HOMETOWN HEALTH POLICY		Current Version Effective Date:	05/01/18
Title:	Compliance with Laws and Conflicts of Authority	Next Review Date:	05/01/20
Category:	Compliance	Creation Date:	02/26/07
Number:	Hometown.HCP.003	Revision History: 02/28/13 04/17/15 08/19/16 04/28/17 11/28/17 04/27/18	
Author:	Manager of Compliance		

Scope: Hometown Health Compliance Policies & Procedures apply to the following individuals and entities:

1) All persons (management, staff, contractors, vendors) affiliated with Hometown Health and Hometown Health Management Corporation ("staff");

2) All members of the Board of Directors ("Board"), officers and managers of Hometown Health and Hometown Health Management Corporation;

3) First-tier, downstream and related entities ("FDR") as defined by the Centers for Medicare and Medicaid Services ("CMS") as set forth in Hometown Health's policies, procedures and standard of work and/or work aids; and

4) Network Providers as set forth in Hometown Health's policies & procedures and standard of work and/or work aids.

Purpose: The purpose of Hometown.HCP.003 is to describe that Hometown Health's Compliance Program ("Program") is intended to supplement laws, regulations and rules that govern the administration of Medicare and commercial insurance products offered by Hometown Health.

Policy: Hometown Health is committed to comply with all applicable federal and state laws and regulations. To the extent that any Renown Health or Hometown Health Network Policy is inconsistent with such laws and regulations, the below procedure shall apply.

I. General Policy and Procedure

(a) Hometown Health is committed to compliance with relevant federal and state regulatory requirements to include, but not limited to:

i. Beneficiary Inducement Law, 42 U.S.C. §§ 1320a - 7a(a)(5)
ii. Certifications and Program Integrity, 42 C.F.R. § 438, Subpart H; Medical Assistance Programs 42 C.F.R §456.3, 456.4 and 456.23; 42 C.F.R. §§ 1000 through 1008
iii. Civil monetary penalties of the Social Security Act, 42 U.S.C. § 1395w - 27(g)
iv. False Claims Act, 31 U.S.C. §§ 3729 – 3733
v. Federal Anti-Kickback Statute, 42 U.S.C. §§ 1320a - 7b(b)
vi. Federal Criminal False Claims Statutes, 18 U.S.C. §§ 287,1001
vii. Federal Register / Vol. 64, No. 219 / Monday, November 15, 1999 ("Department of Health and Human Services, Office of Inspector General,

Publication of the OIG's Compliance Program Guidance for Medicare+Choice Organizations Offering Coordinated Care Plan")

viii. Fraud and Abuse, Privacy and Security Provisions of the HIPAA, as modified by the HITECH Act
ix. Fraud Enforcement and Recovery Act of 2009
x. Health Care Financing and Policy, N.R.S. §422
xi. Health Information Technology for Economic and Clinical Health (HITECH) Act, enacted as part of the American Recovery and Reinvestment Act of 2009
xii. Health Insurance Portability and Accountability Act (HIPAA), Pub. L. No. 104 – 191; Title XVIII of the Social Security Act, Social Security Act §§ 1128, 1156 and 1902
xiii. Medicare Advantage program regulations, 42 C.F.R. § 422
xiv. Medicare Prescription Drug Benefit program regulations, 42 C.F.R. § 423
xv. Nevada False Claims Act, N.R.S. §§ 357.010 - 357.250
xvi. Other sub-regulatory guidance set forth by the OIG, CMS and HHS such as manuals, training materials, memoranda, and guides.
xvii. Patient Protection and Affordable Care Act, Pub. L. No. 111 – 148, 124 Stat. 119
xviii. Physician Self-Referral ("Stark") Law, 42 U.S.C. § 1395nn
xix. Prohibitions against employing or contracting with persons or entities that have been excluded from doing business with the Federal Government, 42 U.S.C. § 1395w - 27(g)(1)(G)
xx. Section 6032 of the Federal Deficit Reduction Act of 2005
xxi. State Anti-Kickback Statute, N.R.S. 439B.420-.430
xxii. The Mental Health Parity and Addiction Equity Act (MHPAEA), 45 U.S.C. §§ 146 and 147

II. In the event that a Renown Health or Hometown Health Policy is inconsistent with applicable laws, regulations and/or statutes, employees are required to follow the applicable laws, regulations and/or statutes unless a Renown Health or Hometown Health Policy imposes more stringent requirements.

III. Inquiries that relate to this Hometown Health Policy or matters that are not specifically addressed by this policy should be directed to Hometown Health Manager of Compliance.

IV. To effectively monitor adherence to applicable laws, statutes and regulations Hometown Health implements internal controls including:

a. periodic review and analysis to determine if there are any changes in its benefits, policies and procedures and utilization management protocols that impact compliance;

b. communication with delegated contractors regarding changes impacting compliance, including but not limited to, parity of health care services such as mental health and/or substance use disorder parity (MHPAEI), as applicable; and

c. performance of a review of state and federal laws and regulations. This review will include the laws and regulations in section I. (a) of this policy and will be performed on an ongoing basis to determine if there are any changes to regulatory requirements that impact compliance. Updates will be disseminated to employees and delegated contractors as they occur.

Definitions:

- **Centers for Medicare and Medicaid Services ("CMS"):** The federal agency that administers the Medicare program. CMS works to make sure that the beneficiaries in these programs are able to get high quality health care. (https://cms.gov/).

- **Department of Health and Human Services ("HHS"):** The mission of HHS is to enhance and protect the health and well-being of all Americans. HHS will provide effective health and human services and foster advances in medicine, public health, and social services. (http://www.hhs.gov/).

- **Medicare Advantage ("MA" or "Part C"):** A Medicare program that provides additional choices among health plans. Those who subscribe to Medicare Parts A and B are eligible, except individuals who have End-Stage Renal Disease (ESRD) unless certain exceptions apply. Medicare Advantage Plans are also known as Medicare + Choice Plans.

- **Office of Inspector General ("OIG"):** The department within the Department of Health & Human Services ("HHS") tasked with enforcement of waste, fraud, and abuse efforts in Medicare, Medicaid and more than 100 other HHS programs. (https://oig.hhs.gov).

- **Prescription Drug Plan ("PDP" or "Part D"):** A Medicare program to assist with the cost of prescription drugs for individuals who are eligible beneficiaries to receive Medicare prescription drug coverage. There are two ways to obtain Medicare prescription drug coverage: 1) through a Medicare Prescription Drug Plan or 2) through Medicare Advantage Plan that includes drug coverage. These plans are offered by insurance companies and other private companies approved by Medicare.

- **Utilization Review Accreditation Commission ("URAC"):** URAC has been the independent leader in promoting health care quality through accreditation of organizations involved in medical care services. URAC's accreditation is recognized nationwide by state and federal regulators. URAC accreditation standards appear in legislation and regulation at the state and federal government. (www.urac.org).

References:

- Federal Register / Vol. 64, No. 219 / Monday, November 15, 1999 / Notices ("Department of Health and Human Services, Office of Inspector General, Publication of the OIG's Compliance Program Guidance for Medicare+Choice Organizations Offering Coordinated Care Plan")
- Medicare Advantage Program, 42 C.F.R. Part 422
- Medicare Managed Care Manual, Chapter 21 ("Compliance Program Guidelines")
- Nevada Revised Statutes governing commercial insurance regulations in the state of Nevada, Title 57, and all applicable chapters
- Prescription Drug Benefit Manual, Chapter 9 ("Compliance Program Guidelines")
- Requirements Relating To Health Care Access, 45 C.F.R. Subtitle A, Subchapter B (Parts 144-159)
- URAC Health Plan CORE Standard P-CORE 4 – Regulatory Compliance
- URAC Health Plan Standard P-CP 1 – Compliance Program: Internal Controls
- Voluntary Medicare Prescription Drug Benefit, 42 C.F.R. Part 423
- USA, Department of Justice, Criminal Division, Fraud Section. (n.d.). Evaluation of Corporate Compliance Programs

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Contributors:

- Philip Ramirez, Manager of Compliance – Hometown Health