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A Message from Kim Green

My goal for each Government Programs Compliance Officer Newsletter is to provide you with information about the various government programs administered by HCSC.

HCSC is a Plan Sponsor that administers several Federal and state Government Programs, including:

- Medicare Advantage
- Medicare Prescription Drug Plan
- Illinois 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.

This newsletter edition will highlight Medicaid. HCSC has Medicaid plans in Illinois, New Mexico, and Texas. Medicaid is a joint Federal and state program with unique regulatory compliance requirements, resource needs, and operations.

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, call the Corporate Integrity Hotline number, or report your concern online using the [web reporting tool](#). 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.

Kim Green
HCSC Government Programs
Compliance Officer

HCSC Corporate Integrity HOTLINE 1-800-838-2552

HOW?
Can You Help?

- Watch for questionable activity
- Know the laws & HCSC policies
- Report any issues

For compliance questions or concerns related to:

- Medicare Advantage
- Medicare Part D
- Medicaid

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Medicaid Basics

Medicaid was established in 1965. It's a jointly funded Federal and state government health program that pays for medical assistance services for certain:

- ◇ children
- ◇ parents and caretakers of children
- ◇ pregnant women
- ◇ persons who are disabled or blind
- ◇ persons who are 65 years of age or older
- ◇ those who were formerly in foster care services
- ◇ certain other adults aged 19-64

Generally, Medicaid covers:

- ◇ visits to doctors
- ◇ visits to hospitals
- ◇ long term care
- ◇ prescription drugs
- ◇ medical equipment
- ◇ transportation
- ◇ family planning
- ◇ laboratory tests and x-rays

To qualify for Medicaid in Illinois, New Mexico, or Texas, a person must:

- ◇ Be a resident of their state
- ◇ Be a U.S. national, citizen, permanent resident, or Medicaid qualifying non-citizen
- ◇ Meet the financial and non-financial eligibility criteria.

AND

- ◇ Annual household incomes (before taxes) is below the following amounts:

Household Size	Maximum Income Level (Per Year)		
	Illinois ¹	Texas ²	New Mexico ³
1	\$17,236	\$24,037	\$15,800
2	\$23,336	\$32,591	\$21,307
3	\$29,435	\$41,144	\$26,813
4	\$35,535	\$49,698	\$32,319
5	\$41,635	\$58,252	\$37,825
6	\$47,734	\$66,805	\$43,331
7	\$53,834	\$75,359	\$48,851
8	\$59,933	\$83,912	\$54,384

¹ <https://www.benefits.gov/benefit/1628>

² <https://www.benefits.gov/benefit/1640>

³ <https://www.benefits.gov/benefit/1636>

What's the Difference?

Medicare

America's health insurance program for people age 65 and older and also for those under 65 with disabilities and certain health conditions. At its core, it consists of four parts: Part A (hospital), Part B (health insurance), Part C (Advantage), and Part D (prescription drugs).

Medicaid

Meant to serve those with limited income, it's funded jointly by state governments and the federal government. It's administered by state governments that must follow federal guidelines. It's available to those of any age who qualify. Medicaid provides health insurance for 1 in 5 Americans, and more than 2/3 of those with Medicaid coverage get their services through a private managed care plan, like HCSC.

MMAI

MMAI allows eligible beneficiaries to receive Medicare Parts A (hospital) and B (insurance) benefits, Part D (prescription drug) benefits, and Medicaid benefits from a single Medicare-Medicaid Plan.

Corporate Integrity Hotline: 1-800-838-2552
Web Reporting Tool: www.hcsc.alertline.com

More About Medicaid Compliance

HCSC's Medicaid plans must meet both Federal and state compliance requirements. The Centers for Medicare & Medicaid Services (CMS) is responsible for implementing Federal Medicaid laws and regulations. CMS has several ways to explain these laws and how states can comply, including informational bulletins and the [Medicaid.gov](https://www.medicaid.gov) website. Only Medicaid plans that adhere to the Federal compliance requirements for "mandatory" populations receive Federal funding but the broad Federal guidelines allow states a great deal of flexibility in designing and administering their programs.

Because Medicaid plans are state-specific, HCSC has a contract with each of our three Medicaid plan states: Illinois, New Mexico, and Texas. These contracts include the Federal compliance requirements and HCSC operational performance requirements. Each contract is unique, which is why you must know your contract if you work on a Medicaid product. Failure to meet our contractual obligations can lead to fines, suspension of Medicaid enrollment, or even termination of the contract. A link to all our contracts is on the last page of this newsletter.

Examples of Federal compliance requirements: mandatory eligibility groups (low-income families, qualified pregnant women and children, and individuals receiving Supplemental Security Income (SSI)); an opportunity for individuals to request an appeal; coverage for mandatory services (including physician and hospital services, nursing facilities for adults over 21, family planning services and supplies).

Examples of state contractual requirements that vary by state and by plans: turnaround times for denials and appeals, care coordination standards, whether co-pays are required, extra benefits such as dental or vision services.

Medicaid Compliance Issues

What is an issue? A Medicaid compliance issue is any discoverable action or outcome that is suspected or known to be non-compliant with Federal rules or our contractual obligation with a state.

What is the potential impact of an issue?

- Members: - Potential impact on access to care or services
 - Negative customer service or member experience
- HCSC: - Payment of fines for unmet contractual metrics
 - Suspension of enrollment until issue is resolved
 - Termination of the Medicaid contract

How do I escalate issues within HCSC?

You have several options – you can:

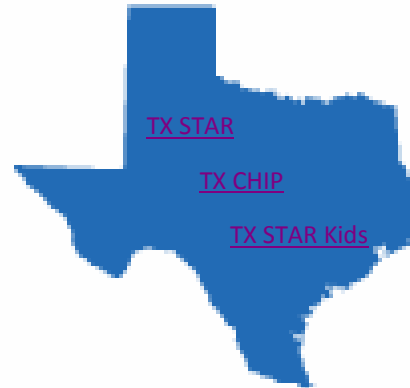
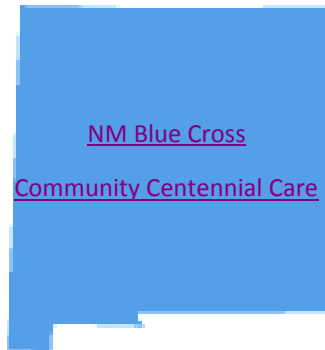
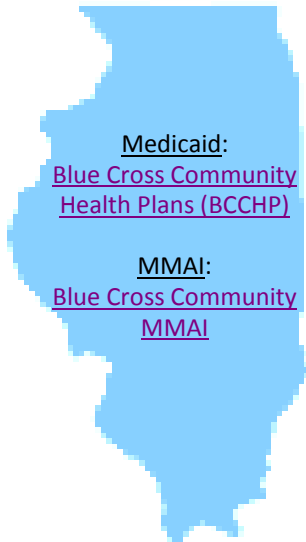
- Speak with your department's management;
- Contact the HOTLINE over the phone or via the web reporting tool; and
- Email or call a member of the Government Programs Compliance team

It is everyone's responsibility to look for and report suspected issues of non-compliance.

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MEDICAID CONTRACT RESOURCES

Click the links below to learn more about the HCSC Medicaid contracts in each state. If you work on any of these government programs and would like a copy of the current contract or have any questions, please contact your **immediate supervisor**.



STATE MEDICAID WEBSITES

- [Illinois Medicaid](#)
- [New Mexico Medicaid](#)
- [Texas Medicaid](#)

HCSC MEDICAID COMPLIANCE CONTACTS

- GPC Medicaid Compliance: Melissa Lupella / 312-653-4862 / Melissa_Lupella@bcbsil.com
- IL Medicaid Compliance Officer: Ryan Lipinski / 312-653-3217 / Ryan_T_Lipinski@bcbsil.com
- NM Compliance Officer: Jeanene Kerestes / 505-816-2281 / Jeanene_Kerestes@bcbsnm.com
- GPC Medicaid Compliance: Denise Anderson / 505-816-2234 / Denise_Anderson@bcbsnm.com
- IL Medicaid Compliance Consultant: Cory Otto / 312-653-6888 / Cory_Otto@bcbsil.com
- NM Medicaid Compliance Consultant: Hanna Herman / 505-816-4280 / Hanna_Herman@bcbsnm.com

CONTACT INFORMATION

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