

Hometown Health Plan

Hometown Health Plan		Current Version Effective Date: 02/28/13	
		Next Review Date: 02/28/14	
		Creation Date: 02/26/07	
Title:	Cooperation and Coordination with MEDICs and Others (including Referring Fraud, Waste Abuse to MEDICs and Others)	Revision History: <div style="display: flex; justify-content: space-around;"> 10/25/12 __/__/__ </div> <div style="display: flex; justify-content: space-around;"> __/__/__ __/__/__ </div>	
Category:	Fraud, Waste and Abuse Detection, Prevention and Correction Program Policies and Procedures (FWA) Medicare Advantage - Prescription Drug Plan		
Number:	Hometown.FWA.003		
Author:	Jamie Winter, Hometown Health Compliance Manager		

Scope:

Unless otherwise limited, the Hometown Health Plan's Compliance Policies and Procedures apply to the following individuals and entities:

- 1) All Employees as defined in Hometown Medicare Program Participation (MPP).001;
- 2) All members of the Board of Directors, officers and managers of Hometown Health Plan, Inc., all entities of the Hometown Health Plan and Compliance Committee members;
- 3) Related Entities, as defined in Hometown.MPP.001, in the same manner and to the same extent as they apply to Hometown Health Plan; and
- 4) Delegated Subcontractors and Network Providers, as defined in Hometown.MPP.001, in the manner and to the extent set forth in Hometown Health Plan's policies and procedures.

Purpose:

The purpose of Hometown.FWA.003 is to set forth policies pursuant to which Hometown Health Plan shall cooperate and coordinate with MEDICs and others to protect the Medicare program from FWA.

Policy:

It is Hometown Health Plan's policy to implement policies and procedures which are designed to protect the Part D and MA programs from fraud, waste and abuse by vigorous detection, prevention and correction activities.

Definition:

Medicare Drug Integrity Contractor (MEDIC). An organization that CMS has contracted with to assist in perform specific program integrity functions for Part D under the Medicare Integrity Program. A MEDIC is delegated specified functions by CMS to assist in the management of CMS' audit, oversight, and anti-fraud and abuse efforts in connection with administration of the

Hometown Health Plan

Hometown Health Plan		Current Version Effective Date: 02/28/13	
		Next Review Date: 02/28/14	
		Creation Date: 02/26/07	
Title:	Cooperation and Coordination with MEDICs and Others (including Referring Fraud, Waste Abuse to MEDICs and Others)		
Category:	Fraud, Waste and Abuse Detection, Prevention and Correction Program Policies and Procedures (FWA) Medicare Advantage - Prescription Drug Plan	Revision History: 10/25/12 __/__/__ __/__/__ __/__/__	
Number:	Hometown.FWA.003		
Author:	Jamie Winter, Hometown Health Compliance Manager		

Part D benefit.

Procedures:

- 1) General Policies and Procedures.
 - a) Hometown Health Plan shall cooperate and coordinate with MEDICs and others for the prevention, detection and correction of fraud, waste and abuse relating to the Part D or MA programs. Such coordination shall include providing data to MEDICs and others that is reasonably necessary to support payment, program integrity and program management functions relating to the detection, prevention and correction of fraud, waste and abuse and referring potential fraud or misconduct to MEDICs and others, as deemed appropriate by the Compliance Manager, for further investigation and follow-up.

- 2) Specific Policies and Procedures.
 - a) Cooperation.
 - i) Hometown Health Plan shall cooperate with MEDICs, CMS, and law enforcement agencies, as reasonably appropriate, in connection with reviews, audits or investigations conducted by these entities or their designees. Cooperation shall include providing CMS and/or the MEDICs with access to requested facilities and records associated with the MA and Part D program consistent with CMS contract and MA and Part D program regulations and rules.
 - ii) The Compliance Manager (or his or her designee) shall be responsible for communicating with MEDICs, CMS and law enforcement agencies in connection with reviews, audits and investigations conducted by such entities and with respect to suspected fraud waste and abuse (in the manner and to the extent set forth below).

Hometown Health Plan

Current Version Effective Date: 02/28/13

Next Review Date: 02/28/14

Title: Cooperation and Coordination with MEDICs and Others (including Referring Fraud, Waste Abuse to MEDICs and Others)

Creation Date: 02/26/07

Category: Fraud, Waste and Abuse Detection, Prevention and Correction Program Policies and Procedures (FWA) Medicare Advantage - Prescription Drug Plan

Revision History:

Number: Hometown.FWA.003

10/25/12 __/__/__

Author: Jamie Winter, Hometown Health Compliance Manager

__/__/__ __/__/__

iii) Hometown Health Plan shall respond in a diligent manner, as appropriate, to requests for information from MEDICs, CMS, and law enforcement or their designees.

b) Coordination and Referral with MEDICs.

i) Hometown Health Plan shall, as appropriate, coordinate with or refer to MEDICs the investigation of potential fraud or misconduct relating to the Part D or MA programs.

ii) If Hometown Health Plan determines that it does not have the time, resources or experience to investigate potentially fraudulent misconduct, it shall refer the matter to the MEDIC for investigation within two weeks of identifying the potential misconduct.

iii) If Hometown Health Plan determines, after a reasonable inquiry, that there is reasonable basis to conclude that potential fraud or misconduct relating to the Part D or MA programs has occurred (e.g., internally or at the first tier entity, downstream entity, or Related Entity levels), it shall take appropriate corrective action, which may (as appropriate) include notifying the MEDIC of its findings within 30 days of making such a determination. The decision to refer a matter to a MEDIC will be made by the Compliance Manager, in his or her discretion, in conjunction with the Renown Health Corporate Compliance Officer and senior management, as appropriate, based on relevant factors, including but not limited to, the seriousness of the alleged fraudulent or abusive conduct as judged by the potential financial impact on the Medicare program, the potential harm to member health, and the likelihood that the same conduct may be occurring with respect to other MA or Part D plan operations. For example, if Hometown Health Plan discovers a pattern and practice of claims being submitted for drugs that were not prescribed, it should report the claims to the MEDIC.

Hometown Health Plan

Current Version Effective Date: 02/28/13

Next Review Date: 02/28/14

Title: Cooperation and Coordination with MEDICs and Others (including Referring Fraud, Waste Abuse to MEDICs and Others)

Creation Date: 02/26/07

Category: Fraud, Waste and Abuse Detection, Prevention and Correction Program Policies and Procedures (FWA) Medicare Advantage - Prescription Drug Plan

Revision History:

Number: Hometown.FWA.003

10/25/12 _/ _/ _

Author: Jamie Winter, Hometown Health Compliance Manager

_/ _/ _ _/ _/ _

iv) When Hometown Health Plan determines that a referral will be made to a MEDIC, it shall submit to the MEDIC the following information, to the extent available, appropriate and/or applicable.

- (1) Provider name, all known billing and tax identification numbers, and addresses.
- (2) Type of provider involved in the allegation and the perpetrator, if an employee the provider.
- (3) Type of item or service involved in the allegation.
- (4) Place of service.
- (5) Nature of allegation(s).
- (6) Timeframe of the allegation(s).
- (7) Description of the steps taken and information uncovered during the Hometown Health Plan's preliminary investigation.
- (8) Date(s) of service and/or drug code(s).
- (9) Beneficiary name, beneficiary Health Insurance Claim (HIC) number, address and telephone number.
- (10) Name and telephone number of the Hometown Health Plan employee who received the complaint.
- (11) Contact information of the complainant, if not the beneficiary.
- (12) All documents pertaining to prior sanctions and/or compliance issues relating to the individual or entity and corrective actions taken, if any.

Hometown Health Plan

Current Version Effective Date: 02/28/13

Next Review Date: 02/28/14

Title: Cooperation and Coordination with MEDICs and Others (including Referring Fraud, Waste Abuse to MEDICs and Others)

Creation Date: 02/26/07

Category: Fraud, Waste and Abuse Detection, Prevention and Correction Program Policies and Procedures (FWA) Medicare Advantage - Prescription Drug Plan

Revision History:

Number: Hometown.FWA.003

10/25/12 __/__/__

Author: Jamie Winter, Hometown Health Compliance Manager

__/__/__ __/__/__

v) If the MEDIC requests additional information related to a referral, Hometown Health Plan shall furnish the requested information, as appropriate, within 30 days or within the timeframe otherwise specified by the MEDIC.

vi) Hometown Health Plan shall, as appropriate, provide updated information to the MEDIC when new material information regarding the matter is identified.

vii) If a MEDIC informs Hometown Health Plan of its determination that a matter referred to it by Hometown Health Plan is a matter of non-compliance or error, and not fraud, waste or abuse, the Compliance Manager shall evaluate the matter and take appropriate corrective action consistent with Hometown.CGP.008.

c) Coordination and Referral to Others. In addition to any reporting that may occur to the MEDICs, Hometown Health Plan shall, in the Compliance Manager's discretion (in consultation with the Renown Health Corporate Compliance Officer and senior management, as appropriate), report potential fraud or misconduct relating to the Part D or MA programs to other government authorities, including, but not limited to, the United States Department of Health and Human Services ("HHS"), the HHS Office of Inspector General or the United States Department of Justice.

d) Communication. Hometown Health Plan shall communicate to its senior management and employees responsible for the administration or delivery of Part D or MA benefits, as well as to its first tier entities, downstream entities, and related entities, Hometown Health Plan's policy of cooperation and coordination with MEDICs.

e) Documentation. Consistent with Hometown Health Plan's document retention policies, Hometown Health Plan shall maintain in Hometown Health Plan's Part D and MA Compliance Program files copies of documentation and information provided to or received from MEDICs or others related to cooperation, coordination and/or referral of fraud, waste and abuse matters relating to the Part D or MA programs.

Hometown Health Plan

		Current Version Effective Date:	02/28/13
		Next Review Date:	02/28/14
		Creation Date:	02/26/07
Title:	Cooperation and Coordination with MEDICs and Others (including Referring Fraud, Waste Abuse to MEDICs and Others)		
Category:	Fraud, Waste and Abuse Detection, Prevention and Correction Program Policies and Procedures (FWA) Medicare Advantage - Prescription Drug Plan	Revision History: 10/25/12 __/__/__ __/__/__ __/__/__	
Number:	Hometown.FWA.003		
Author:	Jamie Winter, Hometown Health Compliance Manager		

Questions Related to Hometown.FWA.003 Policy and Procedure. Any questions concerning Hometown.FWA.003 or questions that are not specifically addressed by this policy should be directed to the Hometown Health Plan Compliance Manager or the Renown Health Corporate Compliance Officer.

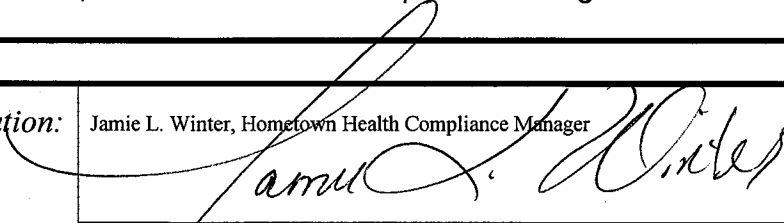
Audit and Documentation. Hometown Health Plan shall audit and document compliance with Hometown.FWA.003. Such audit shall be conducted pursuant to the procedures set forth in Renown.CCD.315 and Hometown.CGP.007. Relevant documentation shall be maintained in Hometown Health's Part D and MA Compliance Program files, consistent with Hometown Health Plan's document retention policies.

References:

- Medicare Prescription Drug Benefit program regulations, 42 Code of Federal Regulations Part 423;
- Medicare Advantage program regulations, 42 Code of Federal Regulations Parts 422;
- Medicare Prescription Drug Benefit Manual, Ch. 9 (Compliance Program Guidelines); and
- Medicare Managed Care Manual, Ch. 21 (Compliance Program Guidelines)

Contributors:

Janice H. Ziegler, Esq., Sonnenschein Nath & Rosenthal LLP
 Jamie L. Winter, Hometown Health Compliance Manager

<i>Authorization:</i>	Jamie L. Winter, Hometown Health Compliance Manager 
	Ty Windfeldt, Vice President 