



Compliance and Fraud, Waste and Abuse (FWA) Information

Ways to Report Non-Compliance

BayCare Select Health Plans, Inc. (herein referred to as BayCare) is required to have policies and procedure in place to address non-compliance and fraud, waste, and abuse (FWA), including having mechanisms in place to report suspected or actual non-compliance and FWA. BayCare requires you to report any issues of suspected or actual non-compliance or FWA. The following are the ways in which you can actual or suspected non-compliance or Fraud, Waste and Abuse issues or concerns:

- Notify your supervisor, manager, or director. Management, in turn, have an obligation to report suspected violations to the Health Plan Medicare Compliance Officer.
- Notify the Health Plan Medicare Compliance Officer or the health plan Compliance Department. You may do this:
 - In person or via email by contacting the Health Plan Medicare Compliance Officer at Joanna.Tofani@baycare.org;
 - By emailing the Compliance e-mail box at BCHPCompliance@baycare.org; or
 - Via postal mail (which notification **can be made anonymously**) at the following address:

BayCare Health Plans
Attn: BayCare Health Plans Compliance Officer
300 Park Place Blvd.
Suite 170
Clearwater, FL 33759

- BayCare has a Special Investigations Unit (SIU) to help detect, prevent, and investigate possible FWA, and to increase FWA awareness and education. For questions regarding SIU or to contact the SIU Manager, please email: Investigations@baycarehealthplans.org
- Through the compliance hotline, 24 hours a day, 7 days a week. Hotline Reports are confidential, **can be made anonymously**, and are handled through an outside party.
 - **(833) 490-0002 (English)**
 - **(800) 216-1288 (Spanish)**
 - **Website: www.lighthouse-services.com/baycare**
 - **Email (confidential): report@lighthouse-services.com/baycare**
 - **Fax (215) 689-3885 (Include BayCare Health Plans)**



If you are uncomfortable discussing your issue(s) with your supervisor or manager or wish to remain anonymous, you can call the BayCare Health Plans Compliance Hotline. The Hotline is a non- traceable number and there are no caller identification mechanisms in place. It is a method of reporting concerns confidentially and anonymously, if desired. BayCare Health Plans will protect your anonymity to the extent permitted by law. The Hotline is operated by an outside party and available for anyone to call 24 hours per day, 7 days per week, and 365 days per year.

Code of Conduct & Policy and Procedure Acknowledgement

By electronically signing this Acknowledgement Form, I hereby acknowledge that I have received, read and understand the BayCare Health Plan Code of Conduct and BayCare Select Health Plan, Inc. Compliance policies and procedures content and documents outlined below.

- BayCare Health Plans Code of Conduct
- CMP04 V.02- Compliance Auditing and Monitoring Program
- CMP05 V.04- Compliance Education and Training
- CMP06 V.04- Compliance Hotline
- CMP07 V.02- Compliance Oversight of FDRs
- CMP08 V.04- Compliance Violations Investigations
- CMP09 V.03- Conflicts of Interest
- CMP11 V.04- Exclusion from Federal Healthcare Programs
- CMP13 V.04- Health Plan Document and Data Retention
- CMP15 V.03- Medicare Part C and D Plan Reporting
- CMP16 V.02- Policy and Procedure Development
- CMP17 V.03- Prohibition of False Claims
- CMP19 V.03- Review of Health Plan Marketing and Communication Materials
- CMP20 V.04- Non-Retaliation/ Duty to Report
- CMP21 V.02- Disciplinary Standards
- CMP22 V.02- Code of Conduct & Compliance Policy Distribution
- CMP23 V.01- Correction Action Plan
- CMP24 V.01- Regulatory Guidance Review and Distribution
- CMP26 V.02- Compliance Risk Assessment
- CMP27 V.02- Responding to Law Enforcement / Regulatory Agency Inquiries and Complaints
- CMP28 V.01- Breach Notification Policy and Procedure
- CMP29 V.01- HIPAA Privacy



BayCare Health Plans Code of Conduct & Compliance Program Policies and Procedures Attestation

This is to attest that I have received, read, and understand the BayCare Health Plans Code of Conduct for Medicare Advantage Plan; as well as BayCare Health Plan Compliance Policies and Procedures (P&Ps) and that I am expected to abide by the P&Ps as a condition of my contract with BCS.

If I have questions at any time regarding this information, I will consult with the BayCare Compliance Department.

I understand that it is a company requirement and my responsibility to report questions or concerns regarding laws, regulations, contract provisions, or policies related to or affecting BayCare Health Plans, and any actual or suspected non-compliance issues or concerns, via one of the reporting mechanisms set forth herein above.

I also acknowledge and understand that, although these documents reflect BayCare's current policy and procedures regarding Compliance, it may be necessary to make changes from time to time, at BayCare's sole discretion, to best serve the needs of the organization. I understand that once modified, the P&P will be re-distributed, and I will be responsible for reading and attesting to the revised policy. I understand that I will not be subject to intimidation or retaliation for raising or reporting an actual or suspected issue of non-compliance. I understand that any violation of the Code of Conduct may result in corrective action and/or disciplinary action up to and including contract termination.

Signed:

Print Name: _____

Date: