Security Health Plan℠
Promises kept, plain and simple.®

Compliance program

As a contractor with Centers for Medicare and Medicaid Services (CMS), Security Health Plan is required to implement an effective compliance program to prevent, detect and correct:

- Instances of fraud, waste and abuse (FWA).
- Noncompliance with CMS' and DHS' program requirements.

Examples of noncompliance with CMS' and Department of Health Services' (DHS) program requirements include:

- Not cooperating with CMS or DHS auditor.
- Untimely submission of data to CMS or DHS.
- Violating member privacy.

A strong commitment to compliance is one way everyone can help to benefit the health care system. Non-compliance with regulatory requirements can be identified and corrected through a vigorous compliance program. Implementing and abiding by a strong compliance program demonstrates to our members, regulators and business associates that Security Health Plan is dedicated to operating ethically and with integrity. It is the expectation that all Security Health Plan first tier, downstream and related entities (FDRs) will either implement their own compliance programs, or adhere to the Security Health Plan guiding principles that follow. If Security Health Plan delegates any of its compliance activities to an entity that provides administrative or health services to Medicare or Medicaid members, effective oversight of those delegated activities must occur.

The Security Health Plan compliance program is built around the seven core elements of an effective program:

1. Written policies, procedures and standards of conduct.
2. Chief 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 and identification of compliance risks.
7. Procedures and system for prompt response to compliance issues.

Element 1
Written policies and procedures and standards of conduct

Security Health Plan's standards of conduct and policies and procedures:

- Describe Security Health Plan's commitment to comply with all federal and state regulations and standards.
- Provide guidance to employees and others on dealing with potential compliance issues.
- Include procedures for identification and correction of noncompliance.
- Describe expectations related to ethical behavior as listed in the standards of conduct.
- Are reviewed on a regular basis and updated as needed or as regulations or requirements change.

Element 2
Chief Compliance Officer, compliance committee and high level oversight

Security Health Plan's Chief Compliance Officer and Compliance Committee:

- Are employees of Security Health Plan and are accountable to Security Health Plan senior management.
- Identify risks and trends related to noncompliance or FWA.
- Are responsible for the execution, correction and oversight of all aspects of the Security Health Plan compliance program.
- Report quarterly to the Security Health Plan Audit and Compliance Committee and to the Security Health Plan Board of Directors.

Element 3
Effective training and education

Security Health Plan has effective training and education that:

- Is provided to employees including senior management, managers and the Security Health Plan Board of Directors.
- Is made available to Security Health Plan contracted business associates who provide administrative or health services to Medicare members.
- Occurs upon hire for new employees and annually thereafter.
- Is focused to provide specific guidance related to job function.
- Is provided as a refresher and part of a corrective action plan when noncompliance is identified.
- Has processes to measure the effectiveness of the training.
- Is developed and provided as regulations or requirements change.

Element 4
Effective lines of communication

Security Health Plan widely publicizes the methods for reporting program noncompliance and instances of FWA. Security Health Plan has clearly defined lines of communication:

- Between the Chief Compliance Officer, the Security Health Plan Compliance Committee, senior management, employees, managers and the Security Health Plan Board of Directors.
- That maintain confidentiality and allow anonymity if desired.
- That is available to Security Health Plan first tier, downstream and related entities.

You are encouraged to discuss any suspected compliance issue with appropriate individuals within your organization. No business partner will suffer any penalty or retribution for reporting in good faith any suspected misconduct or noncompliance. Any suspected noncompliance or FWA should be reported to your Security Health Plan business contact or by:

- Calling Security Health Plan's Fraud Hotline, available 24 hours, 7 days a week at **1-855-274-5540**. Calls can be made anonymously.
- Calling our internal compliance hotline number at **715-221-9570**.
- E-mailing Security Health Plan's Compliance Department at **shp.compliance@securityhealth.org**.
- Calling our pharmacy fraud hotline at **1-888-472-2363**.
- Calling for Medicare compliance related concerns, available 24 hours a day, 7 days a week at **1-855-274-5540**.



Element 5
Well-publicized disciplinary standards

Security Health Plan does not tolerate noncompliance or FWA. Such activities could compromise Security Health Plan's operations, the services we provide to our members, and our reputation. Violations of Security Health Plan's Standards of Conduct and other policies and procedures will result in appropriate corrective action up to, and including, contract termination or termination of employment, as well as reporting the violation to the appropriate regulatory or law enforcement agency. Security Health Plan has well publicized disciplinary standards that:

- Prohibit authorization or participation in activities that violate Security Health Plan policy.
- Articulate expectations for reporting compliance issues and assisting in their resolution.
- Prohibit retaliation for good faith reporting of issues, or participation in the investigation or resolution of issues.
- Provide for timely, consistent and effective enforcement of the standards when noncompliance or unethical behavior is detected.
- Encourage good faith participation in the compliance program.

Element 6
Effective system for routine monitoring and identification of compliance risks

Proactive monitoring of business practices is vital to identifying potential compliance issues. Security Health Plan has processes in place to routinely monitor and identify compliance risks. These processes include:

- Conducting internal monitoring and auditing to ensure compliance with policies, procedures, laws and regulations.
- Conducting external auditing of FDRs as necessary and required to evaluate the services provided and compliance with all contractual requirements.
- Conducting auditing and monitoring to confirm corrective actions have been implemented.
- Evaluation of the overall effectiveness of the compliance program.

Element 7
Procedures and system for prompt response to compliance issues

Security Health Plan has a well-developed compliance program, with established procedures, processes and systems implemented for promptly responding to compliance issues. The Security Health Plan compliance program ensures that:

- Issues are acknowledged as they arise.
- Potential compliance problems are investigated.
- Concerns are proactively identified through rigorous auditing and monitoring.
- Problems are corrected promptly and thoroughly to reduce the potential for recurrence.
- Potential FWA or noncompliance is voluntarily self-reported to CMS, DHS, OCI or their designees.

Security Health Plan is required by law to respond timely to incidents of noncompliance. Examples include privacy incidents and inquiries from regulators. You are encouraged to report any compliance concerns to Security Health Plan. Contact us in any of the ways outlined in Element 4 to discuss questions you might have or report any potential incidents. No business partner will suffer any penalty or retribution for reporting in good faith any suspected misconduct or noncompliance.

Security Health Plan Oversight of Compliance Activities

Regulations state that Security Health Plan is ultimately responsible for oversight of any compliance activities delegated to our FDRs. As an FDR contracted with Security Health Plan, you are responsible for maintaining a relationship that supports compliance with CMS regulations. You acknowledge and agree to be accountable for all services performed or provided on behalf of Security Health Plan. You have an obligation to promptly report any noncompliance findings to Security Health Plan and to correct any deficiency. Security Health Plan is required to provide oversight of the compliance activities of FDRs. Examples of how Security Health Plan may establish oversight include:

- Requiring attestations to demonstrate compliance with specific activities.
- Asking for the completion of compliance self assessments.
- Asking for evidence of an auditing and monitoring program.
- Requesting copies of training logs.
- Requiring timely turnaround for compliance activity requests.
- Asking for progress reports on any corrective action plans.

Reporting suspected or actual fraud, waste and abuse (FWA)

Report all suspected or actual Fraud, Waste and Abuse. Report all suspected or actual noncompliance with regulations. No business partner will suffer any penalty or retribution for reporting in good faith any suspected misconduct or noncompliance.



Additional resources

Laws, regulations and organizational policies can be complex and sometimes confusing. While Security Health Plan believes employees and business partners try to do what is right, the right thing to do may not always be clear. We are all responsible for compliance, and we are all responsible for ensuring we follow the laws and regulations that govern our work. Additional resources that are available include:

CMS Prescription Drug Benefit Manual – Chapter 9
www.cms.gov/medicare/coverage/prescription-drug-coverage-contracting/prescription-drug-benefit-manual

Code of Federal Regulations –
42 CFR 422.503 and 42 CFR 423.504
www.cms.gov/medicare/audits-compliance/part-c-d/compliance-program-policy-and-guidance#

Office of the Inspector General (Federal)
https://oig.hhs.gov/fraud/

Office of the Inspector General (Wisconsin)
www.dhs.wisconsin.gov/oig/index.htm

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