



Health Partners Plans

We at Health Partners Plans (HPP) would like to thank you for your partnership with HPP and helping us to provide exceptional service to our Medicare beneficiaries.

The Centers for Medicare and Medicaid Services (CMS), in its regulatory guidance, refers to our contracted partners as First-Tier, Downstream, and Related entities, or FDRs. HPP is required to effectively manage and oversee our FDRs that assist us in providing administrative and/or healthcare services for our Medicare beneficiaries. Examples of FDRs include field marketing organizations, agents, providers, pharmacies, pharmacy benefits managers, claim administration vendors, fulfillment vendors and other vendors who assist us with delivering benefits.

Description of a First Tier, Downstream, and Related Entity

First Tier Entity: any party that enters into a written arrangement, acceptable to CMS, with an MAO or Part D plan sponsor or applicant to provide administrative services or health care services to a Medicare eligible individual under the MA program or Part D program. (See, 42 C.F.R. § 423.501).

Downstream Entity: any party that enters into a written arrangement, acceptable to CMS, with persons or entities involved with the MA benefit or Part D benefit, below the level of the arrangement between an MAO or applicant or a Part D plan sponsor or applicant and a first tier entity. These written arrangements continue down to the level of the ultimate provider of both health and administrative services.

Related Entity: any entity that is related to an MAO or Part D sponsor by common ownership or control and

(1) Performs some of the MAO or Part D plan sponsor's management functions under contract or delegation;

(2) Furnishes services to Medicare enrollees under an oral or written agreement; or

(3) Leases real property or sells materials to the MAO or Part D plan sponsor at a cost of more than \$2,500 during a contract period.

There are several requirements that FDRs must satisfy on behalf of HPP, which we track through submitted attestations.

As an FDR, you are required to comply with the CMS Medicare Compliance Program requirements provided below. Additionally, you must complete the HPP FDR Compliance Program Attestation.

Medicare Parts C & D Fraud, Waste, and Abuse (FWA) Training and General Compliance Training

As a First Tier, downstream or related entity who provides administrative or healthcare services to Medicare beneficiaries on behalf of HPP, you must at a minimum, provide any new employee, temporary employee, volunteer, consultant, governing body member or delegated vendors Fraud, Waste, and Abuse training and General Compliance training within 90 days of initial hiring and annually thereafter.

To reduce the potential burden on FDRs, CMS has developed and provided a standardized FWA training and education module. You must use the Medicare Parts C & D Fraud, Waste, and Abuse and General Compliance Training that was created by CMS.

FWA training includes, but is not limited to the following:

- Laws and regulations related to MA and Part D FWA (i.e., False Claims Act, Anti-Kickback statute, HIPAA/HITECH, etc.);
- Obligations of FDRs to have appropriate policies and procedures to address FWA;
- Processes for employees of your organization or those of any of your downstream and related entities to report suspected FWA to the appropriate area within your company, who in turn will notify HPP; or they may directly report suspected FWA to HPP;
- Protections for employees of your organization or those of any of your downstream and related entities who report suspected FWA; and

- Types of FWA that can occur in the settings in employees of your organization or those of any of your downstream and related entities work.

Code of Conduct/ Compliance Policy/ Conflict of Interest Policy

The Code of Conduct, also known as the “Standards of Conduct”, state the overarching principles and values by which the organization operates, and defines the underlying framework for the compliance policies and procedures. The Code of Conduct and compliance policies describe your organization’s expectations that all employees conduct themselves in an ethical manner; that issues of noncompliance and potential FWA are reported through appropriate mechanisms; and that reported issues will be addressed and corrected.

The Code of Conduct communicates to employees of your organization and those of your downstream and related entities that compliance is everyone’s responsibility from the top to the bottom of the organization. As an FDR who contracts with HPP to provide administrative or healthcare services for our Medicare business, you are required to distribute the Code of Conduct and any additional compliance policies and procedures to all of your organization’s employees and those of your downstream and related entities who provide services for HPP within 90 days of hire or contracting and annually thereafter.

In addition to the Code of Conduct and compliance policies, you must ensure that all of your employees and those of your downstream and related entities who provide services for HPP have reviewed either the HPP Conflict of Interest policy or your own equivalent version. Any potential conflicts of interest as they relate to administering or delivering Medicare benefits on behalf of our organization must be disclosed to senior management within your organization and HPP. If necessary, your organization must promptly address all conflicts of interest by any of the following:

- Determine that the potential conflict does not impact administering or delivering Medicare benefits
- Eliminating any potential conflicts
- Remove anyone who has a conflict of interest from administering or delivering Medicare benefits

OIG/SAM Exclusion Screening

Medicare payment may not be made for items or services furnished or prescribed by an excluded provider or entity. HPP is responsible for ensuring that we do not use federal funds to pay for services, equipment or drugs prescribed or provided by a provider, supplier, employee or FDR excluded by the OIG or SAM.

As a First Tier, downstream or related entity that provides administrative or healthcare services to Medicare beneficiaries, your organization is required to review the DHHS Office of Inspector General (OIG) List of Excluded Individuals and Entities (LEIE list) and the System for Award Management (SAM) Excluded Parties List System (EPLS). These checks must be performed prior to the hiring or contracting of any new employee, temporary employee, volunteer, consultant, governing body member, or delegated vendors and monthly thereafter, to ensure that none of these persons or entities are excluded or become excluded from participation in federal programs. After entities are initially screened against the entire LEIE and SAM at the time of hire or contracting, at minimum, you must review the LEIE supplement file provided each month, which lists the entities added to the list that month, and review SAM updates provided during the specified monthly time frame.

Reporting FWA and Compliance Concerns

We at HPP, Inc. take compliance concerns and suspected or actual violations related to the Medicare program very seriously. As an FDR that contracts with HPP, you must ensure that all of your employees and those of any of your downstream and related entities are informed of how to report compliance concerns and suspected misconduct. HPP will perform an internal investigation of each concern after your organization reports any incidents.

Good faith reporting of suspected non-compliance or fraud, waste and abuse is expected and accepted behavior. Anyone who in good faith reports a violation is referred to as a “whistleblower” and is protected from any retaliation by the Company. A number of laws contain whistleblower protection, including the False Claims Act. You are expected to cooperate with any investigation resulting from a report. We have various reporting mechanisms for your use to ensure confidentiality when reporting compliance concerns and/or suspected or actual misconduct.

Compliance Hotline: 215-967-4575

Medicare Compliance:

HPMedicareCompliance@hpplans.com

HIPAA Compliance:

HPHIPAAPrivacyOfficial@hpplans.com

Special Investigations Unit: 1-866-HPSIU4U (1-866-477-4848)

The SIU hotline is anonymous, does not have any call back mechanisms and is received by an outside entity. You will be prompted to leave a message. Your referral to this hotline will be sent to our SIU without your identity being disclosed (unless you did so). All reports are treated as confidential and privileged to the fullest extent permitted by law.

SIU email:

SpecialInvestigationsUnit@hpplans.com

[Fraud AbuseReporting@hpplans.com](mailto:FraudAbuseReporting@hpplans.com)

Please note, email is not considered anonymous however, your reports will be handled in confidence to the fullest extent possible.

Offshore Subcontractor Reporting

As an FDR that contracts with HPP, you must ensure that your downstream or related entities do not engage in offshore operations for any of HPP's Medicare-related work without first having received expressed consent from an authorized representative at HPP. CMS requires HPP to provide attestations to CMS within 30 calendar days after an offshore subcontract is signed. In the event that HPP approves an offshore subcontract, to ensure that any applicable attestations are provided to CMS timely, HPP requires that all necessary information be provided to HPP within a timeframe not to exceed 15 calendar days from the date the contract is signed.

The term "offshore" refers to any country that is not one of the fifty United States or one of the United States Territories (American Samoa, Guam, Northern Marianas, Puerto Rico, and Virgin Islands). Examples of countries that meet the definition of "offshore" include Mexico, Canada, India, Germany, and Japan. Subcontractors that are considered offshore can be either American---owned companies with certain portions of their operations performed outside of the United States or foreign---owned companies

with their operations performed outside of the United States. Offshore subcontractors provide services that are performed by workers located in offshore countries, regardless of whether the workers are employees of American or foreign companies.

Medicare-related work encompasses what offshore subcontractors do when they receive, process, transfer, handle, store, or access beneficiary PHI while helping organizations such as HPP fulfill their Medicare Part C and Part D contract requirements. For example, the term “Medicare-related work” includes offshore subcontractors that receive radiological images for reading, because beneficiary PHI is included with the radiological image and the diagnosis is transmitted back to the U.S. More examples of Medicare-related work include claims processing, claims data entry services, scanning paper claims to create electronic records, receipt of beneficiary calls, and any situation where the offshore subcontractor may have access to beneficiary PHI.

Ongoing Monitoring and Auditing

As an FDR that contracts with HPP, you must ensure that compliance is maintained by your organization as well as your downstream and related entities that provide administrative or healthcare services to HPP’s Medicare business. To ensure ongoing compliance with State and Federal regulations, your organization must perform ongoing oversight to ensure that your organization and your downstream and related entities, if applicable, comply with the above stated requirements and any additional regulations related to the services you/ they provide to HPP.

To ensure that HPP has proper auditing and monitoring controls in place, HPP and/or CMS reserve the right to request that you provide evidence of your compliance with these requirements or other requirements within the scope of our delegation to you. If you fail to comply with the Medicare Compliance program requirements, HPP will request remedial action. The remedial action will depend upon the severity of your non-compliance and may include requiring a corrective action plan, or contract termination.

An authorized representative from your organization is required to complete the HPP FDR Compliance Program Attestation (on behalf of your organization) on an annual basis. In doing so, you attest to your organization’s compliance with these Medicare Compliance Program requirements. For the purposes of this attestation, an authorized

representative is an individual who has responsibility directly or indirectly for all employees, contracted personnel, providers/ practitioners, and delegated vendors who provide administrative and/ or healthcare services for HPP; this would include the Compliance Officer, Chief Medical Officer, Chief Operating Officer, an Executive Officer or similar related positions.

HPP maintains the ultimate responsibility for fulfilling the terms and conditions of its contract with CMS, and for meeting the Medicare program requirements. Therefore, CMS may hold HPP accountable for the failure of its FDRs to comply with Medicare program requirements. Since we at HPP are dedicated to ensuring we meet the Medicare program requirements, we provide you with the following information on the public website:

- **Medicare Parts C & D Fraud, Waste, and Abuse Training and General Compliance Training that was created by CMS**
- **HPP Code of Conduct**
- **Reporting Concerns Poster**
- **Sample Training Log**
- **Compliance Attestation**
- **Offshore Subcontractor Attestation**