

**Medicaid Business Unit  
Policies and Procedures**

|   |  |   |  |
|---|--|---|--|
| <b>Section (Primary Department)</b><br>Medicaid Compliance Governance   |  | <b>SUBJECT (Document Title)</b><br>Medicaid Compliance Investigations |  |
| <b>Effective Date</b><br>10/1/1998  | <b>Date of Last Review</b><br>09/27/2015 | <b>Date of Last Revision</b><br>09/27/2015                            | <b>Dept. Approval Date</b><br>10/15/2015 |
| <b>Department Approval/Signature :</b>  |  |   |  |
| <b>Policy applies to Medicaid and Medicaid-related products offered by health plans operating in the following State(s)</b> |  |   |  |
| California  | X  | Louisiana   | X  |
| Florida   | X  | Maryland  | X  |
| Georgia   | X  | Massachusetts   | X  |
| Indiana   | X  | Nevada  | X  |
| Iowa  | X  | New Jersey  | X  |
| Kansas  | X  | New York  | X  |
| Kentucky  | X  | South Carolina  | X  |
|   |  | Tennessee   | X  |
|   |  | Texas   | X  |
|   |  | Virginia  | X  |
|   |  | Washington  | X  |
|   |  | Wisconsin   | X  |
|   |  | West Virginia   | X  |

**POLICY:**

All evidence or reports concerning potential Compliance Issues received by Medicaid Compliance will be appropriately investigated.

Depending on the potential Compliance Issue, investigations may be conducted by Medicaid Compliance or assigned to the Ethics Office, Corporate Privacy, Medicare Compliance, Legal, Internal Audit, Medicaid Special Investigations Unit (“MSIU”), Health Plan and/or Shared Services Compliance Officer(s) (collectively referred to as “Compliance Officers”), Human Resources (“HR”), or to other internal or external resources, as appropriate.

All Compliance Issues received by Medicaid Compliance are logged, analyzed and tracked to resolution or referred to the most appropriate business area.

**DEFINITIONS:**

**Compliance Issue:** A suspected or confirmed violation of law or regulation; a suspected or confirmed violation of a health plan’s contract requirements; a suspected or confirmed violation of the Standards of Ethical Business Conduct (the “Code”) or other compliance-related Company policies and procedures.

**Contracted/Contingent Labor:** Workers who are not associates, including but not limited to third parties such as contractors, consultants, vendors, temporary workers, lobbyists, auditors, building maintenance personnel, property managers, etc.

**Medicaid Compliance Tracking System:** A third-party database system used to house all reported compliance issues. Reportable documentation is available to outline the specifics of the reported Medicaid Compliance issues, the party or parties involved, findings, and actions taken.

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**PROCEDURE:**

1. **Receipt of Reports:** Reports concerning potential Compliance Issues received by Medicaid Compliance will be logged into the Medicaid Compliance Tracking System and auto-assigned a unique identifier. Reports may be received through various reporting mechanisms, to include but not limited to:
  - a. External: Vendor confidential reporting offered through a 24/7 toll- free number, HelpLine, web submission and/or mail
  - b. Internal: Individual or Medicaid Compliance group email inbox, phone, walk-in, interoffice, mail and/or fax
  - c. Referral from the Ethics Office: Receipt of a compliance concern or inquiry from a Medicaid member or provider via the HelpLine or any other source and/or reports of suspected noncompliance or inquiries regarding compliance with laws, regulations, policies and procedures applicable to the Medicaid Business Unit.
  
2. **Initial Evaluation:** After the potential Compliance Issue is logged into the Medicaid Compliance Tracking System, it will be evaluated to determine if the available information is sufficiently specific to support the initiation of a broader investigation. If so, Medicaid Compliance will initiate such investigation or will seek the support of, or assign the investigation to, another department including but not limited to the Ethics Office, Corporate Privacy, Medicare Compliance, Legal, Internal Audit, MSIU, Compliance Officers, and/or HR. When appropriate and in adherence to the Legal Department’s protocol, the Medicaid Compliance Officer may engage the services of outside counsel or other independent subject matter experts to conduct or support an investigation.
  
3. **Investigation by Medicaid Compliance:** The results of Compliance Issue investigations assigned to (referred) or overseen by Medicaid Compliance will be reported to the Medicaid Compliance Officer. If an investigation confirms a regulatory deficiency, the Medicaid Compliance Officer or designee will work with appropriate members of senior management to develop a corrective action plan including, but not limited to, repayment of improperly obtained or retained funds, disciplinary action against associates or

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contractors determined to be responsible for the deficiency, changes to systems or procedures designed to prevent a recurrence of the deficiency, and, where required, disclosure of the deficiency to one or more government agencies. As appropriate, the Medicaid Compliance Officer will notify Anthem’s Chief Compliance Officer, Medicaid Compliance Committee and/or the Audit Committee.

4. **Referral to the Ethics Office:** All potential Compliance Issues received by Medicaid Compliance that may implicate non-compliance with laws and regulations are referred to the Ethics Office to conduct a review, and where appropriate, an investigation. This applies to suspected misconduct by Contracted/Contingent Labor. Compliance Issues includes associate misconduct, and is not limited to the following:
- a. Allegations of violations of the Code, statutory, regulatory, or contract requirements;
  - b. Submitting false claims to the government;
  - c. Undisclosed and unmitigated conflict(s) of interest;
  - d. Accepting gifts or entertainment that exceed company policy or offering, paying, or accepting kickbacks;
  - e. Unauthorized use or disclosure of confidential information related to Anthem business; and
  - f. Any issue that creates any potential for retaliation or compromises efforts to promote an ethical work environment.

See also Investigations of Reported Ethics and Compliance Issues policy for additional Compliance Issues.

Upon review, the Ethics Office will decide to:

- a. Maintain lead accountability and handle the investigation jointly.
- b. Transfer lead accountability to department(s) outlined in item #2; e.g. Medicaid Compliance, and handle the investigation jointly.
- c. Transfer full accountability to department(s) outlined in item #2; e.g. Medicaid Compliance, and log the issue as “referred” and close the issue as an inquiry.

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5. **Referral to MSIU:** In general, potential Compliance Issues relating to violations of law, contract requirements, or other fraud, waste, or abuse committed by Contracted Labor, providers, or health plan members, against the MBU will be referred to the MSIU for investigation and tracked to resolution by Medicaid Compliance.
  
6. **Referral to HR:** Associate-related employee relations issues are referred to HR for investigation. These may include, but not be limited to:
  - a. Misuse of company assets
  - b. Performance and behavioral issues
  - c. Correction actions, policies and procedures
  - d. Associate conflict resolution
  - e. Drug or alcohol use at work
  - f. Associate terminations
  - g. Falsification of employment records and time sheets

See also Investigations of Reported Ethics and Compliance Issues for additional examples of human resources investigations.

7. **Consulting Legal:** In circumstances that involve a suspected violation of law, regulatory requirement or material state contract violation and/or inquiries from external legal counsel requesting information, Medicaid Compliance will consult with the Legal Department or designee(s) to determine if it is in the best interest of the Company for the Legal Department to assume responsibility for an investigation.
  
8. **Insufficient Information:** If Medicaid Compliance is unable to obtain sufficient information to pursue an investigation due to the anonymity of the source of an initial Compliance Issue report, or for other reasons, and reasonable efforts to obtain corroboration from other sources have not been successful, such efforts will be documented and the Compliance Issue will be closed in the Medicaid Compliance Tracking System.

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9. **Confidentiality:** To the extent permitted by law, requests by persons who report a Compliance Issue to the MBU or who assist in a subsequent internal investigation to keep their identity confidential will be honored.
  
10. **Maintenance of Records:** The Medicaid Compliance Tracking System reports and file memos documenting the investigation will be retained in accordance with Anthem’s record retention requirements.
  
11. **Reporting:** Volume, trends and other information regarding potential and actual Compliance Issues received by Medicaid Compliance are reported to the Medicaid Compliance Committee quarterly.

**REFERENCES:**

Medicaid Compliance Policies:

- Medicaid Compliance Program Legal Counsel Protocol
- Medicaid Compliance Reporting Suspected Compliance Issues and Non-Retaliation
- Fraud, Waste, and Abuse Detection and Prevention In Health Plan Operations
- Records and Information Management

Ethics and Compliance Policies:

- Corporate Privacy and Ethics Office Investigations
- Investigations of Reported Ethics and Compliance Issues
- Standards of Ethical Business Conduct Reporting Ethics and Compliance Issues

**RELATED MATERIALS:**

None

**RELATED POLICIES AND PROCEDURES:**

None

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**RESPONSIBLE DEPARTMENTS:**

**Primary Department:** Medicaid Compliance Governance

**EXCEPTIONS:**

None

**REVISION HISTORY:**

| Review Date | Changes  |
|-------------|--|
| 12/17/13    | <ul style="list-style-type: none"> <li>Moved to MBU template</li> </ul>  |
| 08/26/2014  | <ul style="list-style-type: none"> <li>Modified name of OBE to updated department name, added additional Corporate Ethics and Compliance policies as related references, removed Medicare-related investigations given those are now referred to Medicare compliance.</li> </ul> |
| 09/27/2015  | <ul style="list-style-type: none"> <li>Modified definition of Compliance Issue to align with other existing policies, better outlined referrals to specific stakeholders, added applicable Ethics Office and Medicaid Compliance Governance policies.</li> </ul>                 |