FIDELIS SecureCare℠

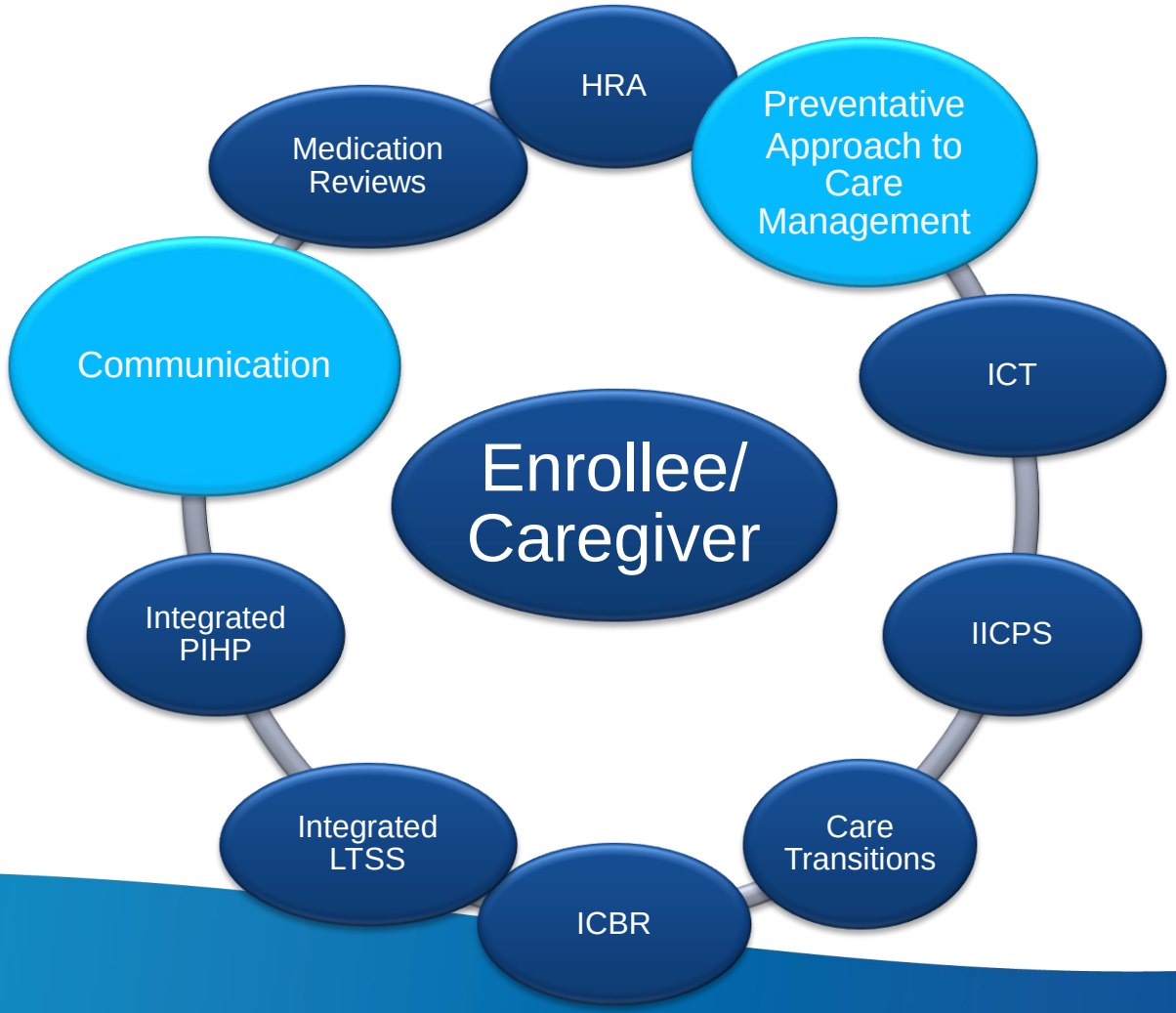
MI HEALTH LINK
Linking Medicare and Medicaid for you

Compliance Training

Agenda

- Model of Care
- Grievance and Appeals
- Critical Incidents
- Business Ethics and Conduct Policy
- Compliance Program (Fraud, Waste & Abuse)
- Acts, Statutes and Laws
- Reporting
- CMS Training
- Protecting Member Information
- Routine Monitoring and Auditing

Model of Care



Model of Care

- 4 Elements:
  - Population (medical, social, cognitive, environmental, co-morbidities, living conditions, geographic service area)
  - Care Coordination (staffing, qualifications of staff, training, conduct Health Risk Assessment, stratify members, individualized care plans, member's goals, interdisciplinary care team meetings, care transition process)

Model of Care Continued

- Provider Network (specialized expertise in caring for MMP members, use of clinical practice guidelines and care transition protocols, trained on the Model of Care)
- Quality Measurement and Performance (ensure appropriate services are delivered, measureable goals, collect, analyze, evaluate and report on quality performance, member satisfaction, evaluation of MOC

Grievance and Appeals

A complaint is any expression of dissatisfaction, this can include wait time at doctor's office, quality of care, provider network, rude behavior, etc. Members should be instructed to directly call Fidelis SecureCare Customer Service at 1-844-239-7387.

Grievance

Any complaint or dispute other than an organization determination, expressing dissatisfaction regardless of whether any action can be taken.

Appeal

Type of complaint is made when reconsideration or determination of a decision is requested

What is a Critical Incident?

Critical incident refers to any actual or alleged event or situation that creates a significant risk of substantial or serious harm to the physical or mental health, safety or well-being of the member

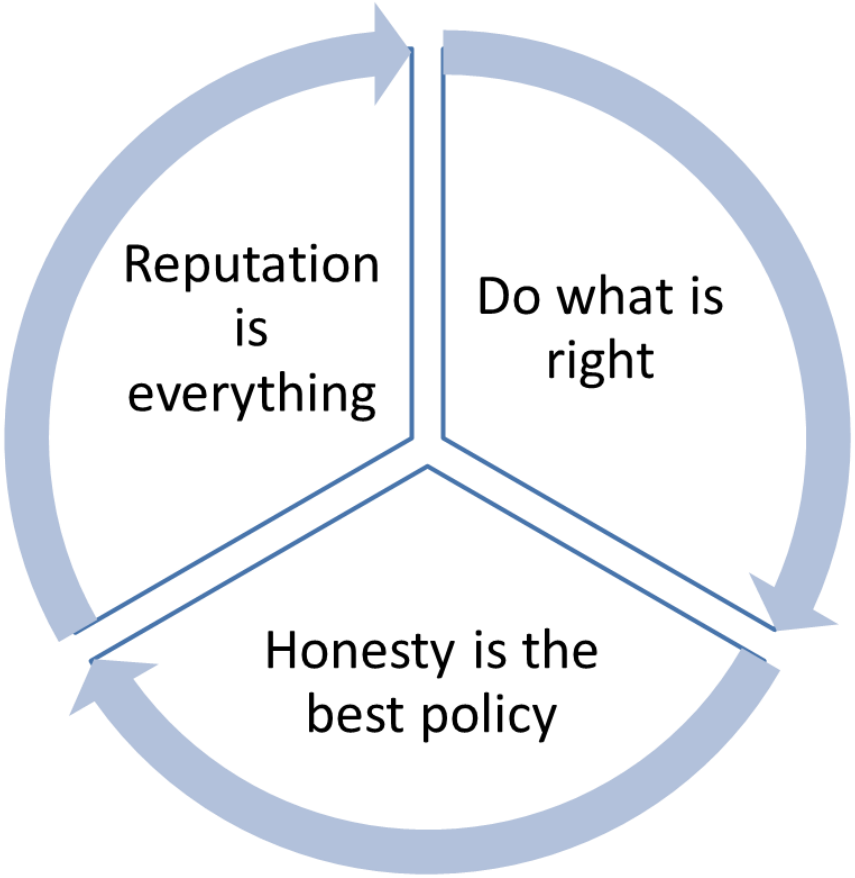
Abuse refers to:

- Willful use of offensive, abusive or demeaning language by a caretaker that causes mental anguish
- Knowing, reckless or intentional acts or failures to act which cause injury or death to an individual or which places that individual at risk of injury or death
- Rape or sexual assault
- Corporal punishment or striking an individual
- Unauthorized use or the use of excessive force in the placement of bodily restraints on an individual
- Use of bodily or chemical restraints on an individual which is not in compliance with federal or state laws and administrative regulations

Reporting a Critical Incident

- Care Coordinators must report all critical incidents to their Care Coordinator Supervisor the same business day of learning about an incident.
- Under the guidance of the Care Coordinator Supervisor, the Care Coordinator or Supervisor will contact the health plan and any applicable agencies.
- Care Coordinator Supervisor will document the critical incident in the state Integrated Care Critical Incident System, including the incident, interventions and investigations.
- The health plan will be notified to review the incident.

Business Ethics and Conduct Policy



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Centene Values

Policy /Scope/Effect of Violations

Policy

- Transparent at all times and transact business in full compliance with law and highest principles of business ethics and conduct

Scope

- Applies to all employees and company related transactions (Yes this means you)

Effect

- Persons who violate this policy (or who do not report known violations) may be subject to disciplinary action-up to and including termination

Compliance Program-7 Elements

- Designating a Compliance Officer/Committee
- Implementing Written Standards and Procedures
- Conducting Appropriate Training and Education
- Developing Open Lines of Communication
- Conducting Internal Monitoring and Auditing
- Responding Appropriately to Detected Offenses and Developing Corrective Action
- Enforcing Disciplinary Standards through Well-Publicized Guidelines

What is Fraud, Waste and Abuse

- Fraud refers to a false action that is used to gain something of value.
- Waste is the misuse of services.
- Abuse refers to overused or unneeded services.

False Claims Act

The FCA imposes civil liability on any person who knowingly submits, or causes the submission of, a false or fraudulent claim to the Federal Government. The “knowing” standard includes acting in deliberate ignorance or reckless disregard of the truth related to the claim.

Anti-Kickback Statute

The Anti-Kickback Statute prohibits knowingly and willfully offering, paying, soliciting, or receiving any remuneration in exchange for referrals of Federal health care program business.

Stark Law

The Physician Self-Referral Law (Stark Law) prohibits physicians from referring Medicare beneficiaries for certain designated health services to an entity in which the physician (or an immediate family member) has an ownership/investment interest or with which he or she has a compensation arrangement, unless an exception applies.

Criminal Health Care Fraud Statute

Prohibits knowingly and willfully executing, or attempting to execute, a scheme or artifice in connection with the delivery of, or payment for, health care benefits, items, or services to defraud any health care benefit program or to obtain (by means of false or fraudulent pretenses, representations, or promises) any of the money or property owned by, or under the custody or control of, any health care benefit program.

Exclusion Statute

The Exclusion Statute prohibits the excluded individual or entity from participating in all Federal health care programs. The effect of an exclusion is that no Federal health care program will pay for any items or services furnished, ordered, or prescribed by an excluded individual or entity.

Monthly Exclusion List Checks

Providers and contracting entities have a duty to check for program exclusion status prior to entering into employment or contractual relationships using the Office of Inspector General (OIG) List of Excluded Individuals/Entities (LEIE). OIG recommends checking the General Services Administration (GSA) Excluded Parties Listing System (EPLS) as well.

Civil Monetary Penalties (CMP)

CMPs are applicable for a variety of conduct violations, and assessing the CMP amount varies based on the type of violation. Penalties range from $10,000 to $50,000 per violation. CMPs may also include an assessment of up to 3 times the amount claimed for each item or service, or up to 3 times the amount of remuneration offered, paid, solicited, or received.

Whistle Blower Protection

We (Health Plans) **cannot retaliate** against those who report potential misconduct.

Reporting

- If you become aware of any violations, it is your duty to report it immediately (Supervisor, Compliance Officer)
- Or report to: COMPLIANCE HOTLINE: 1-800-345-1642 or go to www.mycompliancereport.com/brand/centene, or Fideliscompliance@centene.com
- It is your right to make a report without fear of retaliation and without risk to your job status or position
- Every reasonable means will be taken to keep confidential the identity of anyone who reports a violation

Reporting: OIG

To report suspected fraud and abuse to the Office of Inspector General (OIG), use the contact information below:

- https://forms.oig.hhs.gov/hotline/report-fraud-form.aspx
- 1-800-HHS-TIPS (1-800-447-8477)
- Fax: 1-800-223-8164
- Email: HHSTips@oig.hhs.gov
- TTY: 1-800-377-4950
- Mail: U.S. Department of Health and Human Services
  Attn: OIG Hotline Operations
  P.O. Box 23489
  Washington, DC 20026

CMS Training

- **Training courses are available on the CMS MLN: http://www.cms.gov/MLNProducts**
- CMS developed a web-based compliance training module
- The courses now offer the ability to earn continuing education credit, provide separate content for compliance and FWA, and provide web-based and downloadable versions.
- The training content is generic since various entities (e.g., health plans, labs, hospitals, etc.) complete the training.
- A certificate of completion is generated upon passing a short test with a score of 70% or higher at the end of the training module.

Protecting Member Information

- Treat member information as if it was your own personal information
- Send only Minimum amount of member information that is needed for recipient to conduct business for treatment, payment and operations
- SEND SECURELY (portal, encrypt, password protect)

Sending Faxes

- Always use a cover sheet
- Never put member information on the cover sheet
- Tell persons receiving the fax how many pages they will receive including the cover page
- Double check the fax number before sending the fax

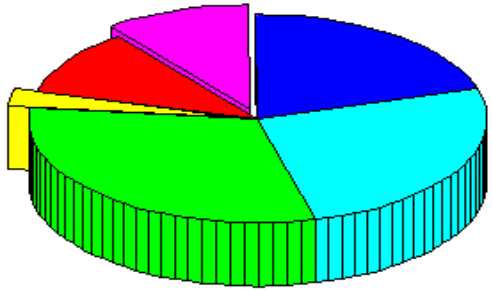
Confidentiality Statement

CONFIDENTIAL NOTICE: *This communication contains information from Fidelis Secure Care that may be* ***CONFIDENTIAL, LEGALLY PRIVILEGED, PROPRIETARY*** *or otherwise protected from disclosure. This information is intended for use only by the person to whom it is addressed. If you are not the intended recipient, any use, disclosure, copying, distribution, printing, or any action taken in reliance on the contents of this communication, is strictly prohibited. If you received this in error, please contact the sending party at the above telephone number and shred, delete or otherwise destroy the information*

Monitoring and Auditing

To ensure contract requirements are met:

- Dashboards and reports of pertinent activities
- Additional Auditing by Plan
- Helps to Identify and Respond to Risks
- JOCs to discuss concerns/issues



Summary

- Model of Care
- Grievance and Appeals
- Critical Incidents
- Model of Care
- Standards of Conduct
- Compliance Program
- FWA/MLN Training
- Auditing and Monitoring
- Distribute Summary Compliance Notice (lines of communication, reporting, training)

Questions

Thank you for being COMPLIANT