

MEDICARE PARTS C&D

GENERAL COMPLIANCE AND FRAUD, WASTE AND ABUSE TRAINING

WHY THIS TRAINING?

The Centers for Medicare and Medicaid Services (CMS) requires Medicare Part C and Part D Sponsors (such as Highmark) to provide General Compliance and Fraud, Waste and Abuse Training for all of its First-tier, Downstream and Related-entities (FDRs) within 90 days of hire and annually thereafter. FDRs include network providers, brokers/producers, vendors, agencies, and anyone else who ultimately receives compensation from the Medicare program through a Medicare Sponsor.

Attendance and participation in Compliance and Fraud, Waste and Abuse Training Programs is a condition of contract continuation.

ELEMENTS OF THE HIGHMARK HEALTH INTEGRITY & COMPLIANCE PROGRAM

1. Written policies, procedures and standards of conduct (The Third Party Code of Business Conduct)
2. Compliance Officer, Compliance Committee and high-level oversight
3. Effective training and education
4. Effective lines of communication
5. Well-publicized disciplinary standards
6. Effective system for routine monitoring, auditing and identification of compliance risks
7. Procedures and system for prompt response to compliance issues
8. Ongoing evaluation of Integrity and Compliance Program effectiveness

HIGHMARK'S COMPLIANCE POLICIES & PROCEDURES

Our organization has established internal policies and procedures to spell out our commitment to the law. Policies also exist to articulate our company's expectations on a wide range of topics, from non-retaliation to conflicts of interest and much more. Here are some internal policies and procedures that relate to compliance, fraud, waste and abuse.

HIGHMARK'S COMPLIANCE POLICIES & PROCEDURES

Non-Retaliation Policy

Overview

Highmark Health is committed to providing individuals with a workplace free of retaliation and intimidation. The enterprise takes all reports and allegations of retaliation and intimidation seriously, investigates them promptly and thoroughly, and takes appropriate responsive action.

The company does not tolerate retaliation or intimidation.

Violations

Any person found to have engaged in retaliation or in acts of intimidation against another individual will be subject to disciplinary action, up to and including termination of employment.

HIGHMARK'S COMPLIANCE POLICIES & PROCEDURES

Fraud, Waste and Abuse Policy

Overview

Highmark Health is committed to complying with all applicable Federal and State regulatory requirements. This policy describes the company's processes related to the prevention, detection, correction, and reporting of fraud, waste and abuse. All employees and contractors are responsible for complying with the Code of Business Conduct, laws, regulations, and all applicable company policies and procedures. Each employee is responsible for respecting, protecting and preserving company assets. Any employee with knowledge of a suspected situation involving fraud, waste and abuse is obligated to report the activity in a timely manner to either their immediate supervisor or the Integrity and Compliance Department Helpline. All individuals may remain anonymous if they wish to do so.

Violations

Violations of this policy and related procedures may result in corrective action up to and including termination of employment / contract.

HIGHMARK'S COMPLIANCE POLICIES & PROCEDURES

Integrity and Compliance Plan Policy

Overview

Highmark Health's Integrity and Compliance Program is intended to support the enterprise's commitment to the highest standards of ethical behavior. The program is meant to establish mechanisms for educating, monitoring, and reporting unethical behavior.

All employees, vendors, contractors and volunteers are expected to comply with applicable federal and state laws, rules, regulations, guidance and the Code of Business Conduct.

Violations

Violations of this policy and related procedures may result in corrective action up to and including termination of employment.

THIRD PARTY CODE OF BUSINESS CONDUCT

THIRD PARTY

Code of Conduct

What you need to know
about compliance, ethics,
and privacy at work.



You are required to read, understand and agree to abide by the Highmark Inc. Third Party Code of Business Conduct.

The Third Party Code of Business Conduct can be found here: [Highmark Third Party Code of Conduct](#)

HIGHMARK.
HEALTH

APPROVED 2/23/2022

HIGHMARK.

CONFIDENTIAL..

General Compliance and Fraud, Waste and Abuse Training

CONFLICTS OF INTEREST

Conflict of interest with Highmark and its members should be avoided.

- Conflicts of interest may arise when outside personal interests, employment, or affiliations influence or appear to influence business or medical practice decisions.
- The self-referral law (Stark) prohibits physicians from referring Medicare patients for certain designated health services to an entity with which the physician or a member of the physician's immediate family has a financial relationship, unless an exception applies. It also prohibits an entity from presenting or causing to be presented under a Medicare Advantage plan a claim for a designated health service furnished as a result of a prohibited referral.

DISCIPLINARY GUIDELINES

Non-compliant or fraudulent behavior by any First-tier, Downstream or Related-entity (FDR) of Highmark Inc. can result in mandatory re-training or disciplinary action, including possible contract termination when such behavior is serious, repeated or when knowledge of a possible violation is not reported.

CONTACT INFORMATION

For compliance questions, requesting compliance clarification or to report suspected or detected noncompliance, fraud, waste or abuse, contact the Highmark Health Integrity and Compliance Department. You may remain anonymous and all who report concerns in good faith are protected against retaliation and intimidation.

CONFIDENTIAL U.S. POST OFFICE BOX:

Highmark Health Enterprise Risk and
Governance Division
P.O. Box 22492
Pittsburgh, PA 15222

CONFIDENTIAL HELPLINE

Integrity and Compliance Anonymous
Reporting Helpline
Toll Free, 24 Hours a Day, 7 Days a
Week
1-800-985-1056

E-MAIL

integrity@highmark.com

ONLINE REPORTING FORM

[Highmark Integrity Form](#)

POLICIES REGARDING INQUIRIES AND REPORTS

All inquiries are confidential, subject to limitations imposed by law. If an individual is unwilling to identify himself or herself despite this protection, they may make an anonymous report. If an individual does not identify himself or herself, we ask that he or she provide some method of future contact. This will allow the internal investigator to ask follow up questions. Corporate policy prohibits intimidation or retaliation against individuals who raise questions in good faith.

FOLLOW UP

- For any credible report of potential fraud, waste and/or abuse, Highmark will undertake a reasonable investigation and may refer the issue, as appropriate, to a MEDIC, CMS or law enforcement.
- The MEDIC (Medicare Drug Integrity Contractor) is an organization assigned by CMS to manage anti-fraud and abuse efforts in the Medicare Part C and D programs. The MEDIC will further investigate referrals, develop the investigations, and make referrals to appropriate law enforcement agencies or other outside entities when necessary.