

U OF U HEALTH INSURANCE PLANS COMPLIANCE PROGRAM

University of Utah Health Insurance Plans (U of U Health Insurance Plans) values compliance and ethics and continually strives to do the right thing in the right way to ensure the best experience for our members, our contracted partners, and the community we serve. The U of U Health Insurance Plans compliance program is designed to prevent, detect, and correct healthcare non-compliance and fraud, waste, and abuse.

CODE OF CONDUCT:

The [University of Utah Health Plans Code of Conduct](#) outlines expectations for employees and contracted partners to demonstrate high standards of professional conduct and personal integrity.

COMPLIANCE:

U of U Health Insurance Plans is committed to complying with all applicable laws and regulations. Please contact us if you have a concern that a federal or state law is not being followed:

Compliance & Ethics Hotline: **888-206-6025** or online at secure.ethicspoint.com. Available 24 hours a day, 7 days a week. Reports may be made anonymously.

Email: healthplanscompliance@utah.edu

Mail: University of Utah Health Plans
Attention: Compliance Department
6053 Fashion Square Drive, Suite 110
Murray, Utah 84107

UNIVERSITY OF UTAH HEALTH PLANS
6053 FASHION SQUARE DRIVE, SUITE 110
MURRAY, UTAH 84107



FRAUD, WASTE, AND ABUSE (FWA):

U of U Health Insurance Plans recognizes the personal and financial impact that healthcare fraud, waste, and abuse (FWA) can have on the health plan, its providers, and members. We are committed to help combat healthcare FWA and have established a dedicated and experienced Special Investigations Unit (SIU) to focus on this effort. Suspected FWA can be reported through the following methods:

Compliance & Ethics Hotline: **888-206-6025** or online a **secure.ethicspoint.com**. Available 24 hours a day, 7 days a week. Reports may be made anonymously.

Email: **HealthPlansReportFraud@utah.edu**

Fax: **801-585-2654**

Mail: University of Utah Health Plans
Attention: Special Investigations Unit
6053 Fashion Square Drive, Suite 110
Murray, Utah 84107

CONTRACTED PARTNERS: FIRST TIER, DOWNSTREAM,
AND RELATED ENTITIES (FDRS):

U of U Health Insurance Plans partners with external individuals and entities to help meet the needs of our members and deliver benefits under our Medicare Advantage program. CMS refers to these individuals and entities as First tier, Downstream, and Related Entities (FDRs).

FDRs have specific responsibilities under the Medicare guidelines, including:

Distribute Code of Conduct/Compliance Policies:	<ul style="list-style-type: none">• To employees and downstream contractors• At time of hire/contracting and annually thereafter
Distribute general compliance and FWA training/ education:	<ul style="list-style-type: none">• To employees and downstream contractors• At time of hire/contracting and annually thereafter
Complete exclusion and preclusion list screenings:	<ul style="list-style-type: none">• Prior to hiring/contracting• Monthly thereafter
Make employees/contractors aware of reporting mechanisms (e.g., Compliance Hotline)	
Report FWA and compliance concerns to U of U Health Insurance Plans	

Disclose use of offshore operations to U of U Health Insurance Plans:	<ul style="list-style-type: none"> • Conduct an annual audit of the offshore entity and its operations • Complete an annual attestation regarding offshore arrangements
Fulfill applicable statutory, regulatory, and other Part C or Part D requirements	
Participate in auditing and monitoring activities conducted by U of U Health Insurance Plans	
Monitor and audit any of your own subcontractors (downstream entities):	<ul style="list-style-type: none"> • Ensure contracts include CMS required provisions • Promptly resolve identified issues
Provide data to meet CMS Part C reporting requirements applicable to the delegated functions(s)	
Provide data and staff support for a CMS audit of the delegated function(s):	<ul style="list-style-type: none"> • Accurately and timely populate CMS audit universe templates • Participate in audit sessions and timely correct identified deficiencies

DEFINITIONS:

First Tier Entity	is any party that enters into a written arrangement, acceptable to CMS, with an MA organization or Part D plan sponsor or applicant. These arrangements involve providing administrative or health care services to a Medicare-eligible individual under the MA program or Part D program.
Downstream Entity	is any party that enters into a written arrangement, acceptable to CMS, with persons or entities. These persons or entities are involved with the MA benefit or Part D benefit, below the level of the arrangement between an MA organization or applicant or a Part D plan sponsor or applicant and a First Tier Entity. These written arrangements continue down to the level of the ultimate provider of both health and administrative services.
Related Entity	is one related to an MA organization or Part D sponsor by common ownership or control and: (a) Performs some of the MA organization or Part D plan sponsor’s management functions under contract or delegation; (b) Furnishes services to Medicare enrollees under an oral or written agreement; or (c) Leases real property or sells materials to the MA organization or Part D plan sponsor (this occurs at a cost of more than \$2,500 during a contract period).