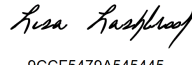
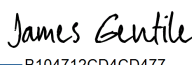




## CORPORATE COMPLIANCE MEDICARE PROGRAMS

# ROUTINE MONITORING AND AUDITING POLICY

<b>Policy #:</b> 503.13	<b>Original date:</b> 11/14/2014  <b>Revision date(s):</b> 07/31/2015, 10/15/2015, 06/20/2016, 02/22/2018, 02/04/2022  <b>Review date(s):</b> 07/12/2017, 02/20/2019, 02/27/2020, 02/05/2021
<b>Approvals</b>	
DocuSigned by:  Signature Policy Owner: _____ Date: 2/4/2022 <small>9CCE5479A545445</small>	
Policy Owner Printed Name and Title: Lisa Lashbrook, Senior Director, Medicare Programs and Medicare Compliance Officer	
DocuSigned by:  Signature Senior Leader: _____ Date: 2/4/2022 <small>B104712CD4CD477</small>	
Senior Leader Printed Name and Title: James Gentile, Senior Vice President & Chief Compliance Officer	

## I. PURPOSE

The purpose of this policy is to comply with the Centers for Medicare & Medicaid Services (CMS) guidelines related to routine monitoring and auditing of Medicare government programs & First Tier, Downstream and Related Entities (FDRs).

## II. SCOPE

This policy applies to Fallon Health employees, including the chief executive officer and senior administrators, managers, governing body members and FDRs who are involved in the administration or delivery of Medicare Advantage, Medicare Advantage Prescription Drug and PACE plans.

This policy applies to all employees of Fallon Community Health Plan, Inc. (d/b/a "Fallon Health") and any other persons whose conduct, in the performance of work for Fallon Health, is under the direct control of Fallon Health.

Throughout this Policy, unless otherwise indicated, Fallon Health includes all Fallon Community Health Plan, Inc. subsidiary and affiliated organizations and any operating divisions, product, or service lines of Fallon Health, such as Summit ElderCare. Examples of Fallon Health subsidiary

or affiliated organizations include Fallon Health and Life Assurance Company, Inc. (“FHLAC”), Fallon Total Care, Inc. (“FTC”), FCHP New York, LLC, UltraBenefits, Inc. (“UB”), Group Insurance Service Center, Inc. (“GISC”), GISC Insurance Agency, Inc., and Fallon Health Weinberg, Inc. (“FHW”).

### **III. RESPONSIBILITY**

The Senior Director, Medicare Programs and Medicare Compliance Officer is the owner of this policy. As such, it is their, or their designee’s, responsibility to provide guidance and oversight on the implementation and compliance of this policy. Additionally, it is their, or their designee’s, responsibility to monitor compliance with the requirements established by CMS.

### **IV. DEFINITIONS**

CMS: The Centers for Medicare & Medicaid Services, the federal agency within the United States Department of Health and Human Services (HHS) that administers the Medicare program and works in partnership with state governments to administer Medicaid.

### **V. DESCRIPTION**

Fallon Health’s (FH) policy is to comply with all CMS guidelines specific to the establishment and implementation of an effective system for routine monitoring, auditing and identification of compliance risks, including our FDRs.

FH performs monitoring and auditing to test and confirm compliance with Medicare regulations, sub-regulatory guidance, contractual agreements and all applicable Federal and State laws, as well as policies and procedures to protect against Medicare program noncompliance and potential fraud, waste and abuse (FWA).

Additionally, Medicare Programs coordinates an oversight program for our operational areas, and applicable FDRs, to aid monitoring the operational risks associated with Medicare Parts C and D programs. Updates on the oversight program are provided to the Compliance Committee and the governing body.

### **VI. REFERENCES**

42 C.F.R. §§ 422.503(b)(4)(vi)(F), 423.504(b)(4)(vi)(F)

Prescription Drug Benefit Manual Chapter 9 and Medicare Managed Care Manual Chapter 21 - Compliance Program Guidelines, Section 50.6

### **VII. DOCUMENTATION REFERENCED**

503.13.01PR Routine Monitoring and Auditing Process