



Department: COMPLIANCE DEPARTMENT	Version #: 3
Title: Centers for Medicare & Medicaid (CMS) Relations	
Process Owner: Chief Compliance Officer	Date Created: 10/18/2018 Last Reviewed Date: 03/12/2024
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Printed copies are for reference only. Please refer to the S/Policies and Procedures for the most recent version.

Purpose: This policy helps ensure ATRIO maintains positive relationships with CMS and defines the process to ensure other resources have been exhausted before escalating a question to CMS.

Summary: This policy provides guidance to the operational areas on submitting requests to Compliance to request clarification of CMS laws, rules, or guidance.

Scope: This policy applies to all ATRIO Employees

Definitions:

ATRIO Employees: means any full-time employees, part-time employees, temporary employees and volunteers employed by ATRIO or Atrio Holding Company, and Independent contractors.

Policy: The Chief Compliance Officer oversees and is responsible for managing ATRIO's relationship with CMS. The Chief Compliance Officer, in conjunction with Executive Leadership, is responsible for deciding when it is appropriate to contact CMS (which includes the assigned ATRIO CMS Account Manager, any other personnel at CMS, and all CMS general or specialty mailboxes) to ask a question, self-report, or request a meeting with CMS.

Questions and Inquires:

In an effort to ensure only valid questions (that are unable to be answered by the ATRIO Compliance Department through research or review of existing regulations and guidance) are sent to CMS, ATRIO Employees are prohibited from directly contacting CMS via any medium about an ATRIO-related question without prior written approval from the President & CEO, or the Chief Compliance Officer or their designee.

When ATRIO Employees encounters any federal regulation or guidance that is unclear and requires further interpretation, needs to know whether guidance or a regulation exists related to a specific topic, or has any other question they believe would be appropriate to be answered by CMS, they will send the question to the Compliance Department for review, research, and response using the process set forth below.

ATRIO Employees will submit an inquiry, in writing, to the Compliance mailbox (Compliance@atriohp.com). The written inquiry will include:

- A full description of the question that needs to be resolved;
- Any known corresponding regulations, rules or guidance; and
- When the information is needed and/or urgency.

The Chief Compliance Officer or their designee will determine appropriate handling of the question.

Self-Reporting Non-Compliance:

When ATRIO discovers an incident of significant Medicare program noncompliance, ATRIO will report significant Medicare program noncompliance to CMS as soon as possible after its discovery. Reporting the noncompliance to CMS in a prompt manner will allow CMS to provide guidance to the ATRIO on mitigation of the harm caused by the incident of noncompliance. While no bright line definition exists as to what is a “significant” or “serious” incident that should be reported, ATRIO will err on the side of over-reporting rather than under-reporting. Self-reporting offers the opportunity to minimize the potential cost and disruption of a full scale audit and investigation, to negotiate a fair monetary settlement, and to potentially avoid an OIG permissive exclusion preventing the entity from doing business with Federal health care programs.

Self-reporting issues of noncompliance, to CMS, will be at the discretion of the Compliance Officer or their designee.

Reports of noncompliance to CMS will include a completed Incident Reporting form and as much information that is available at the time of the reporting. The same information will be included on the Self-Disclosure log that is submitted to CMS quarterly. At a minimum, quarterly updates will be provided to CMS or when there is a significant change or new discovery about the specific issue. The issue will remain open on the self-disclosure log until the issue has been corrected and all member impact is remediated.

Resources:

Compliance Program Disciplinary Standards
Medicare Managed Care Manual

- **Chapter 21** Compliance Program Guidelines and Prescription Drug Benefit Manual
- **Chapter 9** Compliance Program Guidelines