COMMUNITY HEALTH PLAN
of Washington™

June 2021

Compliance Program

Compliance Today

Welcome Miles Glew

The Compliance team would like to welcome Miles Glew. Miles joined the Compliance department on May 30th as the new Fraud, Waste, and Abuse (FWA) Program Manager.

Miles is passionate about health care believing it is a universal need and has spent more than 13 years in the industry. His career has taken him from providing direct services at Public Health clinics to sales and even benefit development. “My proudest professional accomplishment was the implementation of the Affordable Care Act (ACA) and its mandates pertaining to benefits,” he said.

At CHPW, he held the position of Government Payors Program Manager since February 2018, supporting Gabriel Ayerza, Sr Director State Program & Medicare Strategy in the day to day management of the Medicare Program with a primary focus on the annual Medicare Advantage (MA) contract renewal process and bid submission. Miles has been instrumental in ensuring business owners receive and respond to regulatory agency inquiries and requests, related to MA.

Miles’s knowledge of MA, attention to detail, and strong project management skills will ensure his success as the FWA Program Manager. He has a bachelor’s degree in Liberal Arts and is licensed in the state of Washington as a Disability and Life Insurance Producer.

Miles is a third generation Seattlite and is passionate about travel. While Seattle is “in his blood” and definitely home, he’s excited to be able to get back out and explore the world soon.

Please join us in congratulating Miles on his new role at CHPW.

Corrective Action Plans & Root Cause Analysis

A corrective action plan (CAP) is a formalized way to document known deficiencies, identify remediations, and track corrective actions through completion.

An effective CAP includes a detailed action plan to remedy the noncompliance, a validation of the entire process, and expected completion dates. Effective action plans have three key elements:

1. Specific tasks detailing what will be done and by whom;
2. Timeframe of when will each task be completed and overall expected date of CAP closure; and
3. Resource allocation of what funds or resources are, or will be, available to support the action plan.

The Compliance department has developed the following templates for CAP management:

- Internal Corrective Action Plan (iCAP), issued by Compliance to a business owner for an identified deficiency.
- FDR CAP, issued by Compliance or CHPW business owner to the FDR.

Root Cause Analysis

An essential element of the CAP and remediation process is effective root cause analysis. Root cause analysis is a systematic approach to get to the true root of a problem. Root cause is the fundamental breakdown or failure of a process which, when resolved, prevents a recurrence of the problem. Without an effective root cause analysis, an effective action plan cannot be developed, and the likelihood of the non-compliance is likely to recur.

An effective root cause analysis will include:

- How the issue of occurred;
- What factors contributed to the non-compliance, at what level;
- Whether policies and procedures (P&Ps) were in place or disregarded, and;
- Whether mitigating strategies or interventions were identified prior to the issue occurring.

Note: ‘Human error’ is not the conclusion of a root cause analysis, it is the beginning. A root cause is typically a finding related to a process or system that has potential for redesign to reduce risk.

When a CAP is issued, the Compliance department tracks the completion of the CAP and confirms the remediations have been effective, through a validation audit. Compliance maintains CAP Tracker(s) which are presented to both the CHPW Compliance Committee and the CHNW Ethics Committee.

For more information:

- For iCAPs, contact Keimi Dragovich, Compliance Manager at ext. 7232, or at keimi.dragovich@chpw.org.
- For FDR CAPs, contact Josh Martin, Delegated Vendor Oversight (DVO) Program Manager at ext. 8805, or at josh.martin@chpw.org.
- Compliance Audit policy (CO363)
- Compliance Audit procedure (CO364)
- Delegated Vendor Oversight policy (CO321)

Preclusion List

The **Preclusion List** is a list of providers and prescribers who are precluded from receiving payment for Medicare Advantage (MA) items and services or Part D drugs furnished or prescribed to Medicare beneficiaries.

The Preclusion List was created to replace the MA and prescriber enrollment requirements, ensure patient protections and safety, and to protect the Trust Funds from prescribers and providers identified who’s conduct is detrimental to the best interests of the Medicare Program.

Individuals or entities who meet the following criteria are added to the Preclusion List:

- Are currently revoked from Medicare, are under an active reenrollment bar, and the Centers for Medicare & Medicaid Services (CMS) has determined that the underlying conduct that led to the revocation is detrimental to the best interests of the Medicare Program;
- Have engaged in behavior for which CMS could have revoked the individual or entity to the extent applicable if they had been enrolled in Medicare, and CMS determines that the underlying conduct that would have led to the revocation is detrimental to the best interests of the Medicare Program; or

- Have been convicted of a felony under federal or state law within the previous 10-years that CMS deems detrimental to the best interests of the Medicare Program.

Providers are notified of their preclusion status by CMS and should have that information but should also be checking against the Office of the Inspector General (OIG) List of Excluded Individuals and Entities (LEIE) and the General Services Administration (GSA) System for Award Management (SAM) exclusions lists as part of their own monthly exclusion screening processes.

CHPW is required to reject a pharmacy claim (or deny a beneficiary request for reimbursement) for a Part D drug that is prescribed by an individual on the Preclusion List and is required to deny payment for a health care item or service furnished by the individual or entity on the Preclusion List.

Dianna Graham, Provider Data Analyst, receives the Preclusion List from CMS monthly and checks CHPWs provider network against the list. If a CHPW provider is on the list, the provider is terminated. If a provider is identified, the Analyst will check to see if any members have been treated by that provider, so that the member can be moved to another provider. The monthly Preclusion List process performed by Provider Data Services monthly. This is **in addition** to the monthly exclusion screening process to check against the LEIE and SAM lists.

Access to the Preclusion List is only granted to Part C and D health plans (CHPW) and is not available publicly.

For more information:

- CMS Preclusion List page

Vendor Ownership and Control Disclosure Form Process

CHPW and its contracted vendors are prohibited from making payments with Medicare, Medicaid, or any of the Federal health care program dollars for any item or service furnished by an excluded individual or entity. In addition, CHPW is required to obtain an *Ownership and Control Disclosure Form* in order to screen individuals and entities against the federal exclusions lists prior to hire or contracting and monthly thereafter.

Completion and submission of full and accurate disclosure of ownership, financial interest, and control is required as a condition of contracting with CHPW. Vendors are required to provide CHPW information on individuals or entities with an ownership or control interest in the disclosing entity of 5% or more. Failure to submit the requested information will result in a refusal by CHPW to enter into an agreement or contract with the individual or entity, or the termination of any existing agreement or contract.

When a vendor experiences a change in ownership or control interest, they must file an updated *Ownership and Control Disclosure Form* with CHPW within 35 calendar days of the date of the change. Failure to submit updated information will result in the termination of any existing agreement or contract.

The Compliance department maintains a record of ownership and control interest and utilizes this information in its monthly exclusion screening process when it screens workforce members, board of directors, temps/contractors/consultants, and vendors against the LEIE and SAM exclusion lists.

For more information:

- Delegated Vendor Oversight Program Description

- Delegated Vendor Oversight Policy (CO321)
- DVO Toolkit
- Josh Martin, Delegated Vendor Oversight Program Manager, at ext. 8805, or at josh.martin@chpw.org.

Interoperability

CHPW is required to create a secure, standards-based Patient Access Application Programming Interface (API) that allows members to easily access their health information through third-party applications (apps) of their choice. This is known as "interoperability."

Interoperability is the ability for different information systems, devices, and third-party apps to access, exchange, integrate, and use health care data in a coordinated way.

CMS have given specific rules for interoperability. These rules require data from health insurance companies to be formatted and presented in a consistent way, so that systems that are allowed to use the data can do so in a standard format.

Patient Access API

An API lets apps communicate with each other and share data. APIs are a set of defined rules that limit how apps communicate with each other. They act as a buffer that transfers data securely between systems. Through this API, CHPW members are able to access their data through any third-party apps they select. In addition, members can authorize a personal representative to also access their health information through third-party apps.

The information available through the Patient Access API includes:

- Demographic data (name, address, etc.).
- Diagnoses, treatments, and claims.
- Data about services given by providers.
- Clinical data collected during case management or care coordination.
- Sensitive information, such as information related to treatment for Substance Use Disorders (SUD), mental health treatment, HIV status, etc.

CHPW must include information collected on current members going as far back as January 1, 2016.

CHPW's Patient Access API, member education webpage(s), and app developer webpage(s) must be launched by July 1, 2021.

For more information:

- Federal Register: CMS Interoperability Final Rule

Compliance Anonymous Reporting

CHPW provides access to a confidential, anonymous **Compliance Hotline** for workforce members to report instances of suspected or detected non-compliance, potential FWA, and other compliance and ethics concerns. The Hotline is operated and available 24 hours a day, seven days a week at **(800) 826-6762**, by NAVEX (vendor). You can also make an anonymous report online by visiting the Compliance Hotline reporting site at: http://chpw.ethicspoint.com/. You can access the online reporting site with the link above, visiting the 'Compliance Hotline' button from the

Employee Quick Links on the inside CHPW home page, and from a link on the Compliance Page on inside CHPW.

In order to ensure confidentiality and comfort in reporting, the Hotline vendor does not trace or record calls. When you make a report online, you are provided with a 'Report Key' and create a password in order to follow up on your report. Without these, you will not be able to follow up on your submission. NAVEX is unable to recover this information for you. If you choose to remain anonymous, no one will attempt to identify you. If you choose to identify yourself, CHPW will keep your identity confidential, to the fullest extent possible or allowed by law.

When you make a report, the information is provided to the VP, Compliance Officer and the VP, General Counsel for investigation and resolution. You can request an update on the progress or outcome of the investigation by contacting the Compliance Hotline and using the unique identification number and PIN provided during your initial report, or by logging in to the online reporting tool using the 'Report Key' and password mentioned above.

Updates and Reminders

Annual Compliance Program Training

CHPW assigned annual Compliance Program Trianing, including the annual Standards of Conduct attestation to all workforce members in April 2021. Trianing must be completed by **Friday, November 26, 2021**.

Contact compliance.training@chpw.org if you have any questions or issues with the training modules.

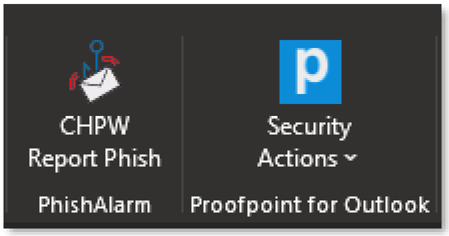
New Mailbox for Reporting Potential FWA

The Compliance department has a new mailbox for reporting potential FWA. If you need to report potential FWA, complete the Report Potential Fraud/ID Theft form and return it to potential.fraud@chpw.org.

You can locate the Report Potential Fraud/ID Theft form on inside CHPW.

Proofpoint Security Tools

In March, IS&T rolled out new Proofpoint security tools within Outlook to assist in managing potentially harmful emails. You will notice new buttons in the Outlook ribbon.



For more information about these tools and how to use them to protect CHPW's data, read Niall's inside CHPW broadcast.

Member Authorization Forms & Legal Documents

Reminder that all member authorization forms and other legal documentation **must** be forwarded to the Customer Service department and must not be maintained by individual departments.

Forward any forms or documentation you receive to member.authorizations@chpw.org.

Recently Updated Compliance Policies & Procedures

- Fraud, Waste, and Abuse Policy (CO289)
- Fraud, Waste, and Abuse Procedure (CO290

- Member Privacy Policy (CO298)
- Privacy Incidents & Breach Notifications Policy (CO311)
- Privacy Incidents & Breach Notifications Procedure (CO312)
- Information Privacy: Workforce Member Responsibilities Procedure (CO317)
- Exclusion Screening Policy and Procedure (CO318)
- HIPAA Security Policy (CO330)
- Verification of Services (VOS) Policy and Procedure (CO356)
- Compliance Audit Policy (CO363)
- Substance Use Disorder Records Use & Disclosure Policy and Procedure (CO367)
- Security Incident Response Policy (CO370)