

GOVERNMENT PROGRAMS COMPLIANCE POLICY

Title: Medicare Communication and Reporting Mechanisms		Policy No: 004	
Effective Date: 4/21/11			
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		X	Medicare Medicaid Plan (MMP)
Owners:			
Kim Green		Government Programs Compliance Officer	Government Programs Compliance
Approved:			
HCSC Board of Directors			
Purpose			
<p>The purpose of this policy is to articulate HCSC's commitment to compliance with the CMS guidelines that require the establishment and implementation of procedures, and a system, for promptly responding to compliance issues as they are raised; investigating potential compliance problems; correcting such problems promptly and thoroughly to reduce the potential for recurrence; and ensuring ongoing compliance with CMS requirements.</p>			
Scope			
<p>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 and first tier, downstream and related entities (FDRs).</p>			
Policy			
<p>HCSC is committed to complying with all CMS guidelines requiring the establishment and implementation of procedures, and a system, for promptly responding to compliance issues as they are raised; investigating potential compliance problems; correcting such problems promptly and thoroughly to reduce the potential for recurrence; and ensuring ongoing compliance with CMS requirements.</p> <p>HCSC shall maintain effective lines of communication, ensuring confidentiality between the Government Programs Compliance Officer (GPCO), members of the compliance committee, employees, directors, and FDRs and similar subcontractors. These lines of communication shall be accessible to all and allow compliance issues to be reported anonymously and confidentially in good faith as they are identified.</p> <p>Conducting Timely and Reasonable Inquiry of Detected Offenses A reasonable inquiry will be initiated into apparent fraud, waste and abuse (FWA) or issues of programs non-compliance at either HCSC or HCSC's FDRs as quickly as possible, but no later than 14 days after the date of the potential non-compliance or potential FWA was identified.</p> <p>A reasonable inquiry will include a preliminary review of the facts by Government Programs Compliance (GPC), Ethics and Compliance Department (ECD), Special Investigations Department (SID) and/or Medicare Line of Business, in consultation with other areas of HCSC, as appropriate.</p> <p>For Government Programs issues, if the preliminary review reveals that a further investigation is necessary, GPC, SID or business areas may conduct the investigation and will keep the GPCO informed throughout the process.</p>			
Reporting Mechanisms:			
<p>Reporting concerns is a requirement of the HCSC Corporate Integrity and Compliance Program Charter, Standards of Conduct, and a requirement of employment. HCSC maintains mechanisms to report suspected noncompliance and potential FWA issues to the GPCO. These reporting mechanisms will be</p>			

communicated through several venues, emphasizing HCSC's policy of non-intimidation and non-retaliation for good faith reporting of compliance concerns.

- Employees and other individuals are provided the Corporate Integrity Hotline number (which can be used for any of the government lines of business listed above), accessible 24 hours a day, 7 days a week, at time of hire or contracting and are reminded a minimum of annually that it is their responsibility to report concerns involving ethical or compliance violations related to our governmental lines of business.
- All calls to the Corporate Integrity Hotline are confidential, cannot be traced, and can be made anonymously and without fear of intimidation or retaliation.
- Employees and other individuals may also contact the GPCO directly via phone or through email, call the Medicare Fraud Hotline or review the HCSC external Medicare website at www.hisccompliance.com or email at HISCCompliance@BCBSIL.COM. Employees may use the web reporting tool at www.alertline.com.
- All issues reported to the GPCO will be tracked by the GPCO or her/his designees, reviewed, investigated, and resolved as determined appropriate.

When a suspected issue of non-compliance is reported either through the Corporate Integrity Hotline, or any other means mentioned above, the complainant is provided with information stating that the issue(s) will be addressed in a timely fashion, as well as information regarding confidentiality and non-retaliation. Complainants may not know the outcome of the investigation (due to the confidentiality of other parties involved). Compliance investigations are initiated within 14 business days and worked as quickly as possible. Based on the allegations involved, some cases may take longer to conclude.

GPCO Communications:

The GPCO will also communicate changes in laws, regulations, or policies and other pertinent information throughout the year, on an as needed basis, and at his/her discretion.

The GPCO will report periodically on the risk areas, strategies, status, and activities of the Compliance Program to the CEO, senior management, and the Governing Bodies of the Government Contract Holders, the Corporate Compliance Committee, the Audit Committee and the Government Programs Compliance Committee, in accordance with the HCSC Corporate Integrity and Compliance Program Charter.

The CEO and senior management ensure that the GPCO is integrated into the organization and is given the credibility, authority and resources necessary to operate a robust and effective compliance program. The GPCO must provide the CEO periodic reports of the risk areas facing the organization, the strategies implemented to address them, and the results of those strategies. The GPCO must also advise the CEO of all governmental compliance enforcement activity, from Notices of Non-compliance to formal enforcement actions.

Enrollee Communications and Education:

HCSC shall educate its enrollees about identification and reporting of potential FWA. Education methods include a comprehensive Special Investigations Department (SID) website, pamphlets that are included in mailings to enrollees (Explanation of Benefits ("EOB")), as well as fraud information included on the EOB.

Definitions

CMS: Centers for Medicare and Medicaid Services.

Compliance Program: HCSC Corporate Integrity and Compliance Program, 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.)

Employee(s): an individual directly employed by HCSC.

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. (42 C.F.R. § 423.501.)

Fraud: knowingly and willfully executing, or attempting to execute, a scheme or artifice to defraud any health care benefit program or to obtain (by means of false or fraudulent pretenses, representations, or promises) any of the money or property owned by, or under the custody or control of, any health care benefit program. (18 U.S.C. § 1347).

FWA: fraud, waste and abuse

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.”

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

GPC: Government Programs Compliance.

GPCO: Government Programs Compliance Officer.

Medicare: the health insurance program for people:

- 65 or older,
- under 65 with certain disabilities, or
- of any age with End-Stage Renal Disease (ESRD) (permanent kidney failure requiring dialysis or a kidney transplant).

“Others”: Temporary Staff, Independent Contractors and Volunteers.

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 (See, 42 C.F.R. §423.501).

SID: Special Investigations Department, HCSC’s Special Investigations Unit.

Governing Authorities			
42 C.F.R. §§ 422.503(b)(4)(vi)(D) 42 C.F.R. §§ 423.504(b)(4)(vi)(D) 42 C.F.R §§ 422.503(b)(4)(vi)(B) 42 C.F.R. §§ 423.504(b)(4)(vi)(B) 42 C.F.R. § 438.608(a)(1)(v). Prescription Drug Benefit Manual, Chapter 9 – Compliance Program Guidelines Medicare Managed Care Manual, Chapter 21 – Compliance Guidelines 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 title to include “Medicare”.
08/27/2020	12/08/2020	Angela Broadway	Updated Government Contracts Holders to include new subsidiary IBCBSIC and minor grammatical changes.
07/03/2019	12/03/2019	Kim Tulsky	Removed Medicaid Plans – created new Medicaid specific GPC Policy. Added section headings. Minor grammatical corrections.
8/6/18	12/04/2018	Kim Tulsky	Changed title and removed MT HELP
05/24/17	12/05/2017	Kim Tulsky	Changed ownership and update name of IL Medicaid Plans.
09/9/2016	12/06/2016	Charles Pickett	Removed references to the GPC Hotline. Basic formatting and wording changes
08/27/2015	12/08/2015	Charles Pickett	Added language that this policy pertains to those government programs listed on page 1 of this policy.
06/27/2014	N/A	Charles Pickett	No changes recommended.
04/14/2014	05/06/2014	Charles Pickett	Policy language extracted and updated from the 2/26/13 approved Policy and Procedure. Government Programs Compliance (GPC) will now be maintaining a separate policy and a separate procedure on each government requirement.
02/26/2013	02/26/2013	Dennis Klopfle	Changed title, revise names and dates for consistency. Removed posters for announcing hotline since we use other communication resources. Added additional resources. Changed “subsidiary” reference to “Government Contract Holders (as defined in the Health Care Service Corporation Corporate Integrity & Compliance Program Government Programs Section).”
02/02/2012	02/20/2012	Ren Herr	Modified to reflect HCSC ownership and to include application to MA-PD.

03/11/2011	04/21/2011	Fran Free	A separate 24/7 externally manned Hotline has been implemented for all Medicare related issues
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