

**Allina Integrated Medical Network
Compliance Program Policy**

Reference #: AIMN001

Origination Date: December 2016
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Approved By: AIM Network Governance and Nominating Committee

System-Wide Policy Ownership Group: Allina Integrated Medical Network
System Policy Information Resource: Senior Vice President, Chief Compliance Officer

SCOPE:

Sites, Facilities, Business Units	People applicable to (Physicians, NP, Administration, Contractors etc.)
The Allina Integrated Medical Network.	This program statement is an overview of the responsibilities and obligations of the AIM Network employees and contracted participants regarding their role in the Program.

POLICY STATEMENT:

It is the policy of Allina Integrated Medical (AIM) Network to comply fully and consistently with all laws and regulations applicable to participation in Medicare, Medicaid, and other government-funded healthcare programs.

The goal of AIM Network’s Compliance Program (Program) is to establish and foster a culture that promotes prevention, detection and resolution of conduct that does not conform to the laws, regulations, and requirements of government-funded healthcare programs.

DEFINITIONS:

AIM Network. The entity bearing the name Allina Integrated Medical Network and all organizations controlled directly or indirectly by the AIM Network. The AIM Network is a Minnesota not-for-profit corporation and wholly-owned subsidiary of Allina Health System.

CMS. Centers for Medicare and Medicaid Services.

Government Payers. Medicare, Medicaid, Tri-Care, a Medicare Advantage Plan, or a plan that administers a Prepaid Medical Assistance Program (PMAP).

PROCEDURES:

- 1) **General Compliance.** The Program consists of seven key elements that facilitate prevention, early detection and remediation of violations of law. The Program also meets the criteria set out in the United States Sentencing Commissions Guidelines.

- 2) **Oversight Responsibilities.** AIM Network provides direction and oversight to the Program and advises AIM Network's Chief Compliance Officer on matters arising from the implementation, operation and monitoring of the Program.
 - a) **Body for oversight:** The AIM Network Governance Committee is comprised of the leaders accountable for Compliance within the AIM Network. The Committee's responsibilities include: analyzing the current regulatory environment; recommending and monitoring the development of systems to ensure compliance with the Program; determining appropriate strategies to promote compliance with the Program and detect potential violations; developing a system to solicit, evaluate and respond to complaints and problems; investigations for the purpose of identifying issues and deficiencies, and implementing corrective and preventive actions.
 - b) **Chief Compliance Officer:** The Chief Compliance Officer shall report on the status of the Program, as necessary, to the AIM Network Governance Committee, at a minimum, and the AIM Network Board of Directors. The Chief Compliance Officer reports directly to the AIM Network's governing body and does not hold a dual role of legal counsel to the organization. The Chief Compliance Officer has the authority to report misconduct to the appropriate Federal, State, or law enforcement as deemed necessary by the Compliance Officer or AIM Network governing bodies.
- 3) **Standards and Procedures.** The AIM Network has adopted the AIM Network Code of Conduct to support its compliance, which is set forth in [Appendix A](#). The Code of Conduct applies to all AIM Network participating providers. The AIM Network participating providers should develop policies and procedures as necessary and appropriate to their size and complexity to ensure compliance with all applicable state and federal laws, including but not limited to regulations and guidance for participation in the Medicare and Medicaid or other government healthcare programs, and the compliance requirements of the AIM Network.
- 4) **Training and Education.** The Program will facilitate compliance training consistent with CMS or applicable payer contract requirements and recognizing the separate requirements participating providers may have.
- 5) **Monitoring and Auditing.** A risk based compliance assessment plan can be developed to evaluate the effectiveness of the Program and the underlying standards and procedures. Compliance assessments can include, but are not limited to, ongoing monitoring activities of billing.
- 6) **Employee Reporting.** AIM Network employees, participants and contractors are required to promptly report any good faith belief of non-compliance with the Program. Employees are strongly encouraged to resolve questions and concerns locally. AIM Network employees and contractors can also report concerns through the Allina Health Corporate Compliance Department or the Integrity Line at 1-800-472-9301.

All reporters may request, and will receive, such anonymity as is possible consistent with the Program's responsibilities to investigate concerns and take necessary corrective action. There will be no retaliation in the terms and conditions of employment as a result of such reporting.

- 7) **Enforcement and Discipline.** The Program will be consistently enforced through appropriate sanctions and disciplinary measures when violations related to AIM Network business are identified and culpability is established. Enforcement measures will be determined based on the severity and nature of the violation.

- 8) **Response and Prevention**. AIM Network shall develop policies as appropriate, to address verified instances of noncompliance, to initiate necessary corrective action, and to prevent similar future offenses. Such response and prevention mechanisms will include self-reporting to appropriate governmental authorities, and repayment of any overpayments by Government Payers.

For Non-Government Payers, consultation with the AIM Network Compliance designee will be necessary to determine whether a particular contract has a materiality threshold and refund accordingly.

REFERENCES:

Related Regulation and Laws: www.ussc.gov

Appendix A

The Allina Integrated Medical Network (AIMN) is a clinically-integrated provider network whose vision is to change the provision of, and payment for, patient care through the achievement of the Triple Aim goals: better patient care and patient experience, better health for populations, and slower growth in cost. The standards of behavior set forth in this code of conduct describe how AIMN and its participating providers (referred to as “We”) are expected to act with respect to any activity they engage in as a member of the AIMN to advance the Vision of AIMN.

AIMN Code of Conduct

Non-discrimination

We are committed to fostering an inclusive culture. We do not discriminate, exclude or treat people differently on the basis of race, color, creed, religion, national origin, age, sex, disability, sexual orientation, gender identity, marital status, veteran status, or any other classification protected by federal, state, or local law.

Confidentiality

People entrust us to retain the confidentiality and privacy of their personal information. We access, share, and use patient health information only to the extent needed to do our jobs and only with individuals who are authorized to receive such information

Confidential business information is information that is generally not available to those outside of your organization, including but not limited to information about information systems, marketing strategies, operational details, strategic business plans, and financial and pricing information. We agree to not use or disclose confidential business information of AIMN or its participating providers acquired in the context of AIMN business.

Conflicts of interest

We care for our patients based on their best interest, needs, preferences, and values. We therefore do not offer, solicit, or accept gifts or entertainment that would, or would appear to, influence our decision on behalf of our patients.

Fraud, waste and abuse

We establish policies and safeguards to prevent, detect and report health care fraud, waste and abuse and expect participating providers to abide by federal and state false claims laws in place to prevent health care providers from defrauding the government or abusing government resources.

Business Records

We maintain accurate documentation in all business reporting and recordkeeping and retain documents for the retention periods required by law.

Where to go with questions or to report a concern?

We all have an obligation to seek guidance when we are not sure of the right thing to do and to

report actions or behaviors that appear to conflict with, or violate, this code of conduct, policies and procedures, values or the law. If you have a compliance question, you may contact one of the following resources:

- your supervisor
- your Human Resources
- your local compliance resource

While you are encouraged to ask questions or report concerns using the resources listed above, the Integrity Line (1-800-472-9301 or allinahealth.org/integrity) is available 24/7 if you wish to discuss your concerns about AIMN related activities anonymously or are uncomfortable talking directly to someone within the organization.