Elite Health Plan POLICIES AND PROCEDURES **Subject: Effective Lines of Communications**	Dept: Corporate Effective Date: January 1, 2025 Policy No: PC400 Page **1** of **5** Revised: Page 1 of 5
Reviewed and Accepted By: (Committee or Department Head) _____ Board of Directors _____ **Authorized Signature:** _____ **Date:** 1/27/2025	

Purpose: To ensure effective lines of communication are in place between the Compliance Officer and employees, managers, directors, FDRs, volunteers, and members.

POLICY

Elite Health Plan follows the Centers for Medicare & Medicaid Services (CMS) requirements contained in the Medicare Compliance Program Guidance as well as Parts 422 and 423 of Title 42 of the Code of Federal Regulations (CFR). Notices of additions, changes and/or clarification to Medicare program rules may be received from multiple sources, but are typically received via memos distributed through CMS' Health Plan Management System (HPMS). The Medicare Compliance department has processes in place for the handling & distribution of such notices to the required process owners and/or functional area and tracks the memo through to completion/effectuation. Changes and information areas of implementation from all sources are shared to ensure effective compliance is achieved and maintained. Notices that apply to delegated functions are distributed to the FDRs when appropriate and addresses areas the FDR is delegated to oversight a process and contracted to perform. Compliance also works with the owner and/or functional area to track and ensure timely response from FDRs.

The Plan has processes in place to receive, record, and respond to compliance questions, or reports of potential or confirmed incidences of non-compliance from officers, directors, managers, associates, members and first-tier, downstream and related entities while: · Maintaining confidentiality, to the extent possible; · Allowing anonymity, if desired; and · Ensuring non-retaliation against those who report suspected misconduct in good faith.

Elite Health Plan publicizes the mechanisms to receive compliance questions, reports of potential risks, and reports of fraud, waste or abuse from employees, governing body, FDRs, and members through the following communications: · Group and department meetings; Compliance Committee meetings, All Employee Meetings, Email reminders; · Associate mailings; · Compliance awareness articles published for members and copied to staff :

- newsletters and Plan website online resources pages; and Provider Portals; ·
- Posters displayed in common work areas;
- Leadership talking points to encourage compliance discussions at department levels;

- Broker training;
- Provider Updates are available via the provider portal of Plan website and
- Links to flyers and other information available via the Plan's main website and member newsletter.

To support effective lines of communication, there are several internal resources available, including the Corporate Compliance Committee, any supervisor or manager, Compliance Department, website, hotline, 909-591-6446, ext 137; and the Plan's senior management and the President & Chief Executive Officer. The Plan's policies and procedures are readily available to staff through the Plan's Intranet. The Plan's Board Members assist in approving these policies and the Plan's compliance program annually. FDRs, and Providers have ready access to the Plan's Compliance Program via the provider portal. In addition, all FDRs are provided annually a FDR Compliance ICE Attestation that contains all of the required areas for oversight. Based on annual risk assessment, the compliance policies, annual attestations, and specified reporting of compliance sanctions monthly; network roster quarterly; HIPAA, Cyber, risk reports; training materials as utilized by FDR to train on MAPD are audited by the Plan. Contact information for the Compliance Officer and the Medicare Compliance department staff is also readily available.

Elite Health Plan fraud hotline - ensures confidentiality maintained by Compliance Officer, free resource available to associates, contractors, agents, managers, directors, first tier, downstream, and related entities (FDR), and other business partners, and members twenty-four hours a day, seven days a week to report violations of—or raise questions or concerns relating to—the Standards of Conduct and Ethics. Associates, contractors, agents, managers, directors, members, volunteers, and FDRs may call the Fraud Alert Line at 909-591-6446, ext. 137.

Calls to the Fraud Alert Line can be made anonymously and without retaliation. Calls to the Fraud Alert Line are never traced.. The Compliance Officer receives reports of all calls or contact with the FRAUD ALERT hotline, email, and website . Results of investigations are reported back to the caller, when possible. Reports are tracked to ensure proper investigation and resolution.

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Reporting/Communicating potential fraud, non-compliance anonymously and without retaliation if reported in good faith:

- **Anonymous Reporting App**: Keyword: elitehealthplan
  - Detailed app instructions download here

- Toll-Free Telephone:
  - **English-speaking USA and Canada: 855-894-4982**
  - Spanish-speaking USA and Canada: **800-216-1288**
  - Spanish-speaking Mexico: **800-681-5340**
  - French-speaking Canada: **855-725-0002**
  - Contact us if you need a toll-free # for North American callers speaking languages other than English, Spanish or French

- **E-mail**: reports@syntrio.com (must include company name with report)
- **Fax**: 215-689-3885 (must include company name with report)

Your **suggestion box** can be accessed from your web reporting page, or directly at: https://report.syntrio.com/elitehealthplan/sb.asp.

- Mailing a report to "Fraud Alert Compliance Dept" at 1131 W. 6th Street, Suite 225, Ontario, CA. 91762 and/or calling 800-958-1129

Submitting a report via email: hotline@elitehealthplanhealth.com or via Plan website: www.elitehealplaninc.compliance or via anonymous hotline @ https://report.syntrio.com/elitehealthplan. All attempts will be made to keep you identity anonymous for those items that are reported in good faith without retaliation.

Each staff member annually upon refresher training is provided with a desk card that contains all contact information for FWA and the 7 elements of a Compliance Program. Articles are periodically published in member newsletter and posted on provider portal to address FWA issues, on-going scams, and changes to the Compliance Program.

Compliance Awareness Week - Each year, if possible, Elite Health Plan Compliance schedules an entire week to deliver focused, all-associate communications designed to build compliance, privacy, information security, d ethics awareness. The week-long schedule of activities includes creative education methods and other activities designed to increase awareness of the

Company's compliance expectations and reward associates for their ongoing compliance efforts.
Reporting Suspected Fraud, Waste, Abuse or Other Misconduct If an associate discovers or suspects, in good faith, any potential fraudulent, abusive, illegal, dishonest, non-compliant or unethical conduct, they are expected to immediately report these actions upon identification, but no later than 45 days from the initial identification. Elite Health Plan provides several mechanisms for associates to report suspected fraud, waste, abuse (FWA) or other misconduct including:

- Contact their supervisor, manager, department director or vice president;
- Contact the Fraud, Waste and Abuse Hotline;
- Contact the Compliance Officer, the Privacy Officer, the Chief Executive Officer or any other Senior Executive Team Member.
- Submit a Report Fraud, Waste & Abuse claim via email. Exit interviews are conducted with each employee and the Plan ventures preserve confidentiality to the extent possible depending on the facts and circumstances of the case.

Definitions:

Abuse: Abuse may, directly or indirectly, result in unnecessary costs to the Medicare Program. Abuse includes improper payment for services, which fail to meet professionally recognized standards of care, or 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.

Associate: For purposes of this policy and procedure, the term "associate" includes regular employees, temporary employees, volunteers, and interns. Centers for Medicare & Medicaid Services (CMS) The Federal agency within the U.S. Department of Health and Human Services (HHS) that administers the Medicare and Medicaid programs.

Compliance Program: A program that promotes regulatory compliance and legal conduct to provide guidance to prevent, detect and help resolve non-compliant and illegal conduct, including fraud, waste or abuse.

Downstream Entity: Any party that enters into a written arrangement, acceptable to CMS, below the level of the arrangement between the Plan and a first tier entity. These written arrangements continue down to the level of ultimate provider of health, pharmacy and/or administrative services to members.

First Tier Entity: Any party that enters into a written arrangement acceptable to CMS with Plan to provide administrative services or health care or pharmacy services for a Medicare eligible individual under a MA or Part D Plan

References: Title 42 Code of Federal Regulations (CFR) · 42 CFR § 422.503(b)(4)(vi)(D) · 42 CFR § 423.504(b)(4)(vi)(D) CMS Medicare Managed Care Manual · Chapter 11 - Medicare Advantage Application Procedures and Contract Requirements – Section 20.1 · Chapter 21 – Medicare Compliance Program Guidelines - Section 50.4 Prescription Drug Benefit Manual · Chapter 9 — Medicare Compliance Program Guidelines.