

GOVERNMENT PROGRAMS COMPLIANCE POLICY

Title: Medicare Programs Fraud, Waste, and Abuse				Policy No: 010	
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 Program 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 comply with all the Centers for Medicare & Medicaid Services (CMS) and federal regulatory guidelines related to the prevention, detection, and correction of fraud, waste, and abuse (FWA).					
Scope					
This policy applies to HCSC employees who are involved in administering or delivering a benefit of the government programs referenced in the Policy Application section above, including the chief executive and senior administrators, managers, governing body members, and first-tier, downstream, and related entities (FDRs).					
Policy					
<p>HCSC and all Government Contract Holders are committed to the prevention, early detection, investigation, and elimination of FWA within their government programs.</p> <p>HCSC implements a comprehensive FWA program describing the efforts taken to detect, correct, and prevent FWA. The Government Programs FWA Program applies specifically to the operations of any Medicare Advantage, Medicare Part D contract, or Medicare Medicaid Plan.</p> <p>HCSC's Special Investigations Department (SID) reviews and investigates potential FWA complaints and conducts health care fraud investigations associated with the government programs. If a complaint is found to be potential fraud or misconduct related to the Medicare programs, the SID refers the case to appropriate federal agencies, law enforcement, and state agencies. SID also shares information about potential fraud schemes with other stakeholders via multiple mechanisms. SID mines data through its Data Intelligence Unit (DIU), developing individualized analytical programs and detection routines which can be modified to address new and emerging fraud schemes. Government Programs Compliance (GPC) is responsible for review of the FWA Program, participating in FWA activities in an advisory role, and conducting monitoring of SID activities.</p> <p><u>Development and Maintenance of the FWA Program</u></p> <p>HCSC has built its GPC and FWA programs around the seven elements of an effective compliance program as defined in Chapter 9 of the Prescription Drug Benefit Manual and Chapter 21 of the Medicare Managed Care Manual, published by CMS. The FWA Plan focuses on each of these elements.</p> <ul style="list-style-type: none"> I. Written Policies, Procedures, and Standards of Conduct II. Compliance Officer, Compliance Committee, and High-Level Oversight III. Training and Education IV. Effective Lines of Communication V. Well-Publicized Disciplinary Standards VI. Effective Systems for Routine Monitoring, Auditing, and Identification of Compliance Risks VII. Procedures and System for Prompt Response to Compliance Issues <p><u>Development and Maintenance of the FWA Program</u></p>					

The FWA Program is created and maintained by the HCSC SID with collaboration from GPC and various business functional areas. The Government Programs FWA Program is reviewed at least annually or when the rules change.

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.

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. (42 C.F.R. §, 423.501).

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.

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: Operations of any Medicare Advantage, Medicare Part D, MMP, or Medicaid contracts.

Related Entity: Any entity that is related to a Medicare Advantage Organization (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).

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), (F) and (G)
 42 C.F.R. § 455.1 et seq.
 42 C.F.R. § 438.608(a)(1)(iv).

Prescription Drug Benefit Manual, Chapter 9 – Compliance Program Guidelines

Medicare Managed Care Manual, Chapter 21 – Compliance Guidelines

Government Programs Fraud, Waste, and Abuse Program

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	No recommended changes.
09/30/2023	11/14/2023	Denise Anderson	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.
08/16/2022	11/15/2022	Angela Broadway	Updated Code of Ethics and Conduct name and removed extraneous paragraph.
07/13/2021	12/07/2021	Angela Broadway	Removed list of departments whose day to day work involves identification of FWA to align with the current FWA Program, updated title to include “Medicare”, updated I-MEDIC and added regulatory reference for MMP.
08/27/2020	12/08/2020	Angela Broadway	Updated list of departments whose day to day work involved identification of FWA to align with the FWA Program and updated Government Contracts Holders to include new subsidiary IBCBSIC.
07/03/2019	12/03/2019	Melissa Lupella	Removed Medicaid Plans – created new Medicaid specific GPC Policy. Added section headings. Minor grammatical corrections.
7/30/2018	12/04/2018	Melissa Lupella	Removed reference to Montana HELP program. Updated IL Medicaid contract references.
06/14/2017	12/05/2017	Melissa Lupella	Clarified reference to the Medicaid Managed Care regulations and update name of IL Medicaid Plans.
09/08/2016	12/6/2016	Mike Szott	Revised policy language, removed reference to Argus.
08/27/2015	12/08/2015	Melissa Lupella	Deleted list of FWA items.

04/8/2015	07/23/2015	Melissa Lupella	Revised owner of policy from Fran Free to Melissa Lupella. Removed Deb Coleman.
08/05/2014	12/09/2014	Deb Coleman	Deleted State references since Special Investigations has procedures covering this process.
04/14/2014	05/06/2014	Deb Coleman Fran Free	Policy language extracted and updated from the 2/26/2013 approved Policy and Procedure. GPC will now be maintaining a separate policy and a separate procedure on each government requirement.
01/23/2013	02/26/2013	Dennis Klopfle	Revised the title and incorporate language to include all government program FWA activity. Added Enterprise Health Care Management as key area involved in preventing and detecting FWA. Added regulation to the Resource section.
02/02/2012	02/20/2012	Ren Herr	Modified to reflect HCSC ownership and to include application to MA-PD
10/11/2011	11/07/2011	Fran Free	Added reference to TMG Health and Trover Solutions FWA activities and other minor changes.
03/15/2011	04/21/2011	Fran Free	Developed a high-level P&P to describe the HISC FWA Program process.