KS Plan Administrators, LLC	Compliance Policy Manual	POLICY NO: CP 2
Subject: Compliance Communication Policy		**Date Created:** August 2012 **Last Revised:** March 2023 **Last Reviewed:** March 2023
DISTRIBUTION: KSPA		**FUNCTIONAL AREAS:** All Departments
SUPERCEDES POLICY: N/A		**REFERENCE/ATTACHMENT:** Medicare Managed Care Manual Chapter 21 Compliance Program Guidelines
Prepared by: Thomas Wilson **Revised by:** Thomas Wilson		**DATE APPROVED:** March 2023

I. Goal

KS Plan Administrators, LLC d/b/a KelseyCare Advantage ("KCA") strives to maintain effective open lines of communication to ensure confidentiality to the extent permissible by law and/or company policy between the Compliance Officer, members of the Compliance Committee, employees, the governing body (e.g., KSPA Operating Committee ("Local Board"), and its first tier, downstream and related (FDR) entities in support of the Compliance Program, including the identification of fraud, waste, and abuse (FWA) (See: 42 C.F.R. §§ 422.503(b)(4)(vi)(D), 423.504(b)(4)(vi)(D)).

II. Definitions

Abuse: actions that may, directly or indirectly, result in unnecessary costs to the Medicare Program, improper payment, payment for services that fail to meet professionally recognized standards of care, or services that are medically unnecessary. Abuse involves payment for items or services when there is no legal entitlement to that payment and the provider has not knowingly and/or intentionally misrepresented facts to obtain payment. Abuse cannot be differentiated categorically from fraud because the distinction between "fraud" and "abuse" depends on specific facts and circumstances, intent and prior knowledge, and available evidence, among other factors.

Centers for Medicare & Medicaid Services (CMS): means an agency within the U.S. Department of Health and Human Services responsible for the administration of the Medicare program.

Employee(s): means those persons employed by the sponsor or a First Tier, Downstream or Related Entity (FDR) who provide health or administrative services for an enrollee.

Downstream Entity: means any party that enters into a written arrangement, acceptable to CMS, with persons or entities involved with the MA benefit or Part D benefit, below the level of the arrangement between an MAO or applicant or a Part D plan sponsor or applicant and a first tier entity. These written arrangements continue down to the level of the ultimate provider of both health and administrative services. (See, 42 C.F.R. §, 423.501).

FDR: means First Tier, Downstream or Related Entity.

First Tier Entity: means any party that enters into a written arrangement, acceptable to CMS, with an MAO or Part D plan sponsor or applicant to provide administrative services or health care services to a Medicare eligible individual under the MA program or Part D program. (See, 42 C.F.R. § 423.501).

Fraud: means knowingly and willfully executing, or attempting to execute, a scheme or artifice 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. 18 U.S.C. § 1347.

Governing Body: means that group of individuals at the highest level of governance of the sponsor, such as the Board of Directors or the Board of Trustees, who formulate policy and direct and control the sponsor in the best interest of the organization and its enrollees. As used in this chapter, governing body does not include C-level management such as the Chief Executive Officer, Chief Operations Officer, Chief Financial Officer, etc., unless persons in those management positions also serve as directors or trustees or otherwise at the highest level of governance of the sponsor.

Related Entity: means any entity that is related to an MAO or Part D sponsor by common ownership or control and

(1) Performs some of the MAO or Part D plan sponsor's management functions under contract or delegation;

(2) Furnishes services to Medicare enrollees under an oral or written agreement; or

(3) Leases real property or sells materials to the MAO or Part D plan sponsor at a cost of more than $2,500 during a contract period. (See, 42 C.F.R. §423.501).

Sponsor: means an organization (e.g., KCA) that contracts with CMS to provide administrative, health care and/or prescription drug benefits to Medicare eligible beneficiaries.

Waste: means the overutilization of services, or other practices that, directly or indirectly, result in unnecessary costs to the Medicare program. Waste is generally not considered to be caused by criminally negligent actions but rather the misuse of resources.

III. Policy

The Compliance Department will maintain effective and open lines of communication with all key stakeholders of the company, including:

- All levels of management, the President, and Board of Directors,
- Compliance Committee,
- Company employees,
- Contracted FDR,

- Regulatory authorities (e.g., Centers for Medicare & Medicaid Services (CMS), Texas Department of Insurance), and
- As may become necessary, law enforcement.

The Compliance Officer will effectively communicate information about the Compliance Program, as well as information about laws, regulations, and guidance for KCA and its FDRs, such as statutory, regulatory, and sub regulatory changes (e.g., Health Plan Management System (HPMS) memos), changes to policies and procedures, the Code of Conduct, and activities of the Compliance Program. The Compliance Officer has an "open door" policy whereby anyone at any time can bring forth suspected or actual misconduct, including FWA. The Compliance Officer does not have operational responsibility for the company.

These lines of communication will be assessable to all and allow for anonymous and confidential "good faith" reporting of potential compliance issues as they are identified, including FWA. (See: Compliance Policy CP 6 Reporting Misconduct Compliance Hotline)

The methods to report suspected or actual misconduct, including FWA may be made through:

- Telephone: Hotline (713-442-9595) is a dedicated telephone line and voice mailbox that can be used twenty-four hours a day, from any location.
- In writing: Potential Non-compliance or potential FWA Reporting may be mailed, personally delivered to the Compliance Department, or by inter-office mail.
  Send to: KCA Compliance Department
  11511 Shadow Creek Parkway
  Pearland, Texas 77584

- Also, via the anonymous online reporting available on the KelseyCare Advantage website at: https://www.surveymonkey.com/r/TBLMG7G.
- In person: A report may be made in person by contacting the Compliance Department, the reporting employee's supervisor or manager, or any member of the Compliance Committee.
- Email: A report may be made by sending an email to: Medicarefraudhotline@kelseycareadvantage.com.
- Contact the Compliance Department: ComplianceList@kelsey-seybold.com.
- Contact the Medicare Compliance Officer at: Thomas.Wilson@kelsey-seybold.com.
- Thomas Wilson may be reached directly at: 904-669-8701.

IV. Procedure

1. Communications with the Local Board and Compliance Committee

The Compliance Officer will maintain open lines of communication with the Plan President and the Local Board regarding activities of the Compliance Committee and Compliance Department. The Compliance Committee is comprised of management responsible for the departments and functions within the company and includes oversight and monitoring of FDRs. The Committee is also responsible for the review and approval of the annual Compliance Work Plan and Performance Scorecard, changes to Compliance policies and any revisions to the Code of Conduct. This includes, but is not limited to the following:

- **Compliance Committee Agenda and Minutes:** The Compliance Officer shall prepare the agenda with input from the Compliance Committee and distribute the presentation, supplemental materials and minutes to members that meets at a minimum of four times per year.

- **Compliance Work Plan:** Upon review and approval by the Compliance Committee, the Compliance Officer shall forward a copy of the annual Risk Assessment and Compliance Work Plan and Performance Scorecard to the Local Board for review and approval.

- **Quarterly Reports:** The Compliance Officer shall provide the Compliance Committee and Local Board with quarterly reports summarizing key issues and results in the operation of the Compliance Program (See: 42 C.F.R. §§ 422.503(b)(4)(vi)(B), 423.504(b)(4)(vi)(B)). The topics to be covered in the reports may include:
    - Audit Results: The Compliance Officer may provide a summary of any internal or external audits that are the focus of departmental functions, FDRs or required by statute (e.g., annual data validation audit, timeliness monitoring project, Part C and Part D Improper Payment Measure).
    - Monitoring and Oversight: The Compliance Officer may provide a summary of focused or routine oversight of internal departments and activities of the FDRs.
    - Corrective Action Plans (CAPs): The Compliance Officer may provide a summary of the status of open and closed CAPs. CAPs may be issued through detective and preventive audits, brought forth from internal departments, requested of FDRs or issued by CMS.
    - Education and Training: The Compliance Officer may provide updates of new hire and/or annual employee and Local Board completion of Medicare General Compliance and Combatting Fraud, Waste and Abuse training. These trainings are a component of the annual Compliance Attestation, which employees and Local Board acknowledged completion of required trainings, received the Code of Conduct and Compliance policies, addressed any potential or actual Conflicts of Interest, and was not debarred or excluded from participation in any federal health care program.

- Special Investigation Unit: The Compliance Officer may provide summary analysis of investigations of aberrant billing and coding patterns that could result in over and/or under payments from the company.

- **Compliance or Ethics Issues:** The Compliance Officer shall inform the President and Local Board of any compliance or ethics related issues or concerns that may pose a potential risk to KCA.

2. Communications with Members and FDRs

The Compliance Officer and Compliance Committee will maintain open lines of communication with KCA members to educate and train them to identify and report noncompliance, including FWA. Methods of member communications include newsletters (e.g., Living Well), bulletins, emails, and information published on KSA's website.

FDRs receive copies of the Code of Conduct, applicable Compliance policies and the FDR Compliance Guide as part of the pre-delegation review prior to contracting and annually thereafter. This information, including education and training are posted to the KelseyCare Advantage website. The documents describe FDRs obligations to provide effective communication within its organization, to its downstream entities and to provide mechanisms to report suspected or actual misconduct to KCA, including FWA.

3. Communications with Employees

The Compliance Officer and Compliance Committee will maintain open lines of communication with employees at all levels of the organization. This includes but is not limited to the Code of Conduct and Compliance policies that are posted on The Pulse and on the KelseyCare Advantage website. All employees shall receive a copy of the Code of Conduct at the time of employment and annually through the Compliance Attestation. The Code of Conduct describes the duties and obligations of employees and the methods to bring forth good faith complaints of wrongdoing and actions the Compliance Department will take to investigate and respond to the complainant without the fear of retaliation or retribution, and confidentiality will be maintained to the extent allowable by law and/or company policy. The department also distributes communications issued by CMS regarding changes to statutory and regulatory guidelines for the Medicare program and shares the status of open and closed corrective action plans.

4. Communications with Regulators

The Compliance Officer is the point of contact with the CMS the Account Manager. The objective is to provide a forum whereby KCA shares monthly metrics of Part C and Part

D organization determinations, coverage determinations, grievances, and appeals. The CMS Account Manager may include a review of selected HPMS memos, proposed or interim final rules or changes to subregulatory guidance. Other topics may include enrollments, disenrollments, member cases in the Compliant Tracking Module, or monitoring initiatives of selected Part D drugs. The Compliance Department provides monthly meeting notes to the CMS Account Manager and maintains copies for recordkeeping.