reviews being reported to the department’s Compliance Staffer and to the Legal and Regulatory Affairs Department; and
- A system that tracks risk areas and compliance issues that have been raised within the department and the resolution of those issues.

Any RMO director, department head, or manager receiving a disclosure from an Individual relating to conduct alleged to be in violation of this Compliance Plan shall immediately notify the Legal and Regulatory Affairs Department who, together with the Compliance Officer and the Compliance Committee, shall conduct such investigations and take such remedial or other action as is appropriate under the circumstances. If the alleged conduct constitutes a violation of any law, rule or regulation, then the CEO and the Board shall be notified at their next regularly scheduled meeting, unless, the circumstances warrant calling a special meeting.

Duties of Vice President, Community Integration

The Community Integration Department is the centralized source for distributing information, directives and operational compliance requirements for Medicaid and CHP+ programs (Community & State). The Vice President, Community Integration shall have the following duties with regard to this Compliance Plan:

- To communicate any requirements for development of Community Integration compliance training programs to the Human Resources Department; and make requests for training of new Individuals; conduct training of Individuals, as necessary, or coordinate such training with the Human Resources Department for training of Individuals;
- To assist or instruct Individuals in compliance-related decision-making;
- To facilitate or participate in the operational implementation of new Government Program laws to ensure compliance;
- To coordinate all Medicaid RMO audits, examinations and site visits by external federal and state regulatory agencies unless otherwise assigned by the Compliance Officer or Compliance Committee;
- To assist in the investigation of alleged violations of Government Program laws; may assist in preparing documentation and case presentation to Compliance Committee; work through the Compliance Committee to recommend and take corrective action with appropriate departments, providers and contractors;
- To respond to confirmed violations of laws and regulations, and facilitate, discuss or assist departments to prevent future similar occurrences and coordinate with the Human Resources Department to consistently enforce standards through corrective action and/or disciplinary mechanisms;
- To recommend to the Compliance Officer auditing and monitoring mechanisms or programs (These recommendations shall consider the Office of Inspector General's Work Plan or identified risk areas to ensure compliance);
- To assist Outside Counsel with any legal issues that need operational and compliance input, as necessary;
- To respond, in conjunction with Outside Counsel, to external agency requests regarding compliance issues;
- To coordinate internal compliance reviews and monitoring activities, including annual or periodic reviews of certain departments that have the potential to become involved in compliance issues due to involvement with risk areas;
- To continue monitoring of areas under corrective action based on prior compliance assessments;
- To coordinate compliance issues with the Director of Legal and Regulatory Affairs for issues relating to Medicaid or CHP+ programs;
- To establish standards for maintaining consistency in the application of policies and procedures for compliance with applicable statutes, circulars, policies, procedures, and regulations;

- To provide a resource and assist departments throughout RMO by coordinating the interpretation of and compliance with laws, regulations and contract provisions that may affect their work; coordinate internal compliance reviews; and act as an advisor or internal consultant to help improve their processes for compliance by reviewing their work products, forms, letters and documents and policies and procedures and assist in the review, revision, and formulation of documents and policies to ensure compliance with regulatory requirements; and
- To consult with Outside Counsel to obtain interpretations of law or of any requirements under the Plan which may appear unclear.

Duties of Director of Internal Audit

The Director of Internal Audit shall have the following duties:

- To review all fraud alerts issued by the Department of Health and Human Services' Office of Inspector General (OIG). When conduct applicable to RMO is identified in a Fraud Alert, it shall be the policy to cease such actions immediately and identifying a non-offensive alternative when possible.
- To develop, implement and maintain of a comprehensive plan to detect, correct and prevent fraud, waste and abuse for Medicare Programs;
- To reduce fraud, waste and abuse by auditing, detecting, investigating, reporting and correcting all forms of insurance and government programs fraud, waste and abuse;
- To establish a communication process, including a hotline, to receive complaints or reports of fraud, waste or abuse that includes procedures to protect the anonymity of the callers and to protect callers from retaliation;
- To conduct testing, audits, and monitoring as determined by the Compliance Officer for significant compliance business risk areas and assist affected departments in establishing internal controls, policies and procedures or other techniques to reduce or mitigate risk in identified problem areas;
- To conduct compliance audits as requested by committees of the RMO Board;
- To consult with Outside Counsel, the Vice President of Legal Affairs and Chief Compliance Officer in cases of fraud if legal action, prosecution or reporting to law enforcement is necessary, as well as to receive advice on pursuing recourse or providing any notice to appropriate agencies;
- To coordinate with the Associate Vice President of Federal Health Reform and Medicare Programs or the Vice President, Community Integration as appropriate to report all cases of fraud concerning Medicare to CMS or its contractors and Medicaid to the DHPF;
- To establish and chair a Fraud, Waste and Abuse Deterrence Committee to review each case of fraud to determine the best course of action to take based on findings;
- To coordinate potential fraud investigations/referrals with the Special Investigations Unit (SIU) and the National Benefit Integrity Medicare Drug Integrity Contractor (NBI MEDIC) where appropriate;

- To develop and implement an annual audit work plan for first tier Medicare vendors to ensure that they are compliant with all applicable laws and regulations; and
- To conduct compliance testing or audits as necessary.

Duties of Associate Vice President of Federal Health Reform and Medicare Programs

The Associate Vice President of Federal Health Reform and Medicare Programs is the centralized source for distributing information, directives, and operational compliance requirements for the Medicare program and for federal laws and regulations related to health care reform. The Associate Vice President of Federal Health Reform and Medicare Programs shall have the following duties with regard to this Compliance Plan:

- To communicate any requirements for development of Medicare compliance training programs to the Human Resources Department and make requests for training of new Individuals; conduct training of Individuals, as necessary; or coordinate such training with the Human Resources Department for training of Individuals;
- To review and communicate federal health care reform regulations and directives.
- To assist or instruct Individuals in compliance-related decision making;
- To facilitate or participate in the operational implementation of new Medicare and federal health care reform laws to ensure compliance;
- To coordinate all Medicare RMO audits, examinations and site visits by external federal and state regulatory agencies unless otherwise assigned by the Compliance Officer or Compliance Committee;
- To assist in the investigation of alleged violations of Medicare laws; may assist in preparing documentation and case presentation to Compliance Committee; work through the Compliance Committee to recommend and take corrective action with appropriate departments, providers and contractors;
- To respond to confirmed violations of laws and regulations; and facilitate, discuss or assist departments to prevent future similar occurrences; and coordinate with the Human Resources Department to consistently enforce standards through corrective action and/or disciplinary mechanisms;
- To recommend to the Compliance Officer auditing and monitoring mechanisms or programs (these recommendations shall consider the Office of Inspector General's Work Plan or identified risk areas to ensure compliance);
- To assist Outside Counsel with any legal issues that need operational and compliance input, as necessary;
- To respond, in conjunction with Outside Counsel, to external agency requests regarding compliance issues;
- To coordinate internal compliance reviews and monitoring activities, including annual or periodic reviews of certain departments that have the potential to become involved in compliance issues due to involvement with risk areas;

- To continue monitoring areas under corrective action based on prior compliance assessments;
- To coordinate compliance issues with the Director of Legal and Regulatory Affairs for issues relating to Medicare and health care reform programs;
- To coordinate with the Internal Audit Director for referring and reporting cases of fraud and/or abuse to Medicare;
- To establish standards for maintaining consistency in the application of policies and procedures for compliance with applicable statutes, circulars, policies, procedures, and regulations;
- To provide a resource and assist departments throughout RMO by coordinating the interpretation of and compliance with laws, regulations and contract provisions that may affect their work; coordinate internal compliance reviews; and act as an advisor or internal consultant to help improve their processes for compliance by reviewing their work products, forms, letters and documents, and policies and procedures and assist in the review, revision, and formulation of documents and policies to ensure compliance with regulatory requirements.
- To consult with Outside Counsel to obtain interpretations of law or of any requirements under the Compliance Plan which may appear unclear.

Significant Lines of Communication

Compliance Officer and Individuals

Notwithstanding the numerous alternative mechanisms, resources and methods contained in this Plan for reporting potential misconduct or for making inquiries about compliance, an open line of communication exists between Individuals and the Compliance Officer (see section on Reporting Compliance Issues and Appendix Attachment 1 for contact information). A readily available hotline number and alternative mechanism have been established and are well publicized.

Compliance Officer and Board of Directors

The RMO Board has assumed oversight responsibility for compliance and has appointed a Compliance Officer. The Compliance Officer will coordinate oversight of the Compliance Plan and general compliance, and will provide regular reports to the CEO and to the Board of Directors. The Board of Directors will provide direction concerning compliance to the Compliance Officer and the CEO.

Compliance Officer and Contractors or Agents

Lines of communication from the Compliance Officer to contracted providers and/or the contracted providers' Compliance Officer include articles that appear periodically in Provider Newsletters. Articles about how to report suspected non-compliance or fraud, waste or abuse to the Compliance Officer or RMO shall appear periodically in Member newsletters, employer group newsletters and provider newsletters. Information is also included in the Provider Manual that provides education about the Compliance Plan and how to communicate to the Compliance Officer or RMO about suspected non-compliance or fraud, waste and abuse.

Specific Compliance Policies

UHG Conflicts of Interest

An important part of each Individual's association with RMO involves a relationship of trust and loyalty. Individuals must be free from any influence that might interfere with the proper and efficient performance of their duties or be inconsistent with their obligations or loyalty to RMO. Conflicts of interest may arise when an Individual's actions or activities, on behalf of RMO or otherwise, involve the obtaining of improper personal gain or advantage, or result in an adverse effect upon the interest of RMO or UHG.

Employees may not engage in any activities, including outside employment, that conflict or appear to conflict with their responsibilities to and the interests of UnitedHealth Group and its subsidiaries and affiliates (also, the "Company" or "UHG").

All Individuals shall comply with the UHG Conflict of Interest Policies. The following is an internal [link](#) and external [link](#) to the UHG Conflict of Interest Policies.

This Policy describes UnitedHealth Group's requirement that employees avoid conflicts of interest and describes the process and requirements for disclosing and addressing potential conflicts.

- Anti-Corruption Policy (ID-5401)
- Avoiding Conflicts of Interest (ID-5350)
- Outside Directorships (ID-5349)
- Related-Person Transactions Approval (ID-5329)
- Gifts and Entertainment
(Business Courtesies) (Honoraria Paid to Employees) (ID-5256)
- Interactions with Pharmaceutical,
Medical Device or Biotech Manufacturers,
Wholesalers or Distributors (ID 5434)
- Insider Trading (ID-5867)
- Travel & Expense Management Policy (ID-5527)
- Government Contracting Policy/
Organizational Conflicts of Interest
Guidance (ID-5533)
- False Claims Act Compliance Policy (ID-5448)

Supplier / Vendor / Competitors

Selection of contractors, vendors, and suppliers will generally be made based on criteria including, for example: cost, quality, technical excellence of goods and services, timeliness of delivery, quality of customer service; reputation of past performance, references, initiative and other relevant factors. Establishment and continuance of business with outside entities must be consistent with applicable laws.

No Individual may enter into any agreement or arrangement for RMO with a supplier, vendor, or subcontractor, which calls for an improper or undisclosed commission, rebate, bribe, kickback, or other payment.

Individuals are expected to disclose to the Compliance Officer, department head or executive management, to whom he or she has functional responsibility, and in accordance with applicable UHG policy any personal or business connections with contractors, vendors or suppliers that may have the appearance of influencing that Individual's performance of duties.

Social Events / Entertainment

Gifts and Entertainment
(Business Courtesies) (ID-5256)

Relationship with Government Employees

Federal and state governments have rules and laws governing business courtesies. Neither RMO nor Individuals shall knowingly violate such rules.

Employment of Relatives

Employment of relatives within an organization can create potential conflicts of interest. As a result, Individuals are subject to a policy to protect against and minimize such conflicts of interest.

Individuals shall abide by UHG Employment of Relative Policy regarding Employment of Relatives which can be found here.

Fraud, Abuse & Waste

The Health Insurance Portability and Accountability Act (HIPAA), our Medicaid and Medicare contracts, and the ACA requirements regarding Medical Loss Ratio (MLR) reporting require RMO to have a method to detect fraud, waste and abuse and systemic errors. Since Individuals are the eyes and ears of the organization, RMO needs help of Individuals in locating and deterring fraud and abuse.

RMO will conform and align its conduct with the UnitedHealthcare Fraud, Waste, and Abuse Program to the extent feasible.

UnitedHealth Group and UnitedHealthcare Community & State (UHCCS) conduct business in an honest and ethical manner. UHCCS does not tolerate fraud or abuse, be it external or internal, and whether perpetrated by providers, vendors, consultants, members or employees.

Individuals shall abide by UHG's Fraud, Waste, and Abuse Reporting Policy (ID-6768) and UHG's Fraud and Abuse Prevention and Detection Policy (ID-6774) and [RMO Fraud and Abuse Prevention Plan](#) which is incorporated herein by this reference).

The Internal Audit (IA) Department not only includes fraud detection steps in its audit programs, but also investigates assertions of fraud or abuse. The Internal Audit Director (IA Director) in the IA Department is responsible for implementing a comprehensive plan to detect, correct, and prevent fraud, waste and abuse. Preliminary review and documentation of suspected fraud or

abuse is handled within each Individual department. The company's IA Director is responsible for leading investigations where fraud or abuse is considered likely. Individuals within each operational department continue to be available as resources during the investigation process. All cases of suspected fraud, waste or abuse are to be reported to the IA Director in the IA Department, who coordinates the investigations.

The Functions of the Internal Audit Director are:

- Detection
- Investigation
- Reporting
- Recommending Action

By performing these functions, the RMO anti-fraud, waste and abuse programs will help RMO maintain compliance with state and federal guidelines and reduce fraud and abuse by reducing our exposure to risk. The Fraud, Waste and Abuse Plan of RMO is incorporated herein by this [reference](#).

The RMO Fraud and Abuse Deterrence Committee is a standing committee of six (6) persons which includes others as needed. Committee members discuss each case presented, meet to determine the best course of action to take based on findings, and agree on an action.

Reporting Mechanisms (use any of the following):

RMO will conform and align with UnitedHealthcare Compliance Reporting, Responsibility & Resources Policy to the extent feasible.

- Report all instances of employee suspected abuse or fraud to the Senior Advisor, Human Resources, phone extension 7811.
- Call the RMO Compliance/Fraud Hotline (You can remain anonymous via this method.) 888-237-1179 or 970-248-5101.
- Notify the Internal Audit Director (write, email or call directly):
 - Rocky Mountain Health Plans
 - PO Box 10600
 - Grand Junction CO 81502-5600
 - ATTN: Internal Audit Director
- Email: **FRAUDAUDITOR@rmhp.org**
- [RMHP Website](#) – Report Fraud Waste and Abuse online through Compliance 360.
- Call directly: 970-248-5101. The call is anonymous from an outside phone line.

UHG utilizes several reporting mechanisms to report potential fraud and abuse including:

- Call the Health Care Fraud Tip line: 1-866-242-7727 or
Report [online](#) using the Report Health Care Fraud portal or external [link](#)

Additional reporting resources include:

- Your manager
- Your business segment Compliance Officer
- Your business segment Legal department
- Compliance & Ethics HelpCenter
 - Phone: 1-800-455-4521 (US) or find your country's dialing instructions within the online HelpCenter portal. Click "Report a Concern" and select your location to find your country's dialing instructions.
 - Online: www.uhghelpcenter.ethicspoint.com
 - The HelpCenter is available 24 hours a day, 7 days a week.
- UnitedHealth Group Compliance & Ethics Office
 - Phone: 1-952-936-7463
 - Email: ethicsoffice@uhg.com

If legal action or prosecution is warranted in cases of fraud or abuse, retained attorneys are available to provide advice on strategy and making recommendations to the IA Director and the Fraud and Abuse Deterrence Committee. Attorneys are also available for consultation on making any reports to law enforcement, if necessary, on pursuing any recourse in the courts, as well as on advice for making any required notification to appropriate agencies.

The IA Director will ensure that all cases are referred or reported to the state, CMS or its contractors as directed. Prior to referring or reporting cases to an authorized agency, the case will be brought to the Fraud and Abuse Deterrence Committee.

Waste

RMO expects Individuals to promote, practice and be accountable for the proper use of resources.

Waste is the careless, negligent or frivolous misuse of human or financial resources or provision of medically unnecessary or inappropriate provider services, that materially affects cost to the health plan.

RMO has incorporated several processes and protocols to assist in identifying and reducing waste, including budget development and monitoring processes, utilization management, internal audits, levels of authorization for approvals or expenditures and identification of non-allowable federal program expenses.

Relationship with Competitors

Fair Competition and Fair Dealing

Relationships with Competitors & Anti-Trust

RMO is committed to fair and open competition. RMO seeks to comply with all federal anti-trust laws and with the applicable state competition-related laws. RMO recognizes that routine

communications with competitors may be appropriate and reasonable in many instances, but such communications should not involve any sort of agreement or understanding that lessens competition. Communications with competitors about matters that could be perceived to have the effect of lessening competition should take place only after consultation with and the approval of the Compliance Officer.

Associated Policies

- Antitrust Policy (ID-5368)
- U.S. Federal Government Contracting Policy/Organizational Conflicts of Interest Guidance (ID-5533)
- Anti-Kickback Policy (ID-5559)

Anti-trust violations can have very serious consequences, including substantial fines and imprisonment. It is the policy of RMO not to engage in any activities prohibited by such laws.

Gathering and Obtaining Information about Competitors

Outside business information about competitors is important to RMO efforts to maintain and improve upon our competitive position in various markets. However, only legal means should be used to gather information about existing and potential competitors.

Sanctioned / Excluded Parties ([OFAC/Sanctions Check](#))

RMO recognizes that it is subject to various laws, regulations and contract requirements that may restrict it from maintaining relationships with particular persons or entities that have been identified, sanctioned, penalized or convicted of a crime by federal or state agencies, or that have failed to meet applicable licensing or credentialing requirements. RMO will not knowingly enter into or maintain relationships with persons or entities, including Individuals, providers, contracted staffing agency personnel, potential Individuals, and other contractors after learning that applicable criteria are not met or prohibitions exist. RMO will deal with both government licensing agencies and private accrediting entities in a direct, open, and honest manner. We support continuous compliance, screening and credentialing standards, and will monitor compliance with those standards in accordance with established policies and procedures.

Current and new Individuals, providers, contracted staffing agency personnel, potential Individuals, and other contractors as applicable must be screened against the LEIE, the OFAC, SAM, and CMS Preclusion List (federal exclusion databases) and also in accordance with in accordance with UHG Talent Acquisition processes. RMO will not knowingly engage a person or company that is excluded from participating in federally-funded health care programs or government procurement programs. We will also validate the professional licenses and/or certificates of certain persons or categories of persons as required by federal, state or local laws and regulations.

Screening Process

For Individuals and Contractors

The Compliance Officer provides oversight of the screening process. The Director of Human Resources and Corporate Services in collaboration with UHG Human Capital and Compliance has responsibility for providing onsite oversight for compliance with all employment-related laws that are applicable to RMO business. This includes a screening process prior to employing any Individuals, engaging contracted staffing agency personnel, independent contractors, other RMO contractors, or appointment of any RMO board member or officer. The UHG Enterprise Sourcing and Procurement (ES&P) process must be used for new and existing vendors. The Director of Legal and Regulatory Affairs has responsibility for providing oversight for a screening process for RMO contractors to which the ES&P process does not apply.

Requirements

The screening process must include adequate programs and procedures to screen Individuals, potential Individuals, contracted staffing agency personnel, and other contractors as applicable by reviewing the OFAC, LEIE, SAM, and CMS Preclusion List (federal exclusion databases), as applicable. These databases provide information to the public regarding parties excluded from participation in the Medicare, Medicaid and all federal health care programs, or with whom RMO is prohibited from conducting transactions. The screening process must also include checks with respect to Individuals against other lists/databases as required by law, such as the National Practitioner Data Bank (NPDB) for physicians and cumulative sanction reports.

Recruiting and employing former or current U.S. Government Individuals is subject to complex rules. Similar rules may also apply to current or former state or local government Individuals or legislators and members of their immediate families. Each situation must be considered on an Individual basis, and may require consultation with Outside Counsel.

No material changes will be made to the OFAC/LEIE/SAM/CMS Preclusion List (federal exclusion databases) screening process until the Compliance Officer, or his/her designee, has been consulted. The requirements of the screening process may not be waived for any person or entity without consultation and review by the Compliance Officer and Outside Counsel, as needed.

Screening Process for Providers of Health Care ([OFAC/Sanctions Check](#))

RMO providers must also undergo a credentialing process that includes screening for any excluded physicians or other health care providers against the LEIE, NPDB, and CMS Preclusion List (federal exclusion databases).

All physicians and health care providers must meet professional licensure, certification, or other credentialing requirements. RMO will also check applicable state agency lists for current sanctions, license revocation/suspension, etc. during the initial credentialing process. RMO will not allow physicians or health care providers to contract with RMO without proper licensure or credentialing. To ensure compliance, RMO may require evidence of current licensure or credentials.

Sanctions

Even after a formal relationship has been established with an Individual, a health care provider, contracted staffing agency personnel, or other contractor, RMO will continue to ensure that it meets applicable legal requirements that restrict relationships with certain excluded parties. This will include periodic reviews as required and appropriate against the OFAC, LEIE, SAM, CMS Preclusion List (federal exclusion databases) and other applicable federal or state agency lists.

When appropriate or required, contracts will require Individuals, persons or entities to comply with this Compliance Plan and applicable law, and provide for revocation of the contract and repayment of all funds improperly paid under the contract in the event of a violation of either applicable law or the standards and policies set forth in this Compliance Plan.

RMO will not allow any Individual, health care provider, contracted staffing agency personnel, or other contractor to perform work or provide services without required, valid, and current licenses or credentials. If RMO learns that a health care provider has had their license to practice suspended, revoked, or otherwise restricted, or lost other privileges related to the practice of medicine, RMO may take appropriate action to terminate any related contracts or agreements with the provider.

Records, Data & Information Systems / Confidentiality and Integrity of Company Information and Records

As part of the compliance alignment process RMO is working to revise its record confidentiality, retention and destruction policies.

RMO will align its business practices with the UHG Records Information Management: Managing Records policies UHG Policy - [Enterprise Records & Information Management](#). UHG - [Enterprise Records Retention Schedule](#) and the [Confidentiality and Non-Disclosure Policy](#).

RMO policies, with respect to its record retention system, are intended to maintain the confidentiality, security and integrity of: (1) information essential to RMO company business; and (2) information required to be maintained by applicable laws and regulations.

Records and information created or obtained in the course of RMO company business, including personal identifying information about RMO members, may only be possessed or used in the lawful course of business. Individuals are prohibited from the possession or use of such information with the intent to gain a benefit for themselves or another person, or to injure or defraud another person.

The Director of Human Resources and Corporate Services, in collaboration with UHG, provides oversight for policies (included below) concerning the creation, possession, distribution, retention and storage, retrieval, and destruction of electronic and paper documents, records and information that is created or obtained in the course of RMO company business. Other Individuals and RMO functional areas are involved in developing and implementing these policies.

The Privacy Official provides oversight for policies concerning the confidentiality and privacy of personal financial, medical, personnel and other sensitive information and the protection of any records, documents or information containing PHI from improper use and unauthorized disclosure. The Security Official provides oversight for policies to ensure that electronic PHI is secure during storage and transmission and that the data is available to appropriate persons to perform RMO company business.

Policies Related to the Creation, Possession and Distribution of Records and Information:

Company records and information are derived from a myriad of sources, and are generally obtained from external entities or created by Individuals with a direct connection to RMO. Regardless of the source, proprietary information essential to RMO company business, and information related to RMO members as well as Individuals, contractors, providers, etc., that is created or obtained by RMO and not generally available to others, is a valuable asset of RMO and must be protected against theft, loss, or improper disclosure.

Therefore, Individuals are required to adhere to the following policies:

- [UHG Confidentiality and Non Disclosure](#) - A copy of this policy is included for reference and may be modified from time to time. The policy is also available in the UHG HUB (United Health Group (UHG) [HUB](#)) and is incorporated herein by this reference.

Removal of Corporate Documents

- No Individual may remove an RMO record or document from the premises for personal use or use such documents (or copies) for personal use. This prohibition includes, but is not limited to, documents created by an Individual, Member, provider or contractor. In all cases, whenever documents are removed from the premises, appropriate security measures must be followed to protect the confidentiality and integrity of all records and information, whether in paper or electronic form. Any documents or records removed from RMO facilities may not be disclosed to persons who are not “Individuals” as defined in this Compliance Plan (unless otherwise allowed or required by law), nor copied, and must be promptly returned.
- “[Enterprise Records and Information Management](#)” Policy - A copy of this policy is incorporated herein by this reference and may also be modified from time to time. This policy is also available in the [UHG HUB](#).
- Other detailed Information Technology policies and procedures that presently are in place, or which may be created or modified related to data backup and storage, system access, and data integrity and availability, are incorporated herein by this reference.
- Accuracy of Company Records
 - All information deemed necessary to record, whether financial, medical, compliance-related, personnel, and other sensitive information kept on RMO’s behalf, whether for RMO purposes or for third parties, must be accurately and honestly recorded. All of our records (including accounts and financial statements) must be maintained in reasonable and appropriate detail, kept in a timely fashion, and must accurately reflect the transaction.

Falsifying records or keeping unrecorded funds and assets is strictly prohibited. Information derived from our records is provided to third parties, including government agencies.

- In furtherance of this policy, open lines of communication with RMO internal and independent auditors and related committees, accounting and finance staff, and the Compliance Officer and support staff is encouraged; all Individuals are required to cooperate with such persons to the maximum extent possible.

Policies Related to the Retention, Storage, Retrieval and Destruction of Records and Information

Records should be retained or discarded in accordance to applicable retention policies referenced or included in this section, and all applicable laws and regulations.

To provide for appropriate retention, storage, retrieval and destruction of records and information, Individuals are required to adhere to the following policies:

- All discarded documents that contain personal identifying information must be shredded or otherwise destroyed according to the “Possession, Retention and Disposal of Personal Identifying Documents” section of the “[Confidentiality and Non Disclosure](#)” Policy which is incorporated herein by this [reference](#)) and may be modified from time to time. The policy is also available in the [UHG HUB](#).
- Records must be consistently retained and not deliberately destroyed in anticipation of a specific problem, litigation, or audit. Individuals will halt and prevent the destruction of any appropriate record immediately upon notice that RMO has been served with legal process for which those records might be relevant. If the existence of a subpoena or a pending government investigation is known or reported to an Individual, it should be immediately reported to management and all records that may pertain to the investigation or be responsive to the subpoena must be retained.
- Operational departments may establish document destruction policies in order to reduce the amount of documents that are retained beyond normal retention requirements.
- The policy regarding “[Confidentiality and Non Disclosure](#)” which is herein incorporated by this reference may be modified from time to time. The policy is also available in the UHG HUB
- RMO HIPAA policies and procedures are incorporated herein by this reference, and are available to all Individuals on the GJ Share Drive.
- Enterprise Information and Security Policy and Standards which is incorporated herein by this reference may be modified from time to time. These policies are also available in the UHG HUB Individuals shall abide by the policy for “UHG Policy – “[Enterprise Records & Information Management](#)”. [RMO Retention and Disposal Policy](#) which is incorporated herein by this reference).

The above-mentioned policies are also available from the Human Resources Department. In the event of discrepancies, the most current version of such policies shall take precedence.

Risk Areas

The purpose in identifying significant regulatory compliance and business risk areas is to provide early detection and correction of larger potential compliance issues for which exposure to legal action, civil damages and penalties, criminal sanctions and administrative remedies, such as program exclusions, is higher. Other measures for identifying significant risk areas are 1) the degree of adversity or harm that a compliance issue could have on our companies, our Members or the government entities with which RMO contracts, and 2) the potential for material overpayments that could result.

An annual risk analysis should be conducted of several potential high risk areas in order to identify and rank compliance and business vulnerabilities for government and commercial programs. The analysis would also aid in determining the proper allocation of resources for monitoring, testing, auditing, and establishing or enhancing internal controls and using other compliance activities to make necessary improvements for prevention so that risk can be mitigated or reduced to reasonable levels.

Assessments of significant compliance and business risk areas and the resulting correction or prevention of any compliance or business risk issues reduces RMO's exposure to legal and government action, and enhances and improves appropriate accountabilities and disclosures.

The Legal and Regulatory Affairs Department has the responsibility for coordinating the evaluation of potential risk areas and identifying risk areas for review and improvement. Depending on the risk area, monitoring, testing, auditing, internal controls and compliance enhancement policies and procedures will be developed by various and appropriate departments or business units.

The monitoring of risk areas may include interviews, sampling, testing and auditing. The Internal Audit Department has a key role in testing and auditing risk areas. Audits will be the most important function in the monitoring process for risk areas.

The Legal and Regulatory Affairs Department, the Medicare Department and the Community Integration Department will annually coordinate assessments of potentially high-risk areas to determine which areas are significant compliance and business risk areas that would require focused review, monitoring, testing or auditing.

Monitoring, Auditing and Reporting

Monitoring

The Compliance Officer and the Director of Legal and Regulatory Affairs oversee monitoring activities of all RMO areas for compliance under this Plan.

RMO will conform and align its actions with UnitedHealthcare Compliance Auditing & Monitoring Policy to the extent feasible.

Reviews of compliance requirements will be made periodically and be the responsibility of the Legal and Regulatory Affairs Department, Community Integration, Medicare Compliance and

Human Resources Departments in conjunction with departments or business units. These four compliance-monitoring departments (monitoring departments) will provide resources for responding to inquiries by Individuals, departments, work groups, business units, or project teams concerning regulatory requirements or interpretations of law. The monitoring departments will also provide any necessary assistance or advice on processes, policies, procedures or wording on documents for the purposes of compliance. The monitoring departments will initiate and facilitate any compliance review projects necessary for preparation of external reviews, site visits, audits and examinations.

Random focused compliance reviews may be conducted at any time by any of these monitoring departments for the purpose of monitoring compliance.

Under the direction of the monitoring departments, a sample of policies, procedures, records, documents, Member or marketing materials, letters, forms and files will be periodically reviewed to determine if more focused reviews are necessary. Any material compliance issues detected during monitoring will be reported to the Compliance Committee and Compliance Officer. The Compliance Officer will report serious compliance issues to the CEO and to the Board of Directors.

Auditing

The Compliance Officer and the Board of Directors will determine the need for testing and auditing under this Plan. Upon direction of the Compliance Officer, compliance audits may be performed by a specific department, business unit, Internal Audit Department or be contracted with an external auditor.

Audit results will be reported to the Compliance Officer or the Board of Directors, depending on the request made.

Audits may be conducted at random, on a scheduled basis, or may be performed in conjunction with complaints received from the Compliance/Fraud Hotline. Audits may also be conducted based on the potential exposure to government enforcement actions as identified in 1) Special Fraud Alerts issued by the Office of Inspector General (OIG), 2) The OIG Work Plan, or 3) Medicare or Medicaid contract performance and compliance reviews.

Reporting

For each identified monitoring and/or auditing activity, the following will be provided:

- A full monitoring and/or audit report;
- Issues that have been identified as a result of the monitoring and/or auditing activity;
- Corrective Actions that have been, or will be, taken as a result of monitoring and/or auditing;
- Report of findings to management and/or Compliance Committee;
- Names and titles of those who took the Corrective Actions;
- Names and titles of Individuals who requested the monitoring and/or auditing;

- Risk Analysis that demonstrated the need for monitoring and/or auditing.

Reports of non-compliance directed to the Compliance Officer shall be reported on a regular basis to the CEO and Compliance Committee.

In addition, the Compliance Officer shall make regular reports to the CEO and the Board of Directors on the compliance activities of the Compliance Committee and the implementation of the Compliance Plan.

Audits that result in concerns regarding compliance are reported to the Board of Directors.

Reporting Compliance Issues and Potential Violations of Law and Conduct

Who Can Report a Violation

Any Individual who has knowledge of facts, and who has concerns about known or suspected violations of laws or regulations, instances of Fraud, Waste, Abuse, or concerns about questionable conduct, is required to report the violation. Failure to report known or suspected violations of laws or regulations, or instances of Fraud, Waste, or Abuse could subject an Individual to discipline, up to and including termination of employment, contract, or assignment, civil or criminal liability, or any combination of these actions.

Instructions for Reporting

Generally, the first step to making a report is to use the chain of command to discuss the compliance or conduct issue with the Individual's immediate supervisor. If the Individual does not feel comfortable discussing the issue with their supervisor, the Individual should contact the next level of management, call the Health Care Fraud Tip line (below), or report the concern using Other Venues for Reporting (see below).

The Compliance and FWA Reporting Guide is a tool designed to assist Individuals in determining what to report, who to report it to, and the reporting methods available. The Compliance and FWA Reporting Guide may be accessed from the *Compliance Reporting* shortcut on computer desktops or at S:\GJ_SHARE\Learning_Well\Corporate Compliance\Compliance Plan\CI FWA MCI Flowchart.pdf.

Compliance/Fraud Hotline

If concerns remain or for any other information that an Individual feels cannot otherwise be reported to a supervisor, the next level of management, or RMO contact, the RMO Compliance/Fraud Hotline may be used. Call 888-237-1179 or 970-248-5101 to make a report. This RMO corporate hotline has been established for circumstances where confidentiality and anonymity are desired or required.

RMO maintains the confidentiality of the Individual reporting the issue to the fullest extent allowed by law and the nature of the investigation. Although Individuals are encouraged to identify themselves, the call can be an anonymous report. Individuals may leave an anonymous

message on the hotline or leave their name and telephone number so that the Director of Legal and Regulatory Affairs or the Compliance Officer can return the call.

Other Venues for Reporting

If an Individual feels uncomfortable about making a report via the telephone, a written report may be sent to:

Compliance Officer
Rocky Mountain Health Plans
P.O. Box 10600
Grand Junction, CO 81502-5600

Suspected violations of law or this Compliance Plan may also be made in writing to RMO Director of Legal and Regulatory Affairs or the Board of Directors using the Contact List (see Appendix Attachment 1 which is incorporated herein by this reference).

UHG utilizes several reporting mechanisms to report potential fraud and abuse including:

- Call the Health Care Fraud Tip line: 1-866-242-7727 or
Report [online](#) using the Report Health Care Fraud portal or external [link](#)

Additional reporting resources include:

- Your manager
- Your business segment Compliance Officer
- Your business segment Legal department
- Compliance & Ethics HelpCenter
 - Phone: 1-800-455-4521 (US)
 - Online: www.uhghelpcenter.ethicspoint.com
 - The HelpCenter is available 24 hours a day, 7 days a week.
- UnitedHealth Group Compliance & Ethics Office
 - Phone: 1-952-936-7463
 - Email: ethicsoffice@uhg.com

Other Venues for Reporting

If an Individual feels uncomfortable about making a report via the telephone, a written report may be sent to:

Health Plan Compliance Officer
United Healthcare
9800 Health Care Lane
Minnetonka, MN 55343

Reports from External Sources

If a vendor, provider, supplier, contractor, Member, or other person calls the RMO Fraud Hotline, writes to the RMO Fraud Investigator or emails the RMO Fraud Auditor to report a violation of law or this Compliance Plan, the report shall be forwarded immediately to UHG's Fraud Health Care Tip line or via the external fraud [link](#). Any mail, fax or e-mail concern,

communication or report received by any Individual from sources outside the company related to a suspected violation of law or violation of this Compliance Plan shall be forwarded to UHG's Fraud Health Care Tip line.

Concerning an Individual's Report

- All reports of suspected non-compliance or improper conduct will be investigated.
- The Director of Internal Audit, the Director of Legal and Regulatory Affairs and/or the Compliance Officer will respond to reports and hotline calls.
- Information reported or provided to the hotline is treated confidentially and as privileged to the extent provided by applicable law. However, if the incident requires government or law enforcement authority involvement, the person reporting or calling may have to reveal his or her identity and all related facts.
- No promises are made to the reporting Individual regarding his or her liability or regarding what steps RMO may take in response to the report of violations and/or irregularities of conduct of the Compliance Plan.
- Information from the report or call will be provided to the appropriate personnel and the Compliance Committee will investigate the report.
- No disciplinary action will be taken against the reporting Individual solely on the basis of making a report or asking for guidance on making a report.
- Calls leading to the discovery of non-compliant activities do not protect the reporting Individual from any wrongdoing committed by the Individual. However, any disciplinary action taken by RMO the company is not increased against the Individual.
- No Individual making a good faith report of a suspected violation of law or Code of Conduct shall be retaliated against for making a report. However, intentional false accusations or reports made with malicious intent are prohibited, and any Individual who makes false allegations shall be subject to discipline in accordance with policies. Concerns about possible retaliation or harassment for making a report should be reported to the Compliance Officer or Director of Human Resources and Corporate Services.
- Providing a false report in bad faith may be grounds for dismissal, sanctions, discontinuance of contract, or criminal liability.

UHG has established a policy for Individuals regarding whistle blowing which is incorporated herein by this [reference](#)).

Complaint procedures are in place for employment-related issues and are communicated to Individuals in a variety of ways. At a minimum, communications include the [UHG HUB](#) new Individual orientation, bulletin board postings, and annual reaffirmation memos distributed to all Individuals.

Inquiries and Investigations

Compliance/Fraud Hotline

The Fraud Health Care Tip line is regularly reviewed for calls or reports of suspected non-compliance or conduct issues by UHG.

Processing Reports and Conducting Inquiries / Investigations

Whenever suspected violations in law or conduct are reported, the person receiving the report shall promptly begin the inquiry and document the reported allegation in writing.

RMO will conform and align its conduct with UnitedHealthcare Compliance Investigations Policy to the extent feasible.

Responsibility for conducting the review or investigation will be determined on a case-by-case basis. Absent a conflict of interest, oversight of the review and investigation will be the responsibility of the Compliance Officer, the Director of Legal and Regulatory Affairs, and the Compliance Committee or applicable UHG resource.

The allegations of wrongdoing will be evaluated to determine if the allegations are valid, appear to be well founded, and need a full investigation.

The principal reviewer or investigator may request assistance from the person or persons who filed the report. All Individuals are obligated to fully cooperate and communicate with the reviewer(s) or investigator(s). In certain cases the establishment of a committee or working group or preparation of a formal project or other initiative may be needed to address compliance concerns.

Notices of Reports of Suspected Violations

The Legal and Regulatory Affairs Department will maintain a log of compliance concerns. The Compliance Officer shall promptly receive copies of documented reports of suspected violations of law.

The Compliance Officer shall notify the CEO and Outside Counsel promptly of any allegation of criminal wrongdoing.

Corrective Action

When a compliance issue that has been identified requires remedial action, the appropriate department or Individuals responsible for the activity should develop a corrective action plan that specifies the tasks to be completed, the completion dates and the parties responsible for each of the tasks. In developing such a plan, the responsible department or Individuals will obtain advice and guidance from the Compliance Committee, Director of Legal and Regulatory Affairs, Compliance Officer, Outside Counsel and other appropriate personnel, as necessary. The Compliance Committee will receive a copy of each corrective action plan.

RMO will determine if, as a result of the investigation, any Individual engaged in willful misconduct and would be subject to disciplinary action, up to and including termination of employment in appropriate cases, in accordance with RMO and United Health Group policies and procedures.

Enforcement and Disciplinary Standards

Individuals

All Individuals and contactors of RMO are expected to conduct activities performed on behalf of RMO in conformance with all applicable laws, the Compliance Plan, and with related corporate and operational policies and procedures. Individuals who fail to meet this standard of compliance (including members of management who condone or fail to prevent improper conduct) are subject to discipline, up to and including termination of employment, civil and/or criminal liability, or any combination of these actions. RMO is responsible for ensuring that disciplinary processes and sanctions for violation of the Compliance Plan are enforced on an appropriate basis. Any disciplinary actions will be determined on a case-by-case basis. RMO shall ensure these enforcement standards and disciplinary are widely published and communicated through multiple mechanisms including the RMO intranet.

RMO will conform and align its conduct with UnitedHealthcare Compliance Exit Interview Policy.

RMO Officers and Board Members

RMO officers and board members are expected to conduct RMO activities in conformance with all applicable laws, the Compliance Plan, and related RMO corporate bylaws and policies. Officers and board members who fail to meet this standard of compliance are subject to removal by the RMO Board of Directors. The RMO Boards of Directors are responsible for ensuring that applicable sanctions are enforced on an appropriate basis. Any actions to enforce compliance with applicable law and this Compliance Plan will be determined on a case-by-case basis and based on the degree of severity. These standards shall be communicated to new officers and board members upon appointment and annually to all officers and board members.

Training and Education

Individuals / Contracted Labor

Proper education and training, including periodic up-dates, are significant elements of an effective compliance program. RMO has a system for training and education of its Compliance Officer, senior management, and employees for the federal and state standards and requirements applicable to the contracts it holds. Where appropriate, RMO may afford its contracted labor the opportunity to participate in compliance education and training. Also where appropriate, RMO may require its contracted labor partners to develop and produce their own compliance education and training programs that complement RMO programs.

The Compliance Officer receives periodic training. The Compliance Officer or his/her designee will work with other departments to disseminate appropriate information. Failure of Individuals

to meet the education/training requirement will be addressed within the Individual's performance management process.

Education

All current Individuals will be made aware of this Compliance Plan that includes the Code of Conduct. Periodic awareness reminders will be developed by the Compliance Officer or his/her designee and disseminated to all Individuals and contract laborers as appropriate.

Training

All employees receive compliance and confidentiality training as well as fraud, waste and abuse awareness training as part of their new employee orientation within 90 days of hire and annually thereafter. Training also includes the procedures and mechanisms for reporting potential compliance violations. Information concerning fraud, waste and abuse, as well as whistle blower protection for reporting, is included in the UHS employee handbook. In addition, procedures for reporting are posted on RMO's intranet.

Individuals and contractors who work in potentially high-risk areas will be required to complete more in-depth training related to the special circumstances that apply to their roles. This includes initial training as well as periodically updated training.

RMO Officers and Board Members

Training of officer and board members shall be the responsibility of the Compliance Officer and Outside Counsel.

Officers and board members shall undergo general compliance, confidentiality, and Fraud, Waste and Abuse training upon appointment and annually thereafter.

Contractors

Where appropriate, the Compliance Officer or the Compliance Officer's designee will provide education and training to contractors in order to ensure RMO's compliance with applicable laws and policies.

All employees or subcontractors of any entity contracting with RMHP or RMHCO who have involvement in the administration or delivery of Medicare benefits shall receive Fraud, Waste and Abuse Awareness training within 90 days of contract execution and annually thereafter, in accordance with CMS/Medicare requirements.

RMO will conform and align its conduct with UnitedHealthcare Compliance Delegated Entity Oversight Policy to the extent feasible.

Revisions to the Compliance Plan

The Compliance Plan is intended to be flexible and readily adaptable to changes in regulatory requirements or company operations. The Plan shall be reviewed at least annually to assess whether it is working. The Plan shall be updated as necessary and should be changed as

experience shows that a certain approach is not effective or suggests a better alternative. The Compliance Committee is authorized to approve non-material changes to this Compliance Plan. Any material changes to this Compliance Plan shall require RMO Board of Director approval or ratification except as otherwise set forth below.

The Compliance Officer, in consultation with the Compliance Committee shall be authorized to make emergency changes to the Plan and to expend such funds as is necessary to ensure the requirements of the Plan are implemented properly. Any such changes shall be brought to the RMO Board of Directors' attention for review and ratification. Changes to RMO policies and/or other materials that are attachments to the Compliance Plan, and changes in the Contact List (Appendix Attachment 1) shall not require any Board of Director approval. The Compliance Officer is authorized to replace the attachment that was changed and to revise the contact list as the Compliance Officer deems appropriate.

Appendix Attachment 1 – Contact List

Integrity of Financial Reporting

Chief Financial Officer

Rocky Mountain Health Plans
P.O. Box 10600
Grand Junction, CO 81502-5600

Compliance Officer, and Vice President, Legal Affairs

Rocky Mountain Health Plans
P.O. Box 10600
Grand Junction, CO 81502-5600
(720) 493-2060

Conflict of Interest

Compliance Officer, and Vice President, Legal Affairs

Rocky Mountain Health Plans
P.O. Box 10600
Grand Junction, CO 81502-5600
(720) 493-2060

Director of Legal and Regulatory Affairs

Rocky Mountain Health Plans
P.O. Box 10600
Grand Junction, CO 81502-5600
(970) 244-7867

Fraud, Waste or Abuse

Internal Audit Director

Rocky Mountain Health Plans
P.O. Box 10600
Grand Junction, CO 81502-5600
(970) 244-7982
FRAUDAUDITOR@rmhp.org
(970)248-5101

Individual Suspected Fraud or Abuse

Senior Human Resources Advisor

Rocky Mountain Health Plans
P.O. Box 10600
Grand Junction, CO 81502-5600
(970) 244-7811

Suspected Violations of Laws, Regulations or Inappropriate Conduct

Health Care Fraud Tip line (Confidential & Anonymous)

1-866-242-7727

Health Plan Compliance Officer

United Healthcare
9800 Health Care Lane
Minnetonka, MN 55343

Compliance Officer, and Vice President, Legal Affairs
(Confidential and Anonymous)

Rocky Mountain Health Plans
P.O. Box 10600
Grand Junction, CO 81502-5600
(720) 493-2060

Director of Legal & Regulatory Affairs

Rocky Mountain Health Plans
P.O. Box 10600
Grand Junction, CO 81502-5600
(970) 244-7867

Community Integration – Medicare, Medicaid, CHP+

Vice President, Community Integration

5990 Greenwood Plaza Boulevard, Suite 125
Greenwood Village, CO 80111
(303) 689-7361

Associate Vice President, Federal Health Reform and Medicare Programs

Rocky Mountain Health Plans
P.O. Box 10600
Grand Junction, CO 81502-5600
(970) 248-5053

Employment-Related Labor Laws

Senior Human Resources Advisor

Rocky Mountain Health Plans
P.O. Box 10600
Grand Junction, CO 81502-5600
(970) 244-7811

Complaints of Discrimination in RMHP Programs, Health Care Plans and Activities

Director of Human Resources and Corporate Services,
Onsite Corporate EEO and Section 504 Coordinator Contact

Rocky Mountain Health Plans
P.O. Box 10600
Grand Junction, CO 81502-5600
(970) 244-7883
eeofficer@rmhp.org

HIPAA Violations, Disclosures or Requests

Suspected HIPAA Privacy / Security

Violations, Privacy Requests or Disclosure Issues

RMO Privacy Official

Rocky Mountain Health Plans
P.O. Box 10600
Grand Junction, CO 81502-5600
(970) 244-7867

RMO Security Official

Rocky Mountain Health Plans
P.O. Box 10600
Grand Junction, CO 81502-5600
(970) 255-5627

Any alleged, suspected or actual privacy incident must be immediately reported by contacting one of the following resources:

- Optum Privacy Office at Privacy@Optum.com
- UnitedHealth Group Privacy Offices at
 - UHG & International UHG_Privacy_Office@uhc.com
 - UHC Privacy UHG_Privacy_Office@uhc.com
 - Military & Veterans mvprivacy@uhc.com
- Ethics and Compliance Help Center at 1-800-455-4521
- After hours, urgent matters can be reported to the SIR Team at sir@optum.com

Any alleged, suspected or actual security incidents must be immediately reported to the

- TSC (Technical Support Center) at 1-888-848-3375
 - Press 8 to immediately speak with Incident Management and provide the analyst taking your call with the name of the entity you are calling from.
 - Contact the TSC **BEFORE** contacting any other internal department, external vendor, or customer. The TSC is prepared to assign your ticket to the correct teams and have the ability to escalate the issue, if needed.
- If for any reason you cannot get through to the helpdesk, and you have a critical security incident requiring immediate attention (such as multiple system outages or Ransomware), please call 888-255-2554. The Cyber Defense Security Operations Center (SOC) team will answer your call.

Legal Threats, Letters from Attorneys, Summons, Court Orders or Subpoenas

Compliance Officer, and Vice President, Legal Affairs

Rocky Mountain Health Plans
P.O. Box 10600
Grand Junction, CO 81502-5600
(720) 493-2060

Outside Counsel

Hoskin, Farina & Kampf
200 Grand Avenue, Suite 400
P.O. Box 40
Grand Junction, CO 81502
(970) 986-3400

United Counsel

The Corporation Company
7700 E Arapahoe Road, Suite 220
Centennial, CO 80112

Calls or Contacts from Law Enforcement Agencies

Compliance Officer, and Vice President, Legal Affairs

Rocky Mountain Health Plans
P.O. Box 10600
Grand Junction, CO 81502-5600
(720) 493-2060

Outside Counsel

Hoskin, Farina & Kampf
200 Grand Avenue, Suite 400
P.O. Box 40
Grand Junction, CO 81502
(970) 986-3400

United Counsel

The Corporation Company
7700 E Arapahoe Road, Suite 220
Centennial, CO 80112

Inquiries about the Compliance Plan, Law or Requirements

Director of Legal & Regulatory Affairs

Rocky Mountain Health Plans

P.O. Box 10600

Grand Junction, CO 81502-5600

(970) 244-7867

E-mail: ComplianceQuestions@rmhp.org