

# Government Program Requirements

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## First Tier, Downstream, and Related Entities and Downstream and Delegated Entities

Regence's agreement with CMS to administer Parts C & D benefits requires active oversight of its contracted first tier, downstream, and related entities (FDRs). Regence's agreement with CMS to administer Qualified Health Plans (QHP) requires active oversight of its contracted downstream and delegated entities (DDEs). Regence is committed to providing you with the tools needed to implement an effective Compliance Program, as well as be able to prevent, detect, and correct fraud, waste, and abuse (FWA). The Government Programs Compliance Department is your one-stop resource for training, education, and for reporting concerns or issues related to program non-compliance and FWA.

### Commitment to compliance

An effective compliance program starts at the top, with a commitment from your governing leadership to make ethics and compliance a priority for all business practices. When disseminated to all applicable employees, it confirms that everyone has a personal responsibility for and plays an active role in the success of your compliance program and in preventing, detecting, and correcting FWA. The statement of compliance should be revised periodically to reflect changes in governance.

### Expectations for participation

Regence encourages you to use its Code of Business Conduct and compliance policies and procedures when designing your compliance program. You may be assured that all Regence documentation meets or exceeds CMS requirements for participation, which allows you to take the time you need to focus on proper implementation of your program. All employees involved in the administration of Parts C & D benefits and/or QHP programs must receive fraud, waste, and abuse training (FWA) and general compliance training within 90 days of hire and annually thereafter. You are responsible for maintaining a log which verifies completion of training. Be sure to include employee name, title of training, and date the training was completed. Additionally, all signed and dated employee attestations of completion of training must be retained. These logs must be available for review upon request.

### Conflict of Interest

Screening of senior leadership for conflict of interest must occur upon hire and annually thereafter. An effective process requires review of the conflict of interest policy and disclosure of any potential conflicts of interest with regard to the administration of Parts C & D and/or QHP benefits. The conflict of interest disclosure and Code of Conduct are available on the Regence Ethics & Compliance page. Always contact the Government Programs Compliance Department or Ethics & Compliance Department if you're not sure if a conflict of interest exists. In some instances, management approval may be given to allow continued employment within the Medicare program. Keep all conflict of interest disclosure forms as proof of compliance with this program element.

### OIG/GSA exclusion & debarment

OIG: <http://exclusions.oig.hhs.gov/>

GSA: <http://sam.gov>

You must check the OIG/GSA exclusion and debarment lists prior to hire and monthly thereafter for all executive leadership and all employees involved in the Medicare Parts C & D programs and QHP programs. All new exclusions or debarments should immediately be reported to Regence. Federal funds may not be used to pay for services rendered by excluded parties. You must be able to present proof of consistent monitoring upon request.

## **Fraud, waste, and abuse**

The Regence Special Investigations Unit (SIU) and the External Audit and Investigations Department are commissioned to identify, investigate, and rectify all instances of fraud, waste, and abuse. You are required to contact an investigative authority for any suspected or actual instances of FWA. In addition to these departments, the Government Programs Compliance Department, CMS, and the Medicare Drug Integrity Contractor (MEDIC) may also be contacted. The Code of Business Conduct offers direct web links and phone numbers to these resources.

## **Guidance for reporting suspected or actual violation**

Fostering an environment of disclosure helps you to meet the requirement to report all suspected and actual instances of program non-compliance and FWA. The Code of Business Conduct provides contact information which you must share with all employees who help administer Parts C & D and/or QHP benefits. Publicize 24-hour, anonymous, toll-free phone numbers, email addresses and electronic forms that can be used to contact reporting authorities. Post these notices in areas where employees are likely to view them.

## **Good faith protections for reporting**

Clearly state that your company has zero-tolerance for intimidation or retaliation against an employee who in good faith reports suspected misconduct or violations of law. Regence will investigate and enforce discipline up to and including contract termination for any act of intimidation or retaliation related to this program.

## **The investigative process**

Program non-compliance and FWA can be identified through a variety of sources: via an anonymous report, during routine monitoring or a scheduled audit. Regardless, Regence will keep you in the loop with progress reports and supply the final outcomes of all investigations. If a corrective action plan is necessary, we will conduct a thorough root cause analysis. This will help you to understand why the issue occurred and also prevent it from recurring. The written corrective action plan you receive will clearly identify each issue and create a process that will allow you to rectify it. We will also monitor the CAP for effectiveness once it's implemented.

## **Routine monitoring and auditing**

As part of Regence's oversight and to help you assess the effectiveness of your program and identify compliance risks, Regence engages in routine monitoring. Regence and CMS or its designees have the right to review all relevant program materials. All documents must be retained for at least 10 years for audit purposes.

## **Levels of disciplinary action**

Regence values its partners who help provide professional, ethical care to its Medicare and QHP members. It's our goal to provide guidance for your continued success in administering Parts C&D and QHP benefits. In instances of repeated program noncompliance or failure to report a violation, Regence is obligated to administer disciplinary action, up to and including contract termination.

## **Contractual agreement**

To finalize the agreement between you and Regence, the Medicare Advantage Compliance Addendum contains provisions that explain the minimum program requirements. Please refer to your contract for details of the following: Compliance with Medicare laws, regulations and CMS guidance; Compliance with all State & Federal confidentiality regulations, including MA organization & MA program confidentiality policies; Prompt payment agreement; OIG/GSA exclusion and debarment lists; Record retention & audit rights; Standards of Conduct and policies & procedures; fraud, waste, and abuse training and general compliance training; Conflict of interest; Reporting compliance and FWA; Enforcement of disciplinary standards; HHS audit rights; Beneficiary protections; Credentialing guidelines; Delegation guidelines; Monitoring and termination of Agreement, and the Preclusion list. The Qualified Health Plan Program Integrity Rules for Delegated and Downstream Entities Addendum contains additional regulatory guidelines for QHP programs.

## **Preclusion list**

If applicable, FDR and/or DDE shall ensure that payments are not made to any individual or entity included on the preclusion list.