Medicare - Effective Lines of Communication Policy

Purpose

To establish effective communications from the Compliance Officer to employees and other individuals described in the Policy section.

Scope

This policy applies to HMSA, its directors, and first tier, downstream, and related entities.

Policy

HMSA shall maintain effective lines of communication between HMSA’s Compliance Officer and its employees, managers, directors, contractors, agents, members of the Compliance and Ethics Advisory Committee and its first tier, downstream, and related entities (“FDRs”). Communication includes but is not limited to:

1. Providing more than one method for parties to report general issues and raise compliance concerns;
2. Publicizing the methods for reporting;
3. Maintaining confidentiality and allowing anonymity;
4. Ensuring non-retaliation for those who report in good faith or participate in an investigation of a compliance incident;
5. Maintaining a system to record and track issues; and
6. Regular reporting to the Compliance and Ethics Advisory Committee.

Procedures

I. Reporting Methods

HMSA provides multiple channels to raise issues and report Medicare program non-compliance and Fraud, Waste and Abuse (“FWA”).

- By Telephone: HMSA maintains two hotlines.
  - HMSA Compliance & Ethics toll-free hotline at 1-800-749-4672 is available 24 hours/day and 365 days/year. It is operated by a third-party and offers translation services.
  - The Fraud hotline at 1-808-648-5166 or toll-free at 1-888-398-6445 is available 24 hours/day, 365 days/year. Benefits Integrity staff monitor the hotline during business hours and the hotline is connected to a voice mail system after business hours.
- By Email: !C&EOOffice@hmsa.com
• In Person: HMSA promotes an “Open Door Policy” and encourages employees to raise issues to their management or the Compliance Officer.

II. Publicizing Methods for Reporting

The Compliance & Ethics Office promotes avenues for employees to raise issues and report non-compliance via the Code of Business Conduct, computer-based trainings on the Code of Business Conduct and Medicare Fraud, Waste and Abuse, department presentations, posters, elevator flyers, employee exit interview questionnaires, table tents, and the intranet.

HMSA promotes reporting awareness to members and FDRs via HMSA.com, Island Scene articles and Reports to Member statements.

III. Confidentiality and Anonymity

Confidentiality is assured for individuals who wish to make reports anonymously to the C&E hotline, Fraud hotline, or to IC&EOffice@hmsa.com.

Whenever possible and to the extent provided by law, HMSA will maintain the confidentiality of the person who makes a report to the Compliance & Ethics Office.

IV. Non-Retaliation

The Compliance and Ethics Non-Retaliation Policy prohibits intimidation, retaliation or retribution against any individual for reporting in good faith an actual or suspected non-compliance issue or FWA.

The Non-Retaliation Policy is described in the Code of Business Conduct, which is available on HMSA.com. The Policy is also published on the intranet.

V. Recording and Tracking System

HMSA maintains a system to record, track and respond to issues raised. All issues raised to the Compliance Officer are recorded to document:

• How the issue was reported;
• Date reported;
• Person who reported the issue (if not anonymous);
• Description of issue; and
• Resolution.

Investigations are initiated within three (3) days of the receipt an inquiry, compliant, or report of potential non-compliance and a response is provided to the reporter within ten (10) working days. To the extent possible, and unless an extension can be justified, investigations of FWA reports will be concluded within 60 calendar days.
VI. Reports to the Compliance Committee

The Compliance Officer meets at least quarterly with the Compliance and Ethics Advisory Committee.

Related Policies: Compliance and Ethics Non-Retaliation Policy
CMS Managed Care Manual Chapter 21, Compliance Program Guidelines

Approval

Michael E Katano  10/29/2013
Michael Katano, Medicare Compliance Officer  Date

Next Review Date: Oct 2014

Document Revision History

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