

2012 Compliance Training



South Carolina

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Navigation

To exit this course, click on the CLOSE button (✕) in the upper right-hand corner of the screen. If you exit before completing the course, you can re-enter at your point of exit.

To navigate through this course you can:

- Scroll to each slide using the scroll bar on the right or your mouse.
- Use the navigational buttons at the top or bottom of each screen in the toolbar (depending on which version of Adobe Acrobat you have).
- When viewing the course full screen, click on each slide to proceed to the next.

Introduction

Welcome to our **Compliance** course.

When you complete this course, you will:

- Understand 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
- Be able to identify and report potential violations of the Code of Conduct

Course Content

The Centers for Medicare & Medicaid Services (CMS) has mandated that Medicare Advantage (MA) and Prescription Drug Program (PDP) sponsors (like BlueCross BlueShield of South Carolina) are responsible for providing compliance training on an annual basis to First Tier, Downstream and Related Entities.

Section 1 – Definitions

Section 2 - Compliance

Section 3 – Reporting & Consequences of Compliance Violations

BlueCross BlueShield of South Carolina has created this course to meet CMS' training requirements.

At the conclusion of this training, an individual authorized to represent your organization must complete the online attestation form stating that all applicable individuals within your organization have completed the annual compliance training.

*****You must complete training and submission of the attestation by March 31, 2012.*****

Section 1 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**

Section 1 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.
- **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 Medicare Advantage (MA) or Part D (PDP) plans.

Section 1 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.
- **Related Entity** is any entity that is related to the Sponsor by common ownership or control and either:
 - Performs some of the Sponsor's management functions under contract or delegation
 - Furnishes services to Medicare enrollees
 - Leases real property or sells materials to the Sponsor at a cost of more than \$2,500 per contract period (usually one year)

Section 1 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
- **Waste** – Using health care benefits or spending health care dollars without real need.
- **Abuse** – Activity that is not consistent with generally accepted business or medical standards or practices.

Section 2 Compliance

This section discusses 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**

Section 2 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, ethical manner, and doing business with health care professionals, entities, agents and vendors who are equally committed to adhering to our Code of Conduct.

To support our mutual commitment, all organizations (First Tier, Downstream and Related Entities) who provide services related to our Medicare Advantage 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.

Section 2 Compliance

BlueCross BlueShield of South Carolina Code of Conduct

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

Section 2 Compliance

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.

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.

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.

Section 2 Compliance

Conflict of Interest

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.

Employees should avoid outside jobs or activities that conflict with their current position or reflect poorly on the company.

Employees are required to complete a conflict of interest form annually or when their outside jobs or activities change.

Section 2 Compliance

Compliance Laws

- BlueCross contracts with CMS to provide Medicare Advantage plans to beneficiaries.
- The BlueCross Medicare Advantage program is committed to complying with applicable state and federal laws, and rules and regulations, including Medicare requirements.
- We require the same commitment from our First Tier, Downstream and Related Entities who provide services to our Medicare Advantage members or support our Medicare Advantage program through administrative services.

Section 2 Compliance

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 information (PHI). 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.

Section 2 Compliance

Compliance Laws

False Claims Act – Prohibits knowingly presenting to the federal government a false or fraudulent claim for payment or approval. It 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. It also protects individuals from retaliation for reporting suspected fraud and abuse.

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.

Section 2 Compliance

Compliance Laws

Sarbanes Oxley Act of 2002 (SOX) – 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 industries' version of SOX. Effective January 2010, BlueCross was and remains compliant with the requirements of MAR.

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.

Section 2 Compliance

A number of government agencies oversee compliance and fraud, waste and abuse related to Medicare Advantage and Prescription Drug programs.

These agencies include:

- 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.

Section 3 Reporting and Consequences of Compliance Violations

Reporting and Consequences

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.

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.

Section 3 Reporting and Consequences of Compliance Violations

Investigation of Reported Violations

Investigations of 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.

Section 3 Reporting and Consequences of Compliance Violations

Non-Retaliation Policy

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.

Section 3 Reporting and Consequences of Compliance Violations

Here are the ways to report suspected violations of Medicare Advantage and Part D Prescription Drug compliance policy. Your information is confidential and you can remain anonymous.

Medicare Advantage or Part D Prescription Drug 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:

Compliance Hotline: 1-888-263-2077

Compliance Website: www.WebReportingHotline.com

BlueCross Group and Individual HIPAA Privacy Officer

Ruth Cummins: 1-800-288-2227, ext. 46165

Section 3 Reporting and Consequences of Compliance Violations

There are several ways to report suspected fraud, waste and abuse within the Medicare Advantage and Part D Prescription Drug program. Your information is confidential and you can remain anonymous.

BlueCross Fraud Hotline: 1-800-763-0703

Fax: 803-264-4050

Website: www.southcarolinablues.com/reportfraud/reportfraudform.aspx

Mail: BlueCross Anti-Fraud Unit
Mail Code AX-E01
P.O. Box 24011
Columbia, SC 29224-4011



Office of Inspector General

Phone: 1-800-HHS-TIPS (800-447-8477)

Fax: 1-800-223-2164

E-mail: HHSTips@oig.hhs.gov

Mail: Office of the Inspector General
HHS TIPS Hotline
PO Box 23489 S
Washington, DC 20026

Medicare Drug Integrity Contractor (MEDIC) – Health Integrity, LLC

Phone: 1-877-7SafeRx (1-877-772-3379)

Fax: 410-819-8698

Website: www.healthintegrity.org

Congratulations!

You have completed the Compliance training course for providers and other entities who contract with BlueCross BlueShield of South Carolina.



Last Step for Completion ... Important!

Complete the following Training Log and Attestation Form verifying that all applicable individuals within your organization have taken this course. Keep the training log on file in your office in the event of an audit for 10 years to comply with CMS document retention laws.

The online Attestation Form **must** be submitted by the authorized individual to BlueCross BlueShield of South Carolina by **March 31, 2012** to confirm that you have met this mandatory annual requirement.

Click here to submit your online attestation now:

<https://www.surveymonkey.com/s/2012BCBSSCAAnnualAttestation>

Or

Put “Annual Attestation”, your company name, and Tax ID on the cover sheet and fax your attestation to: (803) 264-8851



Medicare Advantage

Sample Compliance Training Log

By signing below, I acknowledge that I have read and understand the BlueCross BlueShield of South Carolina Compliance Training document.

| Printed Name | Signature | Date of Training |
|--------------|-----------|------------------|
| | | |
| | | |
| | | |
| | | |
| | | |

Business Name: _____

Tax Identification Number: _____

NPI: _____

Attestation

**BlueCross® BlueShield® of South Carolina
2012 Compliance Attestation
Medicare Advantage and Prescription Drug
First Tier, Downstream and Related Entity Compliance**

Entity's Name: _____

Entity's Relationship to BlueCross: _____

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

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

I attest that the staff of the Vendor 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 Vendor 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 Vendor 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 March 31, 2012*****