National Policy Library Document

Policy Name:	Medicare Programs: Compliance Element IV Effective Lines of Communication	Policy No.:	HR329-81145

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This Policy is applicable to the following:

Department(s):	All Departments
Business Unit(s):	HN Life, HNAZ, HNCA, HNCS, HNCSAZ, HNI, HNOR, HNPS, MHN
Products/LOB's:	Medicare Advantage and Medicare Part D, Dual Eligible

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Policy Statement:

Health Net follows the Centers for Medicare & Medicaid Services (CMS) requirements contained in the Medicare Compliance Program Guidance as well as Parts 422 and 423 of Title 42 of the Code of Federal Regulations (CFR).

Note for purposes of this policy and procedure, the term “Medicare programs” includes the Medicare Advantage (“MA”), Part D Prescription Drug (“Part D”), and Medicare-Medicaid Plan (“MMP”) lines of business.

Notices of additions, changes and/or clarification to Medicare program rules may be received from multiple sources, but are typically received via memos distributed through CMS’ Health Plan Management System (HPMS). The Medicare Compliance department has processes in place for the handling & distribution of such notices to the Enterprise Process Change Organization (EPCO) and/or the applicable Business Unit(s) and to ensure effective compliance with new, changed and/or clarified Medicare programs rules is achieved and maintained.

Notices that apply to delegated functions are distributed to the Business Unit(s) responsible for oversight of first tier, downstream, and related entities (FDRs) that are contracted to perform

such functions. The Business Unit(s) are then responsible for distributing the information to the FDRs under their purview and implementing monitoring activities, as applicable, to ensure effective compliance is achieved and maintained.

Health Net has processes in place to receive, record, and respond to compliance questions, or reports of potential or confirmed incidences of non-compliance from officers, directors, managers, associates, members and first-tier, downstream and related entities while:
· Maintaining confidentiality, to the extent possible;
· Allowing anonymity, if desired; and
· Ensuring non-retaliation against those who report suspected misconduct in good faith.

Health Net publicizes the mechanisms to receive compliance questions, reports of potential risks, and reports of fraud, waste or abuse from Health Net's employees, governing body, FDRs, and members through the following communications:

· Group and department meetings;
· Email reminders;
· Associate mailings;
· Compliance awareness articles published on Health Net Connect;
· Posters displayed in common work areas;
· Leadership talking points to encourage compliance discussions at department levels;
· Broker Blasts;
· The Provider Operations Manual, Provider Updates and Online News available via the provider portal of healthnet.com; and
· Links to flyers and other information available via the member portal of healthnet.com.

To support effective lines of communication, there are several internal resources available, including the Medicare, Medicaid, and Corporate Compliance department websitess. These websites allow associates to view policies, find guidance, and learn more about the laws and regulations that govern our business, as well as the standards of conduct expected of all associates.

Medicare Compliance Department Website
The Medicare Compliance department maintains an intranet website dedicated to educating associates in key compliance areas relating to the MA, Part D, and MMP lines of business. The site includes, but is not limited to:

· The Medicare Compliance Plan and the MMP Compliance Plan;
· A system to receive and respond to compliance questions;
· A system to receive reports of potential or actual fraud, waste or abuse;
· Training materials related to key Medicare compliance requirements;
· Links to Medicare Advantage and Part D compliance-related websites;
· Contact information for the Compliance Officer and the Medicare Compliance department staff; and
· Links to policies and procedures maintained by the Medicare Compliance department.

Articles are periodically published to the intranet website to:
· Announce when changes are made to the Medicare Compliance Plan, MMP Compliance Plan, policies and procedures maintained by the Medicare Compliance department, and the Medicare Compliance department staff;

· Advise when Medicare programs data reports are due or when the prompt payment interest rate has changed; and
· Provide targeted information regarding subjects of interest to those involved in the administration of Medicare programs.

Health Net Corporate Compliance Website
The Health Net Corporate Compliance department maintains an intranet website dedicated to educating associates in key compliance areas, such as HIPAA Privacy, the Health Net Code of Business Conduct and Ethics, and training requirements. The site is designed to encourage learning through interactive activities, such as:

· Taking surveys;
· Completing short quizzes; and
· Watching videos.

In addition, the Health Net internet website (www.healthnet.com) is available for members and FDRs to provide education on topics and items such as:
· Privacy;
· Key information regarding Medicare programs enrollment timeframes;
· Frequently asked questions, including where they can learn about preventing Medicare fraud, waste and abuse, which includes how to report potential fraud; and
· Fraud, Waste, and Abuse and Medicare General Compliance training, the Medicare Compliance Plan, the MMP Compliance Plan and associated policies and procedures.

Compliance Awareness Week
Each year Health Net schedules an entire week to deliver focused, all-associate communications designed to build compliance, privacy, information security, and ethics awareness. The week-long schedule of activities includes creative education methods and other activities designed to increase awareness of the Company's compliance expectations and reward associates for their ongoing compliance efforts.

Reporting Suspected Fraud, Waste, Abuse or Other Misconduct
If an associate discovers or suspects, in good faith, any potential fraudulent, abusive, illegal, dishonest, non-compliant or unethical conduct, they are expected to immediately report these actions upon identification, but no later than 24 hours from the initial identification.

Health Net provides several mechanisms for associates to report suspected fraud, waste, abuse (FWA) or other misconduct including:

· Contact their supervisor, manager, department director or vice president;
· Contact the Health Net Fraud, Waste and Abuse Hotline;
· Contact the Health Net Integrity Line;
· Contact the Chief Compliance Officer, the Compliance Officer, the Privacy Officer, the Chief Ethics Officer;
· Contact an associate in the Medicare Compliance department or Special Investigations Unit (SIU); and/or
· Submit a Report Fraud, Waste & Abuse Form via the Medicare Compliance intranet website.
· Exit interviews with Organizational Effectiveness (OE).

Health Net will preserve confidentiality to the extent possible depending on the facts and circumstances of the case.

Health Net Integrity Line

The Health Net Integrity Line, which is operated by a third-party vendor to ensure confidentiality, is a toll-free resource available to associates, contractors, agents, managers, directors, first tier, downstream, and related entities (FDR), and other business partners twenty-four hours a day, seven days a week to report violations of—or raise questions or concerns relating to—the Health Net Code of Business Conduct and Ethics.

Associates, contractors, agents, managers, directors, and FDRs may call the Health Net Integrity Line at 1-888-866-1366. Calls to the Health Net Integrity Line can be made anonymously. Calls to the Health Net Integrity Line are never traced or recorded.

The Compliance Officer receives reports of all reports to the Health Net Integrity Line. All reports to the Health Net Integrity Line that relate to Medicare are co-managed by the Corporate Compliance Chief Ethics Officer and the Compliance Officer. Results of investigations are reported back to the caller, when possible. Reports are tracked to ensure proper investigation and resolution of allegations, and to identify patterns and opportunities for additional training or corrective action.

Health Net Fraud, Waste and Abuse Hotline

The Health Net Fraud, Waste and Abuse Hotline, which is operated by a third-party vendor to ensure confidentiality, is a toll-free resource available to associates, contractors, agents, directors, FDRs, and members twenty-four hours a day, seven days a week to report violations of, or raise questions or concerns relating to, fraud, waste and abuse.

Associates, contractors, agents, directors, FDRs, and members may call the Health Net Fraud, Waste and Abuse Hotline at 1-800-977-3565. Calls to the Health Net Fraud, Waste and Abuse Hotline can be made anonymously. Calls to the Health Net Fraud, Waste and Abuse Hotline are never traced or recorded.

Calls to the Health Net Fraud, Waste and Abuse Hotline are tracked to ensure proper investigation and resolution of reported matters; and to identify patterns and opportunities for additional training or corrective action. All calls to the Health Net Fraud, Waste and Abuse Hotline are investigated by the Health Net Special Investigations Unit (SIU). The Compliance Officer reviews all calls received by the Health Net Fraud, Waste and Abuse Hotline, as well as the results of Medicare-related investigations that are determined to include potential fraud, waste and/or abuse.

Reporting

On a quarterly basis, Health Net compiles a report of ethics and fraud, waste, and abuse issues, which is reviewed by the Compliance Officer and the Medicare Compliance Committee. In addition, the SIU provides a monthly report to the Compliance Officer of potential FWA issues Health Net referred to the National Benefit Integrity (NBI) Medicare Drug Integrity Contractors (MEDIC).

Medicare Compliance Program Binder

The Medicare Compliance department maintains an electronic binder of policies and procedures, newsletters, flyers, e-mail communications, and other materials distributed throughout the year via the Health Net intranet site or other mechanisms that communicate

expectations in regard to compliance with applicable Federal and state regulatory requirements and the Health Net Code of Business Conduct and Ethics.

Policy Purpose:
To ensure effective lines of communication are in place between the Compliance Officer and employees, managers, directors, FDRs, and members.

Scope/Limitations:
This policy and procedure applies to all individuals employed, contracted, or otherwise representing HNI and its subsidiaries and those of any FDRs who participate in the administration of Health Net's Medicare programs.

Related Policies:
· Associate Policy: Reporting and Investigating Violations / Non-Retaliation (MP86-145819)
· CMS/AHIP Memo Distribution Process (LE56-91248)
· Handling Complaints Made or Issues Raised to Health Net's Corporate Ethics Office or the Health Net Integrity Line (MP510-152830)
· Medicare Compliance Intranet Website Maintenance (LE42-11413)
· Medicare Programs: Compliance Element I Written Policies and Procedures and Standards of Conduct (PS729-65015)
· Medicare Programs: Compliance Element II Compliance Officer and Compliance Committee (HR328-133757)
· Medicare Programs: Compliance Element III Training and Education (HR329-83615)
· Medicare Programs: Compliance Element V Enforcement of Standards (HR329-83126)
· Medicare Programs: Compliance Element VI Monitoring and Auditing (HR810-84520)
· Medicare Programs: Compliance Element VII Prompt Response to Detected Offenses (EJ44-83932)
· Medicare Programs: Medicare Compliance Plan (HR328-1543)
· Medicare Programs: Medicare-Medicaid Plan Compliance Plan (PS69-115231)
· SIU Initial Intake and Assessment of Referrals (PW323-10182)
· Special Professional Associate Policy: Reporting and Investigating Violations / Non-Retaliation (SS1112-9523)
· Special Professional Associate Policy: Designation of Chief Compliance Officers and Obligation of Associates to Support the Compliance Mission (SS1112-94822)

References:
Title 42 Code of Federal Regulations (CFR)
· 42 CFR § 422.503(b)(4)(vi)(D)

· 42 CFR § 423.504(b)(4)(vi)(D)

CMS Medicare Managed Care Manual
· Chapter 11 - Medicare Advantage Application Procedures and Contract Requirements – Section 20.1
· Chapter 21 – Medicare Compliance Program Guidelines - Section 50.4

Prescription Drug Benefit Manual
· Chapter 9 — Medicare Compliance Program Guidelines - Section 50.4

Health Net's Medicare Compliance Plan

Health Net's Medicare-Medicaid Plan Compliance Plan

Health Net Code of Business Conduct and Ethics

Contract Between United States Department of Health and Human Services Centers for Medicare & Medicaid Services In Partnership with California Department of Health Care Services and Health Net Community Solutions, Inc. - §2.1.2

Definitions:

Abuse

Abuse may, directly or indirectly, result in unnecessary costs to the Medicare Program. Abuse includes improper payment for services, which fail to meet professionally recognized standards of care, or 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.

Associate

For purposes of this policy and procedure, the term “associate” includes regular employees, temporary employees, volunteers, and interns.

Centers for Medicare & Medicaid Services (CMS)

The Federal agency within the U.S. Department of Health and Human Services (HHS) that administers the Medicare and Medicaid programs.

Chief Compliance Officer

The associate responsible for the overall compliance program for Health Net, Inc.

Compliance Officer

A Health Net associate responsible, either directly or through delegation, for overseeing the company’s compliance program.

Compliance Plan

A written document that defines the specific manner in which the compliance program is implemented across the organization.

Compliance Program

A program that promotes regulatory compliance and legal conduct to provide guidance to prevent, detect and help resolve non-compliant and illegal conduct, including fraud, waste or abuse.

Downstream Entity

Any party that enters into a written arrangement, acceptable to CMS, below the level of the arrangement between Health Net and a first tier entity. These written arrangements continue down to the level of ultimate provider of health, pharmacy and/or administrative services to members.

Enterprise Process Change Organization (EPCO)

The EPCO, part of Customer Service Business Solutions, provides a centralized intake and change management service that utilizes standardized best practices in managing regulatory changes that impact Health Net operations.

First Tier Entity

Any party that enters into a written arrangement acceptable to CMS with Health Net to provide administrative services or health care or pharmacy services for a Medicare eligible individual under a MA or Part D Plan.

Health Net
The term Health Net for the purpose of this policy and procedure is applicable for Health Net, Inc. and its various subsidiaries. The term will also include delegates, such as providers, third party administrators, or other entities who have been delegated responsibility for activities defined in this policy. Health Net Inc. is the ultimate parent company of all Health Net subsidiaries.

Medicaid
A joint federal and state program that helps with medical costs for some people with low incomes and limited resources. Medicaid programs vary from state to state as each state manages its own program, and is able to set different requirements and other guidelines.

Medicare
The Federal health insurance program for people 65 years of age or older, certain younger people with disabilities, and people with End Stage Renal Disease (ESRD).

Medicare Advantage (MA)
A program offered to Medicare beneficiaries by private companies that work in conjunction with Medicare and cover the full range of hospital and doctor services covered under Original Medicare. Also referred to as Medicare Part C.

Medicare-Medicaid Plan (MMP)
A managed care organization that enters into a three-way contract with CMS and the State to provide covered services and any chosen flexible benefits and be accountable for providing integrated care to Medicare-Medicaid enrollees. Also known as Capitated Financial Alignment.

Medicare Programs
For purposes of this policy and procedure, the term “Medicare programs” includes the Medicare Advantage, Part D Prescription Drug, and Medicare-Medicaid Plan lines of business

Part D
Also referred to as Medicare prescription drug coverage, is a voluntary program offered to Medicare beneficiaries by private companies to subsidize the cost of prescription drugs.

Related Entities
Any entity that is related to Health Net by common ownership or control and performs some of Health Net’s management functions under contract or delegation, and furnishes services to Medicare enrollees under an oral or written agreement.

Subsidiaries
Legal entities that report to, or are owned, by a parent company.

U.S. Department of Health and Human Services (HHS)
The U.S. government’s principal agency for protecting the health of all Americans and providing essential human services, especially for those who are least able to help themselves. CMS is a federal agency within the HHS.

Policy/Procedure:

1. Associates, contractors, agents, directors, and FDRs who suspect fraudulent, non-compliant, illegal, dishonest or unethical conduct relating to the Medicare programs are

expected to:

a. Secure available evidence relating to the suspected misconduct. Examples of evidence include, but are not limited to: voice messages, e-mails, envelopes, any original documentation, letters, claims, invoices, equipment, coupons/rebates and any other pertinent information.

b. Report the suspected misconduct within 24 hours of initial identification by:

· Contacting a supervisor, manager, department director or vice president;
· Contacting the Health Net Fraud, Waste and Abuse Hotline;
· Contacting the Health Net Integrity Line;
· Contacting the Compliance Officer, Chief Compliance Officer, Privacy Officer, or Ethics Officer;
· Contacting an associate in the Medicare Compliance department or the SIU;
· Printing and completing a Report Fraud, Waste & Abuse form available via the Medicare Compliance intranet website and mail to the Health Net Special Investigations Unit, P.O. Box 2048, Rancho Cordova, CA 95741-2048 or send by email to SIU@healthnet.com; and/or
· Submitting a Report Fraud, Waste & Abuse Form electronically via the Medicare Compliance intranet website.

c. Provide as much relevant information as possible with the report, such as:

· Member name and phone number;
· Member claim number;
· Date(s) of service;
· Description of service/item;
· Name, address and phone number of provider or other party;
· Provider's Medicare number;
· A detailed explanation or description of the alleged fraudulent, wasteful or abusive activities; and
· Reference to any additional evidence secured by the associate.

2. Reporters receive instruction on supplying additional information, if needed, and obtaining status updates on the investigation.

a. Reporters who use the Health Net Integrity Line or the Health Net Fraud, Waste and Abuse Hotline receive a tracking number and personal identification number prior to the conclusion of their call. Anonymous reporters may use the tracking number without disclosing their name or other identifiable information when calling for status updates regarding the investigation.

3. Results of investigations are reported back to the caller, whenever possible.

a. Reporters who use the Health Net Integrity Line or the Health Net Fraud, Waste and Abuse Hotline may use the tracking number without disclosing their name or other identifiable information when calling for the results of investigations in order to remain anonymous.

Disclaimer:

Deviations:

Approvers:
Policy Author: Jamee E Sunga - Approved on 02/24/2016
Functional Owner: Sheryl D Pessah - Approved on 02/24/2016
Executive Owner: Donovan L Ayers - Approved on 02/24/2016
Mgr Compliance & ReportingCorp: Sheryl D Pessah - Approved on 02/24/2016

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