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 (PDP) (as applicable includes Group)	X	Medicare Advantage and Part D (MAPD) (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 of this policy is to articulate Health Care Service Corporation's (HCSC) commitment to compliance with the Centers for Medicare & Medicaid Services (CMS) guidelines that require the establishment and implementation of effective lines of communication, ensuring confidentiality between the Government Programs Compliance Officer (GPCO), members of the Corporate Compliance Committee (CCC), the Audit, Compliance, and Finance Committee (ACF), and the Government Programs Compliance Committee (GPCC), employees, directors, and first-tier, downstream, and related entities (FDRs). Such lines of communication must be accessible to all and allow compliance issues to be reported including a method for anonymous and confidential good faith reporting of potential compliance issues.

Scope

This policy applies to HCSC employees who are involved in the administration or delivery of the government programs referenced in the Policy Application section above, including the chief executive and senior administrators, managers, governing body members, and FDRs.

Policy

HCSC shall maintain effective lines of communication, ensuring confidentiality between the 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.

Reporting Mechanisms:

Reporting concerns is a requirement of the Compliance Program, the Code, and a condition of employment. HCSC maintains mechanisms to report suspected non-compliance and potential FWA issues to the GPCO. All reports of suspected non-compliance and potential FWA issues will be investigated according to *Policy 012 – Medicare Prompt Responses to Compliance Issues and Corrective Actions*.

These reporting mechanisms will be communicated through several venues, emphasizing HCSC's policy of non-intimidation and non-retaliation for good faith reporting of compliance concerns including:

1. Corporate Integrity Hotline
    - At the time of hiring or contracting, employees and other individuals are provided the Corporate Integrity Hotline number (which can be used for any of the government lines of business listed in the Policy Application section above), accessible 24 hours a day, 7 days a week,
    - Reminders are provided 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.

2. Other Electronic Media
    - Employees and other individuals may call the Medicare Fraud Hotline or review the HCSC external Medicare web site at www.hisccompliance.com or email at HISCCompliance@BCBSIL.COM.
    - Employees may use the web reporting tool at www.alertline.com.

3. GPCO and Compliance Team Members
    - Employees and other individuals may contact the GPCO directly via phone or through email,
    - Contact through walk-ins, emails, or telephonically to any member of the Compliance Team are welcomed,
    - All issues reported to the GPCO will be tracked by the GPCO or her/his designee(s), 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 2 weeks 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 CCC, the ACF, and the GPCC, in accordance with the Compliance Program.

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 Investigation Department web site, pamphlets that are included in mailings to enrollees (e.g., Explanation of Benefits [EOB], correspondence letters), as well as fraud information included on the EOB.

Definitions

Abuse: Actions that may, directly or indirectly, result in: unnecessary costs to a Government Program, improper payment, payment for services that fail to meet professionally recognized standards of care, or services that are medically unnecessary. Abuse involves payment for items or services when there is no legal entitlement to that payment and the provider has not knowingly and/or intentionally misrepresented facts to obtain payment. Abuse cannot be differentiated categorically from fraud because the distinction between “fraud” and “abuse” depends on specific facts and circumstances, intent and prior knowledge, and available evidence, among other factors.

CMS: Centers for Medicare & Medicaid Services.

Compliance Program: 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 Medicare Advantage benefit or Part D benefit, below the level of the arrangement between a Medicare Advantage Organization 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: For the purposes of this policy, an individual directly employed by HCSC.

First-Tier Entity: Any party that enters into a written arrangement, acceptable to CMS, with a Medicare Advantage Organization or Part D plan sponsor or applicant to provide administrative services or health care services to a Medicare-eligible individual under the Medicare Advantage 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.

MA: Medicare Advantage. A health plan offered by a private health insurance company as an alternative to traditional Medicare Part A and Part B services, plus Part D. Additional benefits are often added to the plan, such as dental, vision, and wellness services. Sometimes referred to as Medicare Part C since it combines Part A, Part B, Part D, and any additional benefits into a single plan.

MAO: Medicare Advantage Organization. Medicare-approved private health insurance company (subject to following the same rules set for traditional Medicare) offering a Medicare Advantage plan.

MAPD: Medicare Advantage and Part D (prescription drugs) combined benefit plan offered by a private health insurance company.

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).

Other Individuals: For the purposes for this policy, Temporary Staff, Independent Contractors, and Volunteers**.**

PDP: Prescription Drug Plan. Medicare insurance plan covering prescription drug costs offered by a private health insurance company. Available as a stand-alone service.

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.

Waste: Overutilization of services, or other practices that, directly or indirectly, result in unnecessary costs to the Medicare program. Waste is generally not considered to be caused by criminally negligent actions but rather the misuse of resources.

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
08/21/2024	11/21/2024	Angela McCullough	Updated timeframe for initiating investigations and minor grammatical changes.
09/30/2023 08/15/2023	11/14/2023	Denise Anderson Angela McCullough	Standardization of language used in all GPC policies, updated Definitions section to ensure inclusion of applicable words/phrases, and minor clarification of language in content. Updated Purpose and Policy information to align with communication and reporting mechanisms, removed duplicative language for responding to issues of non-compliance, added additional mechanism to report compliance concerns and directed readers to Policy 012.
8/16/2022	11/15/2022	Angela Broadway	Updated Compliance Program and Audit, Compliance and Finance Committee names.
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