GOVERNMENT PROGRAMS COMPLIANCE POLICY

Title: Medicare	Compliance Of		Policy No: 015	
			Effective Date: 12/03/2019	
		Products with an "X":		
X Medicare Pa (as applicabl Group)		 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 I	Programs Compliance Officer	Gove	rnment Programs Compliance
Approved:				
HCSC Board of Di Purpose	rectors			
compliance with a	I Centers for Me ompliance officer	culate Health Care Service Corpora dicare & Medicaid (CMS) and fede r and compliance committee accou	ral r	
This policy applies government progra	ams referenced i	oyees who are involved in administe in the Policy Application section ab governing body members, and first-	ove,	including the chief executive and
Policy				
				xperience shall be appointed as the s the Medicare Compliance Officer.
 Is a fu Is respectively Is ves Report Meets activit identif Ensur and G 	bonsible for admi er (Compliance F ted with the day- ts directly to the regularly with th es and status of ed, investigated es that the Comp overnment Progra sary, to incorpora The GPCO en Programs Con and the Audit, The GPCC an	to-day operations of the Governme HCSC Chief Ethics, Compliance, a the HCSC governing body, boards, a the Compliance Program, including , and resolved, pliance Program, including the Gov rams Compliance policies, are revi ate any changes in applicable laws sures that the review and updates npliance Committee (GPCC), the C Compliance, and Finance Commit	ns S ent F and I and g iss vernr ewe s, reg are Corpo tee (ange	Programs Compliance Program Programs Compliance Program, Privacy Officer, committee to provide updates on the sues that the Compliance Program ment Programs Section, the Code, d and updated at least annually, or as gulations, and other requirements. presented to the Government orate Compliance Committee (CCC), (ACF) for their review, and es that they feel are appropriate to the
to the CEO, senio	mittee and Gov port periodically c management, a	r <mark>erning Body</mark> on the risk areas, strategies, status	, and	d activities of the Compliance Program nment Contract Holders, the CCC, the

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 risk areas facing the organization, the strategies being 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. **Definitions**

(The) Code: Code of Ethics and Conduct.

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. (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).

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.

GPCO: Government Programs Compliance Officer

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.

HCSC: Health Care Service Corporation and any and all of its subsidiaries that are directly involved in the administration of Government Programs.

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)

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).

Governing Authorities

42 C.F.R §§ 422.503(b)(vi)(B) 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

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	Minor grammatical changes.
09/30/2023 08/18/2023	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 Chief Compliance Officer title.
08/16/2022	11/15/2022	Angela Broadway	Updated Compliance Program and Code of Ethics and Conduct names and Audit, Compliance and Finance Committee. Removed Medicaid specific reference.
07/13/2021	12/07/2021	Angela Broadway	Updated title to include "Medicare" and added regulatory reference for MMP.
08/27/2020	12/08/2020	Angela Broadway	Updated Government Contracts Holders to include new subsidiary IBCBSIC.
07/03/2019	12/03/2019	Angela Broadway	Creation of new policy to articulate the designation, role and responsibility of the Government Programs Compliance Officer.