Section I: Introduction

Harvard Pilgrim Health Care, Inc. and Harvard Pilgrim Health Care of New England, Inc. (Harvard Pilgrim) are not-for-profit organizations that hold contracts with the Centers for Medicare & Medicaid Services (CMS) as a Medicare Advantage Plan Sponsor. We offer a Medicare Advantage Prescription Drug (MAPD) plan to Medicare beneficiaries, and we value our relationship with each of our Medicare members and with CMS. Since 1985, Harvard Pilgrim has been providing services to Medicare beneficiaries and the Medicare Program fully in accordance with state and federal laws including Medicare Program laws, regulations, policies and sub-regulatory guidance.

To assist us in providing administrative and/or healthcare services to our Medicare members that we are obligated to provide under our contracts with CMS, Harvard Pilgrim contracts with external individuals and entities through a variety of arrangements. These external entities are referred to by CMS as First Tier, Downstream, and Related Entities (FDRs).

We have implemented a comprehensive Medicare Compliance Program which helps us to:

- Reduce or eliminate fraud, waste, and abuse;
- Ensure we comply with applicable laws, rules and regulations; and
- Reinforces our commitment to compliance.

CMS also requires those FDRs providing administrative and/or healthcare services on behalf of Harvard Pilgrim to fulfill specific Medicare Compliance Program requirements, as further described in this document. The Code of Federal Regulations (CFR) outlines these Medicare Compliance Program requirements from CMS, which are further defined by CMS in the January 11, 2013 Compliance Program Guidelines found in Chapter 21 of the Medicare Managed Care Manual and Chapter 9 of the Prescription Drug Benefit Manual. CMS requirements are identical in these two documents.

Harvard Pilgrim maintains a corporate-wide Code of Conduct (Code) for our employees that outline the values and standards that guide our business practices and day-to-day actions. Our Code is a compilation of the ethical, regulatory and legal guidelines we are expected to use in carrying out our professional duties. It is based on the ethical guidance provided by Harvard Pilgrim’s mission, vision, and Core Values, and on the legal and regulatory expectations set by the external environment.

We have also created these Medicare Standards of Conduct (Standards) to assist our business partners in understanding how Harvard Pilgrim does business, and to outline your responsibilities as an FDR providing administrative and/or healthcare services to Harvard Pilgrim and/or our members.
Harvard Pilgrim applies these Standards to all FDRs. In it, you will find information regarding what you can expect from Harvard Pilgrim, and what we expect from each FDR. Upholding these Standards and Harvard Pilgrim’s internal policies and procedures, as well as complying with all laws and regulations that guide Harvard Pilgrim’s business, is the responsibility of all of FDRs. FDRs are required to comply with the Standards and Harvard Pilgrim may investigate any noncompliance and take action to remediate any noncompliance. Remediation may include but is not limited to, indemnifying Harvard Pilgrim for any regulatory agency penalties, reporting the conduct to law enforcement or appropriate regulatory agency, or terminating the contract.

Harvard Pilgrim believes strongly in the principles set forth in its Medicare Standards of Conduct and takes seriously its responsibility to uphold those standards. This document presents these Standards for all FDRs and is intended to serve as guiding principles for how Harvard Pilgrim and FDRs conduct themselves in the course of doing business. The principles included in these Standards reflect Harvard Pilgrim’s commitment to:

- Uphold its duty to protect confidentiality
- Demonstrate business integrity
- Encourage a culture that promotes open communication
- Meet its regulatory obligations
- Provide the best care to and support our beneficiaries

**Section II: What is an FDR?**

CMS defines first tier, downstream and related entities as:

- **First tier entity**: “any party that enters into a written arrangement with Harvard Pilgrim to provide administrative or health care services for Medicare-eligible individuals”.
- **Downstream entity**: “any party that that enters into an acceptable written arrangement below the level of the arrangement between Harvard Pilgrim and a first tier entity. These written arrangements continue down to the level of the ultimate provider of health and/or administrative services”.
- **Related entity**: “any entity that is related to Harvard Pilgrim by common ownership or performs some of Harvard Pilgrim’s management functions under contract or delegation”.

You are receiving this document because you have been identified as a **First Tier Entity** that must comply with CMS Medicare Compliance Program requirements. **Please note:** In the event of any inconsistency between these Medicare Standards of Conduct and the terms of your agreement with Harvard Pilgrim, the terms of your agreement shall prevail.
Section III: About Harvard Pilgrim Health Care

Our Mission is to improve the quality and value of health care for the people and communities we serve.

Our Vision is to be consistently recognized as a leading health services company in each of our markets.

We achieve our mission and vision by collaborating with our vendor partners, consumers, physicians, employers and brokers to offer innovative, customized solutions, delivered with exceptional service, all with the goal of improving value and quality across the health care system.

At Harvard Pilgrim, we also believe the true value of an organization comes from its people, and that greatness is created by individuals who share common goals and who support and rely upon one another to achieve them. Our Core Values represent a set of ideals and internalized beliefs. These values affect how we treat others, guide us in responding to peoples' needs and define how we interact with constituents and one another. Our Core Values reflect a collective way of thinking and acting which supports our aim to be trusted by all those who are touched by what we do and serves as a guide to improve health care outcomes for our communities.

Our Core Values should be seen as shared beliefs and aspirations for what we will achieve together.

- **Collaboration**: We can do better for more people by working together toward a common good.
- **Dependability**: We do what we say we will do. Keeping the commitments we make over time builds trust with those we serve.
- **Inclusion**: We value difference and create value through difference.
- **Innovation**: We constantly create better ways of serving our people.
Section IV: Medicare Compliance Program Description

The purpose of our Medicare Compliance Program is to provide a framework that enables Harvard Pilgrim to continually assess and maintain compliance with Federal and state rules and regulations. The Medicare Compliance Program is specifically designed to promote regulatory compliance and ethical conduct, and to prevent, detect and correct noncompliance, illegal conduct and fraud, waste and abuse. All materials are periodically reviewed to ensure each remains current, complies with all CMS rules and guidance, and are easily readable and understandable.

Definitions:

- **Compliance**, as used in this document, means adhering to the laws, regulations and sub-regulatory guidance, including the Medicare Managed Care Manual and the Prescription Drug Benefit Manual that CMS instructs Harvard Pilgrim to follow.
- **Fraud** is defined as 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.
- **Waste** is defined as 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.
- **Abuse** includes actions that may, directly or indirectly, result in unnecessary costs to the Medicare Program (including improper payment), payment for services that fail to meet professionally recognized standards of care, or services that are medically unnecessary.

What is the difference between “compliance” and “Fraud, Waste and Abuse (FWA)”?

- **Compliance** is a broad term used to describe activities and behaviors that must be consistent with state and federal laws, regulations, mandates, and operational requirements.
- **FWA**, on the other hand, is more specific and tends to focus on the financial, safety and utilization impact to the health care programs. In general, FWA focuses on claims, appropriate use of services, financial reimbursement, and certain illegal acts.
Medicare Compliance Program Elements

Consistent with CMS guidance, Harvard Pilgrim’s Medicare Compliance Program includes the following elements:

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<thead>
<tr>
<th>Element</th>
<th>Description</th>
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<tbody>
<tr>
<td>1. Written Policies, Procedures and Standards of Conduct</td>
<td>The Medicare Standards of Conduct describes the principles and values by which Harvard Pilgrim operates and is the foundation for compliance policies and procedures. Harvard Pilgrim makes its Medicare Standards of Conduct available to all FDRs.</td>
</tr>
<tr>
<td>2. Compliance Officer, Compliance Committee and Oversight</td>
<td>The Harvard Pilgrim Medicare Compliance Steering Committee oversees the Medicare Compliance Program by supporting and advising the Medicare Compliance Officer, and the Compliance department. The Committee meets regularly to discuss the status of the Compliance Program. The Medicare Compliance Officer provides periodic reports of compliance activities, risk areas and strategies to the Corporate Compliance Officer, senior management, including the President/CEO and the Audit Committee of the Board of Directors.</td>
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<tr>
<td>3. Training and Education</td>
<td>The effectiveness of training and education is evident when everyone involved with providing health or administrative services to Medicare enrollees understands the rules and regulations that apply to their job and assignments. Effective training also prepares all of us to identify and report Medicare program noncompliance or potential fraud, waste, and abuse (FWA). Compliance and FWA training is a requirement for Harvard Pilgrim employees and FDRs.</td>
</tr>
<tr>
<td>4. Lines of Communication</td>
<td>Harvard Pilgrim makes available several reporting methods for FDRs including a mechanism for anonymous reporting. Pages 16-17 of these Standards outline the reporting methods that can be distributed to FDR employees. Any concerns, suspected misconduct, potential noncompliance, or possible FWA may be reported to Harvard Pilgrim, and Harvard Pilgrim will promptly investigate the report. Harvard Pilgrim policy prohibits retaliation or intimidation against anyone who reports suspected violations in good faith.</td>
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<tr>
<td>5. Well Publicized Disciplinary Guidelines</td>
<td>Harvard Pilgrim policies enforce standards when an investigation reveals noncompliant or unethical behavior. Disciplinary standards may include re-training, specialized training, or disciplinary action up to and including termination of employment or termination of a contract.</td>
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<td>Element</td>
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<td>6. System for Routine Monitoring, Auditing and Identification of Compliance Risks</td>
<td>Harvard Pilgrim performs regular risk assessments, including an assessment of activities delegated to FDRs, which are used to guide the work and activities of the Compliance Program and to develop an annual audit plan. Harvard Pilgrim monitoring activities are structured to regularly review normal operations to confirm ongoing compliance using metrics and other performance indicators.</td>
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<tr>
<td>7. Procedures and System for Prompt Responses to Compliance and Fraud, Waste or Abuse (FWA) concerns</td>
<td>Compliance issues or suspected FWA may be reported through the Compliance Hotline, a member complaint, or discovered during routine monitoring or auditing, or by regulatory authorities. If misconduct is discovered or suspected, a prompt investigation is initiated by Harvard Pilgrim. If the report is substantiated, an appropriate corrective action plan is requested to be developed and implemented. At times the corrective action could include disclosing the issue to applicable regulators and/or federal contractors.</td>
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Each of the above is fundamental to Harvard Pilgrim’s Medicare Compliance Program. We strive to meet these by:

- Publicizing standards of conduct and other compliance policies;
- Providing compliance and fraud, waste and abuse training programs;
- Communicating CMS regulations and assisting with implementation efforts;
- Monitoring, auditing and risk assessment plan operations to ensure compliance;
- Providing pathways to report concerns or ask questions about potential noncompliance;
- Promptly investigating reported concerns; and,
- Reporting on Medicare Compliance Program activities to Harvard Pilgrim’s senior management and the Audit Committee of the Board of Directors.

**Section V: Harvard Pilgrim Compliance Standards**

A. **Accuracy of Records and Record Retention**: The ways in which records are handled and maintained can have a significant impact on Harvard Pilgrim’s reputation, how we run our business, and how decisions are made. As such, it is everyone’s responsibility to ensure:

- the integrity and accuracy of Harvard Pilgrim’s documents and records,
- corporate documents comply with regulatory, legal and organizational requirements,
- corporate records are available to support our business practices and decisions,
internal and external reports and communications are complete and accurate in nature.

Records must be maintained according to the terms outlined in your agreement with Harvard Pilgrim. No individual may maliciously alter or falsify information on any record or document. Everyone is responsible for creating, retaining and disposing of Harvard Pilgrim records in accordance with all legal, regulatory and business requirements. Records pertaining to Harvard Pilgrim’s Medicare product must be retained according to CMS regulations and Harvard Pilgrim guidelines.

B. **Confidentiality:** Everyone who works with sensitive, confidential or proprietary information has been entrusted with a great responsibility. The trust that has been placed in you must not be taken lightly. Harvard Pilgrim expects all FDRs and their employees to maintain the confidentiality of the information accessed, used and maintained to perform tasks to support Harvard Pilgrim’s requirements.

C. **Conflicts of Interest:** A conflict of interest is any behavior that might compromise or give the appearance of compromising your integrity, creating a situation in which your personal interests are or appear to be favored over legitimate business interests. FDRs must effectively screen employees for potential conflicts on a periodic basis. The integrity of the relationship with Harvard Pilgrim should never be compromised.

D. **Employing or Contracting with Sanctioned, Excluded, or Precluded Individuals or Entities:** FDRs are prohibited from employing or contracting with individuals or entities that have been sanctioned by and excluded from participation in government programs by either the Department of Health and Human Services’ Office of Inspector General (OIG) or the General Services Administration’s (GSA) System for Award Management (SAM). FDRs are required to conduct pre-hire screening of potential employees, as well as subsequent monthly verification, as required by CMS. Further, FDRs must not provide payment to an individual or entity who is on the CMS Preclusion List. Claims from such providers and prescribers must be denied or rejected as of the claim rejection date on the Preclusion List.

E. **Equal Employment Opportunity:** Harvard Pilgrim expects its FDRs to prohibit discrimination against any individual because of race, religion, creed, gender, gender identity, genetic information, national origin, color, age (40 and above), ancestry, disability, veteran status or sexual orientation, or any other category protected by state or federal law.

F. **Health Care Fraud, Waste and Abuse:** FDRs are expected to comply with all state and federal fraud, waste and abuse laws which have an impact on health care and health insurance costs.
G. **Harassment Prevention:** Harvard Pilgrim expects its FDRs to be committed to providing a work environment that is free of harassment of any kind, whether verbal or physical, based on an employee’s membership in a protected category, including sexual harassment. Harvard Pilgrim will not tolerate harassment based on race, religion, creed, gender, gender identity, genetic information, national origin, color, age (40 and above), ancestry, disability, veteran status or sexual orientation, or any other category protected by state or federal law.

H. **Non-Retaliation:** Harvard Pilgrim prohibits any type of retaliation against employees for reporting of suspected noncompliance and FWA and/or for making complaints about conduct that could reasonably be believed to constitute unlawful discrimination, or for assisting in an investigation into such conduct. Any discrimination or adverse action, such as intimidation, threats or coercion, taken against an employee because s/he complains of discrimination, or assists in an investigation of discrimination is unlawful and may also result in disciplinary action, up to and including termination of the business relationship.

I. **Offshore Operations:** To help ensure Harvard Pilgrim’s compliance with applicable state and federal laws, rules and regulations, FDRs are prohibited from using any individual or entity (“Offshore Entity”) (including, but not limited to, any employee, contractor, downstream (subcontractor), agent, representative or other individual or entity) to perform any services for Harvard Pilgrim’s Medicare product if the individual or entity is physically located outside of one of the fifty United States or one of the United States Territories (i.e., American Samoa, Guam, Northern Marianas, Puerto Rico, and Virgin Islands), **unless** an authorized Harvard Pilgrim representative agrees in advance and in writing to the use of such Offshore Entity.

If you engage in or utilize an Offshore Entity to perform services for our Medicare Advantage product in an offshore location that involves the receipt, processing, transferring, handling, storing, or accessing of Medicare Member protected health information (PHI) and the arrangement is approved by Harvard Pilgrim, we must submit an attestation to CMS notifying them of your use of the Offshore Entity.

J. **Payments to Government Officials:** Harvard Pilgrim, its employees, FDRs and their employees are prohibited from offering or making any kind of payment, service, gift or anything of value, in any amount, directly or indirectly, to any government official or employee. This includes, but is not limited to, staff from CMS, the agency responsible for the oversight of the Medicare Program.

K. **Privacy and Security:** Harvard Pilgrim’s Privacy and Information Security Programs set the standards for safeguarding personal and protected health information. Harvard Pilgrim is, and
expects its FDRs to be, committed to complying with applicable state and federal laws, regulations and policies related to privacy and security of health and personal information.

Protected Health Information (PHI) must be used and disclosed only to the extent necessary to conduct treatment, payment and health care operations, as necessary by law, or to comply with legal, regulatory or accreditation requirements. All FDRs must safeguard PHI and business confidential information in accordance with federal and state laws and as outlined in their agreements with Harvard Pilgrim.

L. **Data use requirement**: When administering or servicing Harvard Pilgrim business, FDRs with access to CMS systems must:
   - Restrict the use and disclosure of Medicare data obtained from CMS information systems for intended purposes,
   - Only maintain data obtained from CMS information systems necessary to administer applicable plans,
   - Not provide other entities/individuals access to CMS information systems, or the data obtained from such systems for the Harvard Pilgrim business,
   - Limit the use of information obtained from Medicare beneficiaries to those purposes directly related to the administration of Medicare-regulated Harvard Pilgrim products.

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**Section VI: Compliance with State and Federal Laws**

FDRs are required to comply with all local, state and federal laws, rules and regulations applicable to Harvard Pilgrim’s business. Moreover, FDRs must not engage in any corrupt business practices or other illegal activities, including fraud, embezzlement or other criminal conduct. Any violation of the law, our Code, or other Harvard Pilgrim policies will be taken seriously and may result in disciplinary action, up to and including termination of any contractual arrangement. Some of these laws include:

A. **Anti-Kickback Statute**: This statute prohibits anyone from knowingly and willfully receiving or paying anything of value to influence the referral of federal health care program business, including Medicare and Medicaid. This can take many forms, such as cash payments, entertainment, credits, gifts, free goods or services, the forgiveness of debt, or the sale or purchase of items at a price that is not consistent with fair market value. It also may include the routine waiver of copayments and/or coinsurance.

B. **Antitrust Laws**: These exist to ensure the market for goods and services operates competitively and efficiently. These laws are complex, and carry both civil and criminal penalties that can be imposed on individuals as well as the organizations they represent. We must all be alert to, and
should not engage in, any kind of agreement or business practice that restricts free and fair competition. Discussions with competitors on any business subject, even those that appear benign, should not occur unless they are first cleared with Harvard Pilgrim.

C. **Beneficiaries Inducement Statute:** Medicare marketing guidelines prohibit Harvard Pilgrim from offering rebates or other cash inducements of any sort to beneficiaries. The guidelines prohibit us from offering or giving remuneration to induce the referral of a Medicare beneficiary, or to induce a person to purchase, or arrange for, or recommend the purchase or ordering of an item or service paid in whole or in part by the Medicare Program.

D. **Civil Monetary Penalties and Exclusions:** In addition to criminal penalties, the United States Government may also impose civil monetary penalties and exclude a person or entity from participation in Medicare, Medicaid and all other federal health care programs.

E. **Code of Federal Regulations:** Harvard Pilgrim must comply with federal regulations that implement and oversee the Medicare Advantage and Prescription Drug Benefit Programs. These regulations include, but are not limited to, the following:

   o 42 CFR §422: Medicare Advantage Program. This is the authoritative regulation that implements the Medicare Advantage Program under the Social Security Act.
   o 42 CFR §423: Prescription Drug Benefit Program. This is the authoritative regulation that implements the Prescription Drug Program under the Social Security Act.

F. **Federal Criminal False Claims Statutes:** Federal laws make it a criminal offense for anyone who makes a claim to the United States government knowing that it is false, fictitious, or fraudulent.

G. **Federal False Claims Acts:** The Federal False Claims Act (FCA) prohibits any person from engaging in any of the following activities:

   o Knowingly submitting a false or fraudulent claim for payment to the United States Government;
   o Knowingly making a false record or statement to get a false or fraudulent claim paid or approved by the Government;
   o Conspiring to defraud the Government by getting a false or fraudulent claim paid or approved by the Government; or
   o Knowingly making a false record or statement to conceal, avoid, or decrease an obligation to pay or transmit money or property to the Government.
H. **Health Insurance Portability and Accountability Act (HIPAA):** This act protects the confidentiality and integrity of protected health information. The HIPAA Privacy Rule provides federal protections for personal health information held by Harvard Pilgrim and its business partners and gives individuals an array of rights with respect to that information.

The HIPAA Security Rule specifies a series of administrative, physical, and technical safeguards for Harvard Pilgrim and its business partners to use to assure the confidentiality, integrity, and availability of electronic protected health information.

I. **OIG List of Excluded Individuals and Entities (LEIE) & GSA System for Award Management (SAM):** Federal law prohibits the payment by Medicare, Medicaid or any other federal health care program for any item or service furnished by a person or entity excluded from participation in these federal programs.

No Medicare Advantage or Prescription Drug Plan Sponsor, or first-tier, downstream and related entities, may submit for payment of any item or service provided by an excluded person or entity, or at the medical direction or on the prescription of a physician or other authorized person who is excluded. The Office of Inspector General (OIG) maintains the LEIE and the General Services Administration (GSA) maintains the SAM.

J. **CMS Preclusion List:** This regulation prohibits payment for Medicare Advantage items and services or Part D drugs furnished or prescribed to Medicare beneficiaries by individuals and entities included on the Preclusion List.

K. **Physician Self-Referral ("Stark") Statute:** This statute prohibits a physician from making referrals for certain designated health services payable by Medicare to an entity with which he or she (or an immediate family member) has a financial relationship (ownership, investment, or compensation), unless an exception applies. The statute prohibits the submission of claims to Medicare for those referred services.

L. **Social Security Act:** Title XVIII of the Social Security Act implements the Medicare Advantage Program and the Prescription Drug Program, and serves as the statutory foundation by which these two Medicare Programs are governed.

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**Section VII: General Compliance and FWA Training**

FDRs must ensure that its employees, and downstream entities, complete general compliance and fraud, waste, and abuse (FWA) training. Training provided to your employees and downstream entities
can be completed by taking CMS’ trainings on the CMS Medicare Learning Network (MLN) or creating trainings that must be equivalent and adequate:

**Medicare Parts C and D General Compliance Training** where individuals will learn:

- How a compliance program operates, and
- How compliance program violations should be reported

**Combating Medicare Parts C and D Fraud, Waste, and Abuse Training** where individuals will learn:

- FWA in the Medicare Program
- The major laws and regulations pertaining to FWA
- Potential consequences and penalties associated with violations
- Methods of preventing FWA
- How to report FWA
- How to correct FWA

Currently, your employees and downstream entities contracted to provide administrative and/or healthcare services to our Medicare plan can complete these trainings in one of two ways:

1. Complete the modules directly via CMS’ [Medicare Learning Network](#). You will need to create an individual account. Once completed, download and retain the Certificate of Completion.
2. Download or print the content of the CMS training modules from the Medicare Learning Network and incorporate the elements it into your training materials/system.
3. Complete the training created and provided by your organization. This training must equivalent and adequate.

Training must be completed within 90 days of hire or the effective date of contracting, and at least annually thereafter.

FDRs who have met the FWA certification requirements through enrollment into Parts A or B of the Medicare Program, or through accreditation as a supplier of DMEPOS, are deemed to have met only the FWA training and education requirements. No additional documentation beyond the documentation necessary for proper credentialing is required to establish that an employee or FDR or employee of an FDR is deemed. **This exemption applies only to FWA training and not general compliance training.**
Harvard Pilgrim will confirm your compliance with these training requirements through our annual Compliance Program Attestation process. As such, you must maintain evidence of training completion, be in the form of compliance certificates, attestations, training logs, or other methods determined by you to best represent fulfillment of these obligations.

**Section VIII: Monitoring and Auditing**

CMS requires that Harvard Pilgrim develops a strategy to monitor and audit our first tier entities to ensure compliance with all applicable laws and regulations, and to ensure that our first tier entities are monitoring the compliance of their downstream entities.

The Compliance Department conducts monitoring reviews and routine audits of Harvard Pilgrim operations and those of our business partners. This is done to ensure that we are operating at a level acceptable to Harvard Pilgrim and government regulators. Should you be selected to participate in a monitoring or auditing activity, you are expected to fully cooperate in the activity, provide the necessary requested information, and implement any corrective action measures that may result.

If you choose to subcontract with other individuals/parties to provide administrative and/or healthcare services on behalf of Harvard Pilgrim, you must ensure that these downstream entities abide by all laws and regulations that apply to you as a first tier entity, including the Medicare Compliance Program requirements that are described in these Standards.

Further, you/your organization must conduct sufficient oversight to test and ensure that your employees and downstream entities are compliant with all applicable laws, retain evidence of completion, and implement corrective action plans or take disciplinary actions, as necessary, to prevent any recurrence of noncompliance.

**External Audits and Reviews**

Harvard Pilgrim operates in a heavily regulated industry requiring compliance with numerous state and federal regulations and the upholding of ethical and business standards at all times. External parties often perform audits of Harvard Pilgrim’s operations. These parties may include independent auditors and state and federal government regulators, including but not limited to CMS.

It is Harvard Pilgrim’s policy to fully cooperate with auditors and to provide them with all necessary information in as timely and complete a manner as possible. All FDRs must cooperate with audits as outlined in their agreements with Harvard Pilgrim.
Reporting Potential Compliance and/or FWA Concerns

Laws, regulations and organizational policies can be complex. While Harvard Pilgrim expects that its representatives try to do what is right, and the right thing may not always be clear. To avoid confusion and facilitate compliant behavior, all FDRs are expected to promptly report any good faith belief of a violation of the state and/or federal laws and regulations that govern Harvard Pilgrim’s business. We strive for an environment where employees freely seek and receive prompt guidance on:

- Questions or concerns about the Medicare Compliance Program or compliance issues
- Questions or concerns about fraud, waste and abuse
- Questions about ethical business behavior
- Concerns about possible violations of Harvard Pilgrim policies

FDRs have an obligation to report compliance and FWA concerns. Any FDR who knows of, but fails to report, suspected misconduct or noncompliance may be subject to termination of its contract. Harvard Pilgrim maintains a dedicated Medicare Compliance Officer and FWA function. Contact information is provided below:

- Medicare Compliance Officer: 617-509-1411
- Special Investigations Unit (SIU): 617-509-1029
- Contact Compliance by e-mail: Compliance_Programs@harvardpilgrim.org
- Contact by US mail: Harvard Pilgrim Health Care, 93 Worcester Street, Suite 100, Wellesley, MA 02481
- The Compliance and Fraud Waste and Abuse (FWA) Hotline at 1-877-824-7123. The compliance hotline is managed by an external vendor, and staff is available 24 hours a day, 7 days a week. Anonymous reporting is available.

Responding to Reported Concerns

Harvard Pilgrim’s Medicare Compliance Officer, or other staff from the Compliance Department or Compliance Programs Office, will initiate prompt and reasonable steps to investigate the concern in question to determine whether a violation of applicable law or the requirements of the Medicare Compliance Program has occurred, and if so, take steps to correct the problem.

During the investigation process, we may conduct interviews, conduct a risk analysis, analyze the root cause, review processes and systems, and assess the impact to Harvard Pilgrim and other internal and/or external constituents. At the conclusion of the investigation, we will document the findings. If the incident warrants, we will issue a formal corrective action plan (CAP) to track and remedy the issue.
We may refer serious matters to state and/or federal agencies, including law enforcement. We will make every effort to inform you of the outcome of the investigation, subject to legal or confidentiality constraints.

**Non-Intimidation and Non-Retaliation**
A key part of Harvard Pilgrim’s Code and these Medicare Standards of Conduct is our policy of non-retaliation. Harvard Pilgrim strictly prohibits intimidation or retaliation against any FDR, or employee of any FDR, for their participation in the Medicare Compliance Program or their good faith reporting of any suspected noncompliance or FWA concern.

If you suspect that you are being retaliated against for making a good faith report of a compliance or FWA issue, you may contact the Medicare Compliance Officer as outlined above.

**Your Responsibilities**
In order to be effective, Harvard Pilgrim’s Medicare Compliance Program requires and expects participation and commitment from all levels of our organization and our FDRs.

You are expected to:
- Learn the details of our Medicare Compliance and Fraud, Waste and Abuse (FWA) Programs, and any supporting policies and procedures.
- Read, understand and follow Harvard Pilgrim’s Medicare Standards of Conduct for First Tier, Downstream, and Related Entities.
- Comply with all applicable state and federal laws, regulations, policies and procedures in all business dealings on behalf of Harvard Pilgrim.
- Maintain business and member confidentiality in accordance with HIPAA rules or more stringent state laws.
- Promptly report suspected compliance issues or FWA violations to the appropriate channel.
- Cooperate fully with any compliance or FWA investigation.
- Promptly correct any identified noncompliance or FWA violation.
- Disclose any debarment, exclusion, suspension or other event that makes you ineligible to participate in Medicare, Medicaid or other state or federal programs or upon conviction of a criminal offense.
- Successfully complete all mandatory training programs.

**FDR Medicare Compliance Program and Attestation Requirements**
Harvard Pilgrim’s commitment to compliance includes ensuring that its FDRs are in compliance with applicable state and federal laws, rules and regulations. Although Harvard Pilgrim contracts with FDRs to provide administrative and healthcare services in support of our Medicare product, it is ultimately
responsible for fulfilling the terms and conditions of our contract with CMS and meeting applicable Medicare Program requirements.

Therefore, Harvard Pilgrim requires each FDR to comply with the Medicare Compliance Program requirements described in these Standards. Please review this document to ensure that you have internal processes to support your compliance with these requirements each calendar year. An authorized representative from your organization is required to complete the Harvard Pilgrim Medicare Compliance Program Guidelines Attestation (on behalf of the organization) on an annual basis to attest to your compliance with the Medicare Compliance Program requirements described in these Standards.

Harvard Pilgrim and/or CMS may request, for monitoring/auditing purposes, that you provide evidence of your compliance with these Medicare Compliance Program requirements.

**Instances of Non-Compliance**

If our FDRs fail to meet any of these Standards, or other Medicare Program requirements, it may lead to:

- Development and implementation of a corrective action plan (CAP)
- Retraining
- Contract termination

Harvard Pilgrim’s response to issues of noncompliance will depend on the severity of the compliance issue. If an FDR identifies areas of noncompliance, it must take prompt action to correct the issue and prevent it from reoccurring.

**Additional Resources**

- Medicare Learning Network
- CMS Compliance Program Guidelines
- CMS' Part C and D Compliance and Audits Overview
- OIG Exclusions
- System for Award Management (SAM)

**Medicare Advantage FDR Compliance Program**