

GOVERNMENT PROGRAMS COMPLIANCE POLICY

Title: Medicare Effective Training and Education			Policy No: 003		
Effective Date: 5/6/14					
Policy Applies to the Following Products with an "X":					
X	Medicare Part D (as applicable includes Group)	X	Medicare Advantage and Part D (as applicable includes Dual-Special Needs Plan (D-SNP) and Group)	X	Medicare Medicaid Plan (MMP)
Owners:					
Kim Green		Government Programs Compliance Officer		Government Programs Compliance	
Approved:					
HCSC Board of Directors					
Purpose					
The purpose is to articulate HCSC's commitment to compliance with the CMS guidelines that require adoption and implementation of effective training and education for HCSC's compliance officer and organization employees, HCSC's chief executive, and other senior administrators, managers, and governing body members.					
Scope					
This policy applies to HCSC employees who are involved in the administration or delivery of the Government Programs referenced above, including the chief executive and senior administrators, managers, governing body members, first tier, downstream and related entities (FDRs).					
Policy					
HCSC is committed to complying with all CMS guidelines, including but not limited to those specific to the establishment and implementation of an effective training and education program.					
This policy and program include the following requirements:					
<u>Training and Education of Employees, Temporary Workers, and Governing Body Members</u>					
HCSC will establish, implement and provide effective training and education on general compliance responsibilities and Fraud, Waste, and Abuse (FWA).					
All general compliance and FWA training will occur within 90 days of hiring and annually thereafter for all:					
<ul style="list-style-type: none"> • employees, including the CEO, senior administrators, and managers • temporary workers, and • governing body members. 					
Training materials will be reviewed and updated at least annually and, if necessary, whenever there are material changes in regulations, policy or guidance. Updates to training information may be distributed using alternate methods, such as email or posting on web sites, rather than formalized training.					
<u>Development and Topics of General Compliance and FWA Training</u>					
The Ethics and Compliance Department implements the general compliance and FWA training requirements outlined in Chapter 9 of the Medicare Prescription Drug Manual and Chapter 21 of the Medicare Managed Care Manual, published by CMS. The Medicare Performance and Delivery Department is responsible for job-specific training.					
At a minimum, the following topics are included in general compliance or FWA training:					
<ol style="list-style-type: none"> 1. HCSC's commitment to comply with all Medicare program requirements 2. HCSC's non-retaliation policy 3. A description of <ul style="list-style-type: none"> ▪ the Compliance Program, ▪ policies and procedures, ▪ Standards of Conduct. 4. An overview of how to 					

- ask compliance questions,
 - request clarification regarding compliance requirements or expectations, and
 - report suspected or detected noncompliance or FWA
5. Details about HCSC's FWA Program, including but not limited to:
 - The obligation to report actual or suspected programs non-compliance or potential FWA
 - Obligations of FDRs or similar subcontractors to have appropriate policies and procedures to address FWA.
 - Processes for HCSC and FDR employees to report suspected FWA.
 - Protections for HCSC and FDR employees who report suspected FWA.
 - Types of FWA that can occur in the settings in which the HCSC employees and/or FDRs or similar subcontractors work.
 - Examples of reportable FWA and noncompliance that the employee might observe.
 6. A review of disciplinary guidelines for non-compliant or fraudulent behavior
 - including potential disciplinary consequences up to and including termination.
 7. Attendance and participation in compliance and FWA training programs as
 - a condition of continued employment and
 - a criterion in employee evaluations.
 8. A review of policies related to contracting with the government, including restrictions regarding gifts and gratuities for government employees.
 9. A review of potential conflicts of interest and our mechanisms for disclosing conflicts.
 10. An overview of monitoring and audit processes.
 11. A review of the laws and regulations that
 - govern employee conduct in the Medicare program.
 - relate to Medicare Advantage and Part D, including but not limited to:
 - False Claims Act
 - Anti-Kickback statute
 - HIPAA/HITECH
 - The CMS Data Use Agreement as applicable
 - Maintaining confidentiality
 - Federal and applicable state False Claims Acts.

As part of the training process, all employees are required to complete a certification related to their compliance-related responsibilities. The Ethics and Compliance Department will review the responses to these certifications and investigate and remediate any issues identified. Issues related to Government Programs or Ineligible Parties will be referred to Government Programs Compliance (GPC) for investigation and remediation. All certificates and documentation related to their review and remediation will be maintained for 11 years.

To remediate certain instances of non-compliance, HCSC may provide job-specific training to employees as appropriate. This job-specific training will be the responsibility of the business area impacted, or the Medicare Performance and Delivery Department.

First Tier, Downstream and Related Entities (FDRs)

FDRs remain responsible for complying with all terms and conditions of HCSC's contract with CMS. HCSC will monitor and track compliance and FWA responsibilities and contractual obligations amongst their FDRs through the FDR Oversight process.

Definitions

Compliance Program: the HCSC Corporate Integrity and Compliance Program Charter, including the Government Programs Section.

Downstream Entity: any party that enters into a written arrangement, acceptable to CMS, with persons or entities involved with the MA benefit or Part D benefit, below the level of the arrangement between an MAO or applicant or a Part D plan sponsor or applicant and a first-tier entity. These written arrangements continue

down to the level of the ultimate provider of both health and administrative services. (See, 42 C.F.R. §, 423.501).

FDR: First Tier, Downstream or Related Entity.

First Tier Entity: any party that enters into a written arrangement, acceptable to CMS, with an MAO or Part D plan sponsor or applicant to provide administrative services or health care services to a Medicare eligible individual under the MA program or Part D program. (See, 42 C.F.R. § 423.501).

FWA: fraud, waste and abuse.

Governing Body: that group of individuals at the highest level of governance of the sponsor, such as the Board of Directors or the Board of Trustees, who formulate policy and direct and control the Government Contract Holder in the best interest of the organization and its enrollees. Governing body does not include C-level management such as the Chief Executive Officer, Chief Operations Officer, Chief Financial Officer, etc., unless persons in those management positions also serve as directors or trustees or otherwise at the highest level of governance of the sponsor.

Government Contracts Holders: Health Care Service Corporation, a Mutual Legal Reserve Company (“HCSC”) and the following entities: HCSC Insurance Services Company, a wholly-owned subsidiary of HCSC (“HISC”); GHS Health Maintenance Organization, Inc. d/b/a BlueLincs HMO a wholly-owned subsidiary of HCSC (“BlueLincs HMO”); GHS Insurance Company (formerly known as GHS Property and Casualty Insurance Company), a wholly-owned subsidiary of HCSC (“GHS”); Illinois Blue Cross Blue Shield Insurance Company, a wholly-owned subsidiary of HCSC (“IBCBSIC”) or any other HCSC subsidiary or affiliate that holds a Government Programs contract. HCSC, HISC, BlueLincs HMO, GHS and IBCBSIC are each referred to as a “Government Contract Holder” and collectively as “Government Contract Holders.”

Government Programs: the operations of any Medicare Advantage, Medicare Part D, Medicare Medicaid Plan (MMP) or Medicaid contracts.

GPC: Government Programs Compliance.

Related Entity: any entity that is related to an MAO or Part D sponsor by common ownership or control and:

- performs some of the MAO or Part D plan sponsor’s management functions under contract or delegation,
- furnishes services to Medicare enrollees under an oral or written agreement, or
- leases real property or sells materials to the MAO or Part D plan sponsor at a cost of more than \$2,500 during a contract period (42 C.F.R. §423.501).

Temporary Workers: for the purposes of this policy, are defined as HCSC contingent workers classified by HCSC’s Procurement and Support Services area as “Staff Augmentation” or “Independent Contractors.”

Governing Authorities

42 C.F.R. §§ 422.503(b)(4)(vi)(C)
42 C.F.R. §§ 423.504(b)(4)(vi)(C)
42 C.F.R. § 438.608(a)(1)(iv).

CMS Prescription Drug Benefit Manual. Chapter 9
Medicare Managed Care Manual. Chapter 21
Deficit Reduction Act of 2005.
Government Programs Fraud, Waste and Abuse Program
Policy 010 “Government Programs Fraud, Waste and Abuse”
Policy 008 Accountability and Oversight of First Tier Downstream and Related Entities

United States Department of Health and Human Services Centers for Medicare & Medicaid Services Contract in Partnership with State of Illinois Department of Healthcare and Family Services and Health Care Service Corporation (Illinois Medicare Medicaid Alignment Initiative Contract)

Review Date	Board Ratification Date	Author	Description of Changes
07/13/2021	12/07/2021	Angela Broadway	Updated Medicare Performance and Delivery department name and updated title to include "Medicare".
08/27/2020	12/08/2020	Angela Broadway	Updated Government Contracts Holders to include new subsidiary IBCBSIC. Updated department name from Government and Consumer Solutions to Delivery, Performance and Integrity.
07/03/2019	12/03/2019	Kim Tulsky	Removed Medicaid Plans – created new Medicaid specific GPC Policy. Added section headings. Minor grammatical corrections.
8/2/18	12/04/2018	Kim Tulsky	Updated titles. Revised to reflect regulatory changes to remove the phrases in paragraphs (C)(1) and (C)(2) that refer to first tier, downstream and related entities and remove the paragraphs specific to FDR training at §§ 422.503(b)(4)(vi)(C)(2) and (3) and 423.504(b)(4)(vi)(C)(3) and (4), which delted the compliance training requirement for FDRs
05/23/17	12/05/2017	Kim Tulsky	Changed owner. Update name of IL Medicaid Plans. Minor grammar and punctuations changes. Deleted reference to Care Coordination Staffing and Training Plan. Deleted reference to GP FWA training program in the body and added to references.
08/31/16	12/06/2016	Tia Short Ren Herr	Clarification of split of responsibilities between GPC and GPD and re-ordering of paragraphs for clarity.
09/03/2015	12/08/2015	Tia Short	Added new language on the training process.
04/14/2015	07/23/15	Tia Short Ren Herr	Added references to, updated training information for and defined HCSC temporary workers. Updated record retention based on current corporate policy. Modified information related to new FDR training rules, include information related to the Compliance Certification process and included references and responsibilities for job-related training.
06/27/2014	12/09/2014	Ren Herr	To implement 42 C.F.R. 423.504(b)(4)(vi)(C)(4) per the May 23, 2014 Federal Register, plus minor wording changes.
04/14/2014	05/06/2014	Ren Herr	For prior years, Government Programs Compliance (GPC) relied on Ethics and Compliance training and education policies and procedures. With the addition of new government programs, GPC determined that a separate policy was required to expand on information in the HCSC Corporate Integrity and Compliance Program.