



Policy: Compliance Program

Policy Number: SYS:CC402

PURPOSE

This Compliance program statement is an overview of the responsibilities and obligations of all Bluestone Physician Services staff regarding their role in the Compliance Program.

SCOPE

This policy applies to all *covered persons of Bluestone Physician Services, P.A., Bluestone National, LLC, and Bluestone Physician Services Wisconsin, and its subsidiaries and affiliates, (collectively, Bluestone Physician Services (BPS)).

*Covered persons means: (a) all owners who are natural persons, officers, board members, and employees of Provider; (b) all contractors who furnish patient care items or services or perform billing or coding functions on behalf of Provider; and (c) all physicians and other non-physician practitioners who are members of Provider's active medical staff..

POLICY

It is the policy of Bluestone Physician Services to comply fully and consistently with all laws and regulations applicable to participate in Medicare, Medicaid, and other government-funded healthcare programs.

The goal of the BPS Compliance Program (Program) consists of key elements 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 and BPS Code of Conduct. Specifically, the Program facilitates the response to matters including, but not limited to, the following:

- Fraud, waste, and abuse
- Complying with state and federal False Claims laws
- Whistleblower protections
- Responding to Government Inquiries
- Business transaction regulatory requirements
- Privacy and confidentiality
- Patient inducement
- Anti-Kickback Statute



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- Conflict of Interest and vendor relations
- Excluded providers

The Program meets the criteria set out in the United States Sentencing Commission Guidelines

DEFINITIONS

Covered Persons means: (a) all owners who are natural persons, officers, board members, and employees of Provider; (b) all contractors who furnish patient care items or services or perform billing or coding functions on behalf of Provider; and (c) all physicians and other non-physician practitioners who are members of Provider's active medical staff.

Exclusion Lists means the HHS/OIG List of Excluded Individuals/Entities (LEIE) (available at <http://www.oig.hhs.gov>) and state Medicaid program exclusion lists that are publicly available.

Overpayment means any funds that BPS receives or retains under any Federal health care program to which Provider, after applicable reconciliation, is not entitled under such Federal health care program.

PROCEDURE

- I. **Compliance Program Requirements - Oversight and Governance Responsibilities:**
 - a. The **Executive Compliance Committee (Compliance Committee):** provides policy direction and oversight to the BPS program and advises Bluestone Physician Services, Compliance Officer on matters arising from the implementation, operation and monitoring of the Program.

The Compliance Committee is composed at a minimum of the Executive Team (Senior Management Team), including the CEO, CFO, CHR, and Compliance Officer, who chairs the Committee. General Counsel as a non-voting member.

The Compliance Committee's responsibilities include: analyzing the current regulatory environment; reviewing Bluestone Compliance policies and procedures at least annually; review the training required in section VI. of this policy; implementation and oversight of the risk assessment and internal review process and Transition Plan as outlined in the OIG Corporate Integrity



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Agreement (CIA); recommending and monitoring the development of internal systems to ensure compliance with the Program; The Compliance Committee shall meet at least quarterly. BPS Compliance Officer shall report to OIG, in writing, any changes to the membership of the Compliance Committee within 15 business days after such a change.

b. Compliance Subcommittee of the Board (Board Committee)

The Board Committee shall be responsible for the review and oversight of BPS's compliance with Federal health care program requirements and the requirements of the CIA. The Board must include at least one independent (e.g., non-owner, non-employee, and non-executive) member.

The Board Committee shall, at a minimum, is responsible for the following:

- i. Meeting at least quarterly to review and oversee BPS's Program, including but not limited to the performance of the Compliance Officer and Compliance Committee;
- li. Submitting to OIG a description of the materials it reviewed and any additional steps taken, such as the engagement of an independent advisor or other third-party resources, in its oversight of the compliance program and in support of making the resolution below during each Reporting Period; and
- ii. for each Reporting Period of the CIA, adopting a resolution approved by each member of the Board Committee regarding its Bluestone Corporate Integrity Agreement review and oversight of BPS's compliance with Federal health care Program requirements and the requirements of the CIA.

1. Resolution must contain at a minimum the following language:
"The Board has made a reasonable inquiry into the operations of Provider's compliance program, including the performance of the Compliance Officer and the Compliance Committee. Based on its inquiry and review, the Board Committee has concluded that, to the best of its knowledge, Provider has implemented an effective compliance program to meet Federal health care program requirements and the requirements of Provider's Corporate Integrity Agreement with the Office of Inspector General of the Department of Health and Human Services."

If the Board Committee is unable to adopt such a resolution, the Board Committee shall provide a written explanation of the reasons why it is unable to adopt the resolution and the steps the Board Committee is taking to implement an effective compliance program at Provider.



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lii. BPS shall report to OIG, in writing, any changes in the membership of the Board Committee, within 15 business days after such a change.

VP Corporate Compliance, Compliance Officer The VP Corporate Compliance Compliance Officer (Compliance Officer) is responsible for operating and monitoring the Compliance Program including 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; monitoring internal and external audits and investigations for the purpose of identifying issues and deficiencies, and implementing corrective and preventive actions; and developing and implementing policies, procedures, and practices designed to ensure compliance with the requirements set forth in the Corporate Integrity Agreement and with Federal health care program requirements.

Reports to the Compliance Subcommittee of the Board (Board Committee) or the Board of Directors (Board) regarding compliance matters at any time. The Compliance Officer has the authority to report misconduct to the appropriate federal, state, and/or local law enforcement agencies, as deemed necessary.

The Compliance Officer shall report on the status of the Program, as necessary, to the CEO of Bluestone and, at a minimum, quarterly to the Compliance Subcommittee of the Board (Board Committee). These reports shall also include a summary of the results of compliance billing reviews conducted by the Compliance, and any other relevant information requested by the CEO, the Compliance Committee of the Board (Board Committee), or the Board of Directors (Board).

The Compliance Officer shall not have any noncompliance job responsibilities that, in OIG's discretion, may interfere or conflict with the Compliance Officer's ability to perform the duties outlined in this CIA.

Bluestone Physician Services shall report to OIG, in writing, any changes in the identity, duties, or job responsibilities of the Compliance Officer within five (5) business days after such a change.

II. Written Standards and Procedures

The Program must be tailored to specific markets and shall include: policies and procedures to ensure compliance, periodic training and education on compliance issues, the Code of Conduct outlining the Bluestone Physician Services expectations for appropriate staff conduct to promote and protect the integrity of the organization, and



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ongoing monitoring to ensure that the standards of the Program are applied on a day-to-day basis. Education about these standards shall be provided to all staff, see [Compliance Training Policy](#) .

The Corporate Compliance Policies are reviewed annually and updated as necessary by the Compliance Committee. Any new or revised Policies and Procedures shall be made available to all Covered Persons on the Bluestone Intranet. by the Corporate Compliance Department. The policies contain the written compliance policies for all markets and are kept current with changes in applicable laws and regulations. Compliance is responsible for developing and implementing the necessary structures to ensure compliance with these policies in their respective markets.

Bills, claims and reports submitted to government payers must be consistent with published Medicare and Medicaid regulations and supporting materials. Every bill or a report submitted to government payers should be accurate and supported by reliable documentation.

The Compliance Committee shall review the Policies and Procedures at least annually and update the Policies and Procedures as necessary. Any new or revised Policies and Procedures shall be made available to all BPS Covered Persons.

In cases requiring interpretation of regulations or contradictory regulatory language, the Corporate Compliance Department will develop policies, procedures and resolutions in consultation with regulatory experts and Legal Counsel, as necessary.

III. Training and Education

The Compliance Department staff are responsible to ensure that staff in each market receive the necessary compliance training/education and that adequate records of such training/education are maintained. Compliance education and training will be provided to all staff so they are knowledgeable regarding their role in the Program. Education about the Bluestones Code of Conduct shall also be provided to all staff.

IV. Monitoring and Auditing

Regular compliance risk assessments will be conducted in across the business to evaluate the effectiveness of the Program and the underlying standards and procedures. Compliance assessments include, but are not limited to, ongoing monitoring and auditing activities.



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Compliance monitoring consists of reviews conducted in the course of management activity at the operational level, typically prior to the submission of a bill or report to a government payer. The Sr. Manager of Compliance with oversight provided by the VP Corporate Compliance, Compliance Officer.

Compliance auditing and monitoring consists of independent reviews conducted by Compliance Staff, typically after claims or data are submitted to government payers. The Corporate Compliance Officer and Department, in consultation with the Executive Compliance Committee (ECC) and the Compliance Committee of the Board, determine the focus of billing reviews conducted by Compliance Staff or consultants.

Operational leaders, in consultation with the Corporate Compliance Department, are responsible for the development and implementation of corrective action plans as necessary to ensure compliance with the Program.

The Compliance Officer, General Counsel, Chief Financial Officer, or relevant Accountable Executives are empowered to stop billing in whole or in part when the results of compliance assessments indicate an unacceptable level of performance or when other compliance concerns arise.

V. Staff Reporting and Non Retaliation

All staff are required to promptly report any good faith belief of non-compliance with the Program. Staff are strongly encouraged to resolve questions and concerns by first talking with their supervisor or leader. Additional resources for staff are the Corporate Compliance Department at Compliance@BluestoneMD.com and the hotline at 800-928-0084 or at report.complyline.com (organization PIN 131274, ID 1). Reports to the Compliance hotline may be made anonymously.

Reporting staff may request, and will receive, such anonymity as is possible consistent with the Program's responsibilities to investigate staff concerns and take necessary corrective action.

There will be no retaliation in the terms and conditions of employment as a result of such reporting. Reports will be investigated pursuant to the Bluestone Internal Investigation Policy.

VI. Enforcement and Discipline

The Program will be consistently enforced through appropriate sanctions and



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disciplinary measures when violations are identified and staff culpability is established. Staff will also be subject to discipline for failing to participate in organizational compliance efforts. Enforcement measures will be determined based on the severity and nature of the violation. Any staff who purposely makes a false accusation will be subject to appropriate discipline.

VII. Response and Prevention

Policies will be developed as appropriate to address verified instances of Noncompliance, Refunds and Overpayments Policy, to initiate necessary corrective action, and to prevent similar future offenses. Such response and prevention mechanisms will include the development of procedures and process improvements, additional staff training, self-reporting to appropriate governmental authorities, and repayment of any overpayments by government payers. Government payers include Medicare, Medicaid, or a plan that administers a Prepaid Medical Assistance Program (PMAP). For Non-Government Payers, Revenue Cycle and Finance will be consulted to determine whether a particular contract has a materiality threshold and refund accordingly.

ENFORCEMENT

All staff whose responsibilities are affected by this policy are expected to be familiar with the basic procedures and responsibilities created by this policy. Failure to comply with this policy will be subject to appropriate performance management pursuant to all applicable policies and procedures, up to and including termination

RESOURCES

- United States Sentencing Commission Guidelines available at <https://www.ussc.gov/>
- Bluestone Physician Services Corporate Integrity Agreement available at [https://oig.hhs.gov/fraud/cia/agreements/Bluestone Physician Services 05292024.pdf](https://oig.hhs.gov/fraud/cia/agreements/Bluestone_Physician_Services_05292024.pdf)
- Bluestone Physician Services Code of Conduct
- Compliance Training Policy
- Overpayment and Refunds Policy
- Provider Arrangements Policy
- Screening Current Bluestone Related Individuals (Exclusion Checking)
- Written Process to Certify Covered Persons
- Anti-Fraud Laws and Compliance Program Information” or “False Claims Act” {finalize after



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<p>final name of policy is decided]</p> <ul style="list-style-type: none"> • Corporate Risk Assessment and Annual Work Plan Development • Reports of Suspected Compliance Program Violations: Investigation

Approval History

Date (MM/YYYY)	Stakeholders	Name/Title
8/9/24	Exec. Compliance Committee	Approved at 8/9/24 ECC meeting

Revision History

Date (MM/YYYY)	Revisions	Owner/Name/Title	Approved by & Date	Version
1/2024	Original	Corporate Compliance, Andrea Fuhrmannek-Kloubec, VP Corporate Compliance	Bluestone Board 02/08/2024	1.0
July 2024	Updates for CIA	Corporate Compliance, Andrea Fuhrmannek-Kloubec, VP Corporate Compliance, Compliance Officer	Executive Compliance Committee, 8/9/24	1.2

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¹ Prepared at the direction, request, and in furtherance of the purposes of a review organization and any and all information and documentation prepared in furtherance of this policy is confidential and should not be shared outside of Bluestone Physician Services or its Affiliates. Protected under Wis. Stat. 146.38 and Minn. Stat. 145.61et seq. and FL Stat 766.101. The information contained herein is provided for informational purposes only and does not constitute legal, medical, or professional advice. Further, these policies and procedures are subject to change without prior notice, and Bluestone makes no representation to reliance on users of outdated information. Users should check back here for updates regularly.