

Medicare Advantage and Part D Compliance Training

2015 Version



South Carolina

*BlueCross BlueShield of South Carolina
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Background

- The Centers for Medicare & Medicaid Services (CMS) mandated that Medicare Advantage (MA) and Prescription Drug Program (PDP) sponsors be responsible for providing compliance training on an annual basis to first tier, downstream and related entities who provide health, prescription drugs or administrative services to MA or PDP enrollees on behalf of a health plan.
- BlueCross BlueShield of South Carolina is contracted with CMS and must ensure that all entities meet annual compliance and education training requirements. As a contracted entity, your office must complete the 2015 Provider Compliance Training Course to meet this mandatory requirement.
- BlueCross created this course to meet CMS training requirements.

Our Compliance Course

- When you complete this training, you will:
 - Understand the BlueCross Code of Conduct and commitment to doing business with those who are equally committed to upholding BlueCross' values and ethics.
 - Understand how to comply with all applicable federal and state compliance regulations.

Our Compliance Course (cont'd.)

- When you complete this training, you will:
 - Be able to identify and report potential violations of the Code of Conduct.
 - Submit an online attestation stating that all applicable individuals within your organization completed the annual compliance training.

Our Compliance Course (cont'd.)

- We will cover these three areas of content:
 - Definitions
 - Compliance
 - Reporting and Consequences of Compliance Violations

Definitions

Definitions of these terms will help you understand and comply with CMS requirements:

- Code of Conduct
- First-Tier Entity
- Downstream Entity
- Related Entity
- Fraud
- Waste
- Abuse

Definitions: Code of Conduct

- Explains the organization's commitment to ethical behavior by:
 1. Clearly articulating the organization's commitment to comply with all applicable statutory and other regulatory requirements.
 2. Delineating the organization's expectations of employees and contracting entities to act in an ethical and compliant manner.
 3. Specifying the consequences of failure to comply with the Code of Conduct.

Definitions: First-Tier Entity

- Refers to a party that enters into a written arrangement acceptable to CMS with a sponsor to provide administrative services or health care services for Medicare beneficiaries under MA or PDP plans.
- Examples of first-tier entities are a pharmacy benefits manager (PBM), contracted hospitals, clinics and allied providers.

Definitions: Downstream Entity

- Refers to any party that enters into a written arrangement, acceptable to CMS, below the level of the arrangement between a sponsor and a first-tier entity.
- Examples include, but are not limited to, pharmacies, marketing firms, quality assurance companies, claims processing firms and billing agencies.

Definitions: Related Entity

- Any entity that is related to the sponsor by common ownership or control and performs at least one of these roles:
 1. Performs some of the sponsor's management functions under contract or delegation.
 2. Furnishes services to Medicare enrollees.
 3. Leases real property or sells materials to the sponsor at a cost of more than \$2,500 per contract period (usually one year).

Definitions: Fraud

- An intentional deception or misrepresentation that an individual or entity makes knowing that it could result in some unauthorized benefit to the individual, the entity or some other party.
- Four key elements of fraud are:
 1. Intent to defraud through deliberate deception.
 2. Knowledge of wrongdoing.
 3. Misrepresentation in making a false impression.
 4. Reliance on receiving benefit to which the recipient is not legally entitled.

Definitions: Waste

- Using health care benefits or spending health care dollars without real need.

Definitions: Abuse

- An activity that is not consistent with generally accepted business or medical standards or practices.
- A payment for items or services that providers bill by mistake, but Medicare should not pay for. This is not the same as fraud.

Compliance

This section discusses the BlueCross Code of Conduct for ethical behavior and describes some laws related to compliance:

- BlueCross Code of Conduct
- Ethics and Integrity
- Conflict of Interest
- Compliance Laws
- Government Oversight Agencies

Compliance (cont'd.)

- All employees of BlueCross and its first tier, downstream and related entities are responsible for identifying and preventing non-compliance and fraud, waste and abuse by immediately reporting any suspected or known violations to the Corporate Compliance office.

Compliance (cont'd.)

- Several government agencies oversee compliance and fraud, waste and abuse related to MA and PDP programs:
 - Office of Inspector General
 - Defense Criminal Investigative Services
 - Department of Justice
 - Federal Bureau of Investigations
 - United States Attorney's Office
- These agencies focus primarily on fraud and abuse by reviewing providers' and beneficiaries' claims to ensure there is no intentional misrepresentation of information. Reviews are done through investigations, audits and evaluations.

Compliance: BlueCross BlueShield of South Carolina Code of Conduct

BlueCross' Code of Conduct sets expectations for our employees and those with whom we contract to understand and comply with all laws, regulations and policies concerning our business. We are committed to integrity, conducting ourselves in a legal and ethical manner, and doing business with health care professionals, entities, agents and vendors who are equally committed to adhering to our Code of Conduct.

Compliance: BlueCross BlueShield of South Carolina Code of Conduct (cont'd.)

To support our mutual commitment, all organizations (first tier, downstream and related entities) that provide services related to our MA plans must know and comply with our Code of Conduct. CMS requires that sponsors and their first tier, downstream and related entities have policies and procedures in place to ensure compliant and ethical conduct.

Compliance: BlueCross BlueShield of South Carolina Code of Conduct (cont'd.)

- **Comply** with all CMS laws, regulations and guidance, and laws and regulations pertaining to privacy and security of protected health information.
- **Submit** truthful and accurate reports of required or requested data.
- **Conduct** business with integrity demonstrating ethical behavior.

Compliance: BlueCross BlueShield of South Carolina Code of Conduct (cont'd.)

- **Ensure** that employees and others who provide services related to MA receive effective training on compliance with the Code of Conduct, including consequences of non-compliance.
- **Cooperate** with government investigations.

Compliance: BlueCross BlueShield of South Carolina Code of Conduct (cont'd.)

- **Encourage** prompt reporting of suspected or actual violations of the Code of Conduct.
- **Monitor** and eliminate relationships that may result in conflicts of interest.
- **Adhere** to a non-retaliation policy.

Ethics and Integrity

- **Ethics** refer to standards of morally good or bad, right or wrong conduct.
- **Integrity** is the level to which one adheres to his or her ethical standards.

Ethics and Integrity (cont'd.)

- An organization's ethical standard is called its Code of Conduct. In addition to personal ethical standards, BlueCross employees are required to adhere to our corporate Code of Conduct when carrying out their job responsibilities.

Ethics and Integrity (cont'd.)

Some examples of ethical behavior are:

- Following all laws and regulations that apply to our business.
- Not engaging in any false or dishonest practices.
- Avoiding knowingly presenting as accurate any incorrect, incomplete, false or misleading information.

Conflict of Interest

- Refers to any situation in which an individual is in a position to exploit a professional or official capacity in some way for his or her personal or corporate benefit.

Conflict of Interest (cont'd.)

- Employees should avoid outside jobs or activities that conflict with their current positions or reflect poorly on the company.
- BlueCross requires employees to complete a conflict of interest form annually or when their outside jobs or activities change.

Compliance Laws

- BlueCross contracts with CMS to provide MA plans to beneficiaries.
- The BlueCross MA program is committed to complying with applicable state and federal laws, and rules and regulations, including Medicare requirements.

Compliance Laws (cont'd.)

- We require the same commitment from our first tier, downstream and related entities that provide services to our MA members or support our MA program through administrative services.

Compliance Laws: The Privacy Act of 1974 and Health Insurance Portability & Accountability Act of 1996 (HIPAA)

- These acts created national standards to protect the privacy and security of individuals' personal health information (PHI).

Compliance Laws: HIPAA (cont'd.)

To comply with HIPAA, your organization should have policies and procedures that:

- Define permitted use of PHI and other confidential information.
- Secure electronic transmission of PHI.
- Allow access to only the minimum information necessary.
- Require written agreements with contracting parties regarding security requirements and appropriate use of PHI.
- Ensure timely training of new hires and annual training of existing staff on privacy, security and the organization's Code of Conduct.

Compliance Laws: False Claims Act

- Prohibits knowingly presenting to the federal government a false or fraudulent claim for payment or approval.
- Prohibits knowingly using a false record or statement to get a false or fraudulent claim paid or approved by the federal government or its agents.
- Protects individuals from retaliation for reporting suspected fraud and abuse.

Compliance Laws: Anti-Kickback Statute

- Provides penalties for individuals or entities that knowingly and willfully offer, pay, solicit or receive remuneration in order to induce or reward business payable under the Medicare or other federal health care programs.
- For purposes of the anti-kickback statute, “remuneration” includes the transfer of anything of value, directly or indirectly, overtly or covertly, in cash or in kind.

Compliance Laws: Sarbanes Oxley Act of 2002 (SOX)

- This law creates corporate control environments and makes executives personally accountable for internal control over financial reporting.
- Even though SOX does not apply to companies that are not publicly traded, BlueCross is required to comply with the National Association of Insurance Commissioners (NAIC) Model Audit Rule (MAR), which is the private insurance industry's version of SOX.
- BlueCross remains compliant with the requirements of MAR.

Reporting and Consequences of Compliance Violations

- Reporting Violations

Question and/or challenge situations in which you suspect something improper, unethical or illegal is going on, and promptly report any suspected misconduct. Being aware of suspected misconduct and not reporting it could result in disciplinary action against you.

Reporting and Consequences of Compliance Violations (cont'd.)

- Consequences of Violations
 - Violation of any federal or state law or regulation, including failure to report known or suspected violations, can result in penalties, corrective action and other legal ramifications.
 - Employees who are aware of and fail to report suspected or known violations are subject to disciplinary action up to and including termination of employment.

Reporting and Consequences of Compliance Violations (cont'd.)

- Investigation of Reported Violations

BlueCross will make every attempt to investigate issues reported through regular channels or anonymously, once they have been sufficiently substantiated. Be aware that if you do not provide enough information in your anonymous report, it may limit the company's ability to conduct an investigation.

Even if you are not the person who reports the misconduct, you have an obligation to cooperate in the investigation of the matter.

Reporting and Consequences of Compliance Violations (cont'd.)

- Non-Retaliation Policy

BlueCross' non-retaliation policy is one of the most important elements of our ethics and compliance program. Open communication of issues and concerns without any fear of retribution or retaliation is vital to the success of the Code of Conduct. Our company has a non-retaliation policy to protect individuals who report suspected misconduct.

BlueCross requires our first tier, downstream and related entities to adhere to a non-retaliation policy that provides protection of employees who report suspected or actual compliance violations.

Reporting and Consequences of Compliance Violations (cont'd.)

MA or PDP Compliance Concerns

- Please report all compliance concerns, including issues regarding HIPAA privacy and security, to our Compliance Hotline, website or to our HIPAA privacy officer. Your information is confidential and you can remain anonymous.
 - **Compliance Hotline:** 888-263-2077
 - **Compliance Website:** www.WebReportingHotline.com
 - **Corporate Compliance Officer:**
Bruce Honeycutt – 800-288-2227, ext. 43435
 - **Medicare Advantage & Prescription Drug Plans Compliance Officer:** Nancy Hall – 800-288-2227, ext. 45902

Reporting and Consequences of Compliance Violations (cont'd.)

MA or PDP Compliance Concerns

- Here are the other ways to report suspected violations:
 - **BlueCross Fraud Hotline:** 800-763-0703
Fax: 803-264-4050
Website: <http://web.southcarolinablues.com/reportfraud.aspx>
Mail: BlueCross BlueShield Anti-Fraud Unit
Mail Code AX-E01
P.O. Box 24011
Columbia, SC 29224-4011
 - **Medicare Drug Integrity Contractor (MEDIC) – Health Integrity, LLC**
Phone: 877-7SafeRx (877-772-3379)
Fax: 410-819-8698
Website: <http://www.healthintegrity.org/contracts/nbi-medic/reporting-a-complaint>

Reporting and Consequences of Compliance Violations (cont'd.)

MA or PDP Compliance Concerns

- Here are the other ways to report suspected violations:
 - **Office of Inspector General Phone:** 800-HHS-TIPS (800-447-8477)
Fax: 800-223-8164
Website: <https://forms.oig.hhs.gov/hotlineoperations/>
Mail: US Department of Health and Human Services
Office of Inspector General
ATTN: OIG Hotline Operations
P.O. Box 23489
Washington, DC 20026

Compliance Course Completion

- **Congratulations!** You have completed the compliance training course for providers and other entities that contract with BlueCross.
 - Complete the Training Log and Attestation Form (paper or electronic) verifying all applicable individuals within your organization have taken this course.
 - **Important!** The authorized individual must submit the Attestation Form to BlueCross BlueShield of South Carolina by **April 1, 2015**, to confirm that you have met this mandatory annual requirement.
 - Keep the training log on file in your office for 10 years in the event of an audit to comply with CMS document retention laws.

Submit your online attestation now:

<https://www.surveymonkey.com/s/2015MAComplianceAttestation>

Sample Compliance Training Log

With my signature, I acknowledge that I have read and understand the BlueCross BlueShield of South Carolina Compliance Training document.

Business Name		
Tax Identification Number		
NPI (facility)		
Printed Name	Signature	Training Date

BlueCross 2015 Compliance Attestation MA and PDP First Tier, Downstream and Related Entity Compliance

Entity's Name: _____

Entity's Relationship to BlueCross: _____

As an authorized representative of _____, (Entity) I attest to the following:

I attest that all Medicare Advantage activities delegated to Entity by BlueCross are fully compliant with all CMS guidance, HPMS memos and other reference materials.

I attest that the staff of the Entity who have any responsibilities or access to information related to BlueCross's Medicare Advantage delegated activities fully meet compliance as required by CMS guidance, HPMS memos and other reference materials, including, but not limited to, requirements for compliance and fraud, waste and abuse training.

I attest that the Entity will remain in compliance with all CMS guidance, HPMS memos and other reference materials during the term of the Agreement with BlueCross, or will immediately notify BlueCross of any non-compliant situation or activity.

I agree to maintain and make available as stated in the Agreement between the Entity and BlueCross or otherwise upon request, reports, policy and procedure documents, and other records to verify and substantiate the information under this attestation for at least a period of 10 years following the end of the Agreement.

Name: _____

Title: _____

Date: _____

 Training and submission of the attestation must be completed by **April 1, 2015**. 