

GOVERNMENT PROGRAMS COMPLIANCE OFFICER NEWSLETTER

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HEALTH CARE SERVICE CORPORATION



Message from Kim Green HCSC Government Programs Compliance Officer

Welcome to the first HCSC Government Programs Compliance Officer Newsletter.

You are receiving this newsletter because you as an employee, contractor, subcontractor or agent have been identified as being involved or working on HCSC/HISC Medicare and/ or Medicaid contracts. This newsletter replaces the Compliance Officer Quarterly Email Communication and expands the audience to include our first tier, downstream and related entities (FDRs). Being part of this group, you already recognize the requirement the Centers for Medicare and Medicaid Services (CMS) has placed on the importance of compliance with all federal and state laws and regulations. As the Plan Sponsor, HISC/HCSC is required to ensure all FDRs meet all CMS requirements.

This newsletter is designed to meet the CMS requirement stated in Chapter 9 of the Medicare Prescription Drug Benefit Manual and Chapter 21 of the Medicare Managed Care Manual per Federal Regulations Code, 42 C.F.R 422.503 (b) (4)(vi)(D), 423.504(b)(4)(vi)(D), that requires sponsors to communicate information from the compliance officer to all employees and FDRs.

Inside this newsletter you will find information about CMS guidelines, Medicare and Medicaid training requirements, news about fraud, waste and abuse, HCSC standards of conduct and Compliance policies and procedures. Our Medicare and Fraud hotline numbers and email address are also included so that you may contact us should you have any questions or concerns. Remember, you are required to report any suspicious behavior or potential wrongdoing related to the government contracts. All calls to our hotline can be made anonymously and without fear of intimidation or retaliation.

We encourage you to visit our website and submit any general questions or news items that you would like hear about in future newsletters.

We hope that you enjoy this newsletter and find it easy to read and helpful. As the Government Program's Compliance Officer, please know that you can always contact me directly at 312-653-5110.

Kim Green

HCSC Government Programs Compliance Officer

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Medicare Fraud Hotline: Available 24/7

Report fraud issues anonymously to:

1-800-543-0867 – for Members

1-877-211-2290 – for Employees

1-877-272-9741 – for Producers, Vendors & Providers

Laws, Regulations and Guidelines



CMS Guidelines

CMS has updated Chapter 3 of the Medicare Marketing Guidelines, Chapter 9 of the Medicare Prescription Drug Benefit Manual and Chapter 21 of the Medicare Managed Care Manual for 2013.

Chapter 3 Medicare Marketing guidelines reflect CMS' interpretation of the marketing requirements and related provisions of the Medicare Advantage and Medicare Prescription Drug Benefit rules (Chapter 42 of the Code of Federal Regulations, Parts 422 and 423). The guidelines allow organizations offering both Medicare Advantage and Prescription Drug Plans the ability to reference one document for the development of marketing materials.

The Content of Chapter 9 of the Medicare Prescription Drug Benefit Manual and Chapter 21 of the Medicare Managed Care Manual are identical and apply equally to the MA and Part D programs. Both the chapters illustrate the Compliance Program Guidelines for Medicare Advantage (MA) organizations (MAOs) and Prescription Drug Plan (PDP) sponsors.

Policies and Procedures and Standards of Conduct

HCSC and its subsidiaries are founded on the basic principles of good business behavior. Among these principles are a commitment to the highest standard of business ethics and integrity. This includes strict observance of and compliance with the laws and regulations governing the business operations of HCSC, and in particular, the services that it performs or has delegated to others to perform pursuant to its Medicare and Medicaid contract(s).

Any individuals who impact HCSC's Medicare or Medicaid contract(s) are expected to abide by the Medicare and Government Contracts Compliance Program, the Code of Business Ethics and Conduct and the Medicare Compliance Policies. These documents are located in <http://www.hisccompliance.com>.

Health Care Fraud Prevention and Enforcement Action Team (HEAT)

In May 2009, DOJ (Department of Justice) and HHS (Health and Human Services) office announced the creation of the Health Care Fraud Prevention and Enforcement Action Team (HEAT).

The HEAT initiative has engaged law enforcement and professional staff at the highest levels of HHS and DOJ to increase coordination, intelligence sharing, and training among investigators, agents, prosecutors, analysts, and policymakers. A key component of HEAT is the Medicare Strike Force which is a multi-agency team of federal, state, and local investigators designed to fight Medicare fraud. The Force uses Medicare data analysis techniques and an increased focus on community policing to combat fraud.

HEAT also created the Stop Medicare Fraud website, which provides information about how to identify, report and protect against Medicare fraud.

For more information on the joint DOJ-HHS Strike Force activities, please visit: www.StopMedicareFraud.gov.

CMS Acronyms
FWA: Fraud,
Waste and Abuse



FWA News

OIG Outlook 2013 Video Program Now Available

OIG senior executives discuss emerging trends in combating fraud, waste, and abuse in Federal health care programs, OIG's top priorities for 2013, and upcoming projects in the newly released OIG Work Plan. You can watch the entire half hour program at <http://go.usa.gov/YyKk>.

The entire program has also been broken down into the 4-to-6 minute videos on this webpage so you can watch them as your schedule permits at <http://go.usa.gov/YyK4>



Training Requirements

Medicare Training

Employees, temporary agency employees, contractors, vocational technical workers whether paid or not who have been identified as being involved or working on the Medicare Part D contract are required to complete the following training assignments **upon hire** and **annually** thereafter:

- General Compliance Training
 - includes Code of Conduct, compliance program, non-retaliation policy and resources available to report concerns
- Fraud, Waste and Abuse Training

For additional information please refer to the Chapter 9 of the Medicare Prescription Drug Benefit Manual and Chapter 21 of the Medicare Managed Care Manual.



Medicaid Training

Employees, temporary agency employees, contractors, vocational technical workers whether paid or not who have been identified as being involved or working on the State Covered Insurance (SCI) products are required to complete the following training assignments upon hire and annually thereafter:

- General Compliance Training
 - includes Code of Conduct, compliance program, non-retaliation policy and resources available to report concerns
- State Specific Medicaid Deficit Reduction Act (DRA) Training
 - includes both the Federal and State false claims act and a fraud, waste and abuse course

If you have any news or questions that you would like included in the newsletter, please send an email to:

**HISCCOMPLIANCE @
BCBSIL.COM**

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HCSC's toll free Medicare Fraud Hotline is available to allow employees or other individuals to seek guidance or report a matter of concern. The term "other individual" refers to subcontractors, agents and directors who are involved in the Medicare Part D and or Medicare Advantage benefit. All calls can be made anonymously and without fear of intimidation or retaliation. The calls are not traced and the information is treated in a confidential manner, subject to the limits imposed by law. This Medicare Fraud Hotline is available 24 hours a day, 7 days a week and is not staffed by employees of either HCSC or its subsidiaries.



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HCSC Expands Medicare Product Offerings

HCSC will offer Medicare Advantage Prescription Drug (MA-PD) HMO plans in Illinois and New Mexico and a MA-PD PPO plan in Texas beginning January 2013.

MA-PD plans allow individuals to combine health and prescription drug coverage under one plan, which offers comprehensive medical benefits to help Medicare-eligible individuals save money while providing greater choice and flexibility to access health care options that meet their changing needs.

MA-PD plans generally offer beneficiaries their choice of physicians through an HMO or PPO network, low monthly plan premiums, low co-payments for doctor visits, annual routine physicals, coverage for most annual screenings and emergency coverage throughout the United States.

Medicare's Annual Election Period (AEP), or annual open enrollment period, is Oct. 15 – Dec. 7 2012.

Visit our website:

www.hiscompliance.com