# GOVERNMENT PROGRAMS COMPLIANCE OFFICER NEWSLETTER

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## HEALTH CARE SERVICE CORPORATION



Message from Kim Green HCSC Government Programs Compliance Officer

Welcome to our final newsletter of the year! In last quarter's edition we highlighted the importance of identifying potential issues of non-compliance, determining the root cause of those issues, and implementing effective Corrective Action Plans (CAPs). That topic feeds into our new topic. What are the consequences if we are out of compliance with the various requirements for the government contracts we hold? As a reminder, HCSC is a Plan Sponsor that administers various state and federal Government Programs including Medicare Advantage, Medicare Prescription Drug Plan, Medicare-Medicaid Alignment Initiative (MMAI) and Medicaid. As a Plan Sponsor we have the responsibility to know and adhere to the requirements of all the contracts we administer. If we fail to meet those requirements, we are at risk for being subjected to various enforcement actions.

As always, please remember that you are required to report any suspicious behavior or potential wrongdoing related to any government contract. You can report this information to your manager or our Medicare Compliance hotline number, which is listed below. All calls to our hotline can be made anonymously and without fear of intimidation or retaliation. As the Government Programs Compliance Officer, please know that you can always contact me directly at 312-653-5110. We encourage you to visit our <u>website</u> and submit any topics that you would like to read about in future newsletters.

#### Kim Green

**HCSC Government Programs Compliance Officer** 

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## What happens when we have instances of non-compliance?

The Centers for Medicare & Medicaid Services (CMS) perform routine monitoring and auditing of our different Medicare programs, such as Medicare Advantage, Medicare Prescription Drug Plan and MMAI. Based on their findings, they can require sponsors to correct instances of non-compliance by issuing compliance notices. For more serious or continuous infractions, they have the authority to impose enforcement actions or terminate the contract.



- Inappropriate delay or denial of access to health services or medications.
- Incorrect premiums charged or unnecessary cost incurred.
- Inaccurate or untimely information provided about health and drug benefits.

<sup>1</sup><u>https://www.cms.gov/Medicare/Compliance-and-Audits/Part-C-and-Part-D-Compliance-and-Audits/Downloads/CMS-Enforcement-</u> Actions.pdf

Enforcement Actions		
Civil Money Penalties (CMPs)		
CMS issues a CMP		

## **Contract Actions**

CMS will terminate a contract as a last resort when one or more violations are cause for termination and which results in the organization substantially failing to comply with the terms of their contract.

2014 Industry-wide Stats (HCSC received none)		
Intermediate Sanctions	There were 5 intermediate sanctions in 2014. Four sponsors made corrections to their deficiencies and their plan was approved by CMS. One sponsor opted to terminate their contract by mutual consent. The average number of days these intermediate sanctions were open was 298 days.	
CMPs	There were 41 CMPs in 2014 totaling over \$7.8 million, with an average of \$190,390 per CMP.	
For-Cause Termina- tions	There were no for-cause terminations in 2014.	
Similar enforcement actions can be imposed by state Regulatory agencies for our state sponsored Medicaid plans.		
	CONTACT INFORMATION	
Email - If you have any news or questions that you would like included in the newsletter, please send an email to: <u>hisccompliance@bcbsil.com</u>		
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Government Programs Hotline - Available 24/7		
Visit our website: www.hisccompliance.com		