HNS Compliance Policies for Contracted Health Care Professionals

I. Introduction

HNS' mission is to make health care more accessible, more effective and more affordable. Committed to a more efficient health care delivery system, HNS's programs, policies and best practices seek to ensure the delivery of quality, cost-effective healthcare.

As a clinically integrated IPA, HNS is organized in a manner to create efficiencies for contracted managed care plans, their members or beneficiaries, and its contracted health care practitioners and to provide various administrative and support services to both physician participants and the health plans which contract with HNS.

HNS has developed ***best practices*** which establish HNS Compliance Policies for contracted health care professionals. These policies establish HNS' performance expectations for all contracted health care professionals.

These policies are intended to:

- Promote awareness among contracted health care professionals of our legal environment;
- Promote compliance with laws relevant to the health care industry, including but not limited to Fraud, Waste and Abuse laws, HIPAA, and the Affordable Care Act;
- Help to prevent accidental and intentional non-compliance to those laws;
- *Promote a more efficient health care system.*

These policies are consistent with guidance issued by the Office of Inspector General (OIG), industry standards and federal and state laws.

HNS reserves the right to review and modify its Compliance Policies at any time and will provide timely notification to contracted health care professionals of any material changes.

Failure to Comply

HNS takes our compliance responsibilities seriously and failure to comply with HNS Compliance Policies will subject contracted health care professionals to disciplinary action by HNS, up to and including termination of their Practitioner's Participation Agreement. Additionally, health care professionals who violate laws and regulations risk individual criminal prosecution and penalties, civil actions for damages and penalties, and exclusion from federal and private health care programs.

II. HNS Compliance Policies for Contracted Health Care Professionals

1. Compliance to Laws, Regulations and Policies

Contracted health care professionals shall comply with all applicable federal and state laws and regulations, HNS Compliance and Business Policies, and the policies of HNS contracted health care plans. (HNS Business Policies should not be followed if compliance to those policies would adversely affect the health or safety of a patient.)

2. Ethical and Professional Standards

Contracted health care professionals shall adhere to generally recognized standards of medical and professional ethics and the ethical and professional standards set forth by their respective licensing board, the HNS Code of Ethics and HNS' Standards of Conduct.

All contracted health care professionals shall at all times conduct business with fairness, honesty, integrity, professionalism, and consistent with HNS Compliance Policies, and with respect for the laws applicable to the health care industry. Even in cases where interpretation of the policies, the HNS Code of Ethics or law could be ambiguous, permissive, or lenient, HNS expects its contracted health care professionals to **always do the right thing, in the right way,** and choose the course of honesty and integrity.

3. Written Compliance Plan

Contracted health care professionals shall maintain a written compliance plan, which shall include written policies and procedures intended to promote compliance to applicable laws and regulations, HNS policies and the policies of contracted health care plans.

4. Compliance Training

Initial Training: contracted health care professionals shall complete the HNS Compliance Training within 20 days of the effective date of their participation in the HNS Network.

Annual Training: contracted health care professionals shall complete the HNS Compliance Training annually *by the last day of August of each year.*

Upon completion of the initial annual training, a system generated email will be sent to the contracted health care professional and to HNS confirming the provider has successfully completed the training and the quiz.

Compliance Training Certification
A Compliance Training Certification form is included at the end of the HNS Compliance Training module. This form is provided for HNS contracted health care professionals so that the provider and his/her staff have evidence of completion of the training. **(Please do NOT send the certification form to HNS.**) As noted above, once the provider completes the compliance quiz a system generated email will be sent to the provider and to HNS confirming the provider has successfully completed the training and passed the quiz.

Compliance Training (Employees & Vendors/Contractors)
Contracted health care professionals shall ensure that each employee and applicable vendor/contractor receives this same training each year.

Failure to Comply with Compliance Training Requirements
Failure by contracted health care professionals to comply with all HNS compliance training requirements may result in the temporary suspension of access to *HNSConnect* and/or the submission of claims to HNS via Office Ally, and/or termination from the HNS Network.

Records of Compliance Training (physicians, employees and vendors)
Contracted health care professionals shall maintain all records relating to Compliance training for a minimum of **10 years**.

At a minimum, records shall include:

- The name of the individual who completed the training;
- The date of the training;
- Copies of all materials used in the training (i.e. - a copy of the HNS Compliance Training power point module);
- Copies of the HNS Compliance Certification Form.

Contracted health care professionals shall ensure these records are available, upon request, to HNS, contracted health care plans, CMS and/or other regulatory agencies.

5. PHI and PII

(Protected Health Information and Personally Identifiable Information)

A. Contracted health care professionals shall comply with the Health Insurance Portability and Accountability Act of 1996 (“HIPAA), including the Privacy Rule, Security Rule and Health Information Technology for Economic and Clinical Health Act (HITECH), regarding the use, disclosure

and safeguards for protected health information ("PHI"), including electronic PHI, and ensure controls are in place to provide reasonable assurance that access to PHI and PII is limited to properly authorized individuals.

B. Contracted health care professionals must establish and implement operational, technical, administrative and physical safeguards that are consistent with applicable laws to ensure:

- The confidentiality, integrity, and availability of personally identifiable information created, collected, used, and/or disclosed;
- Personally identifiable information is only used by or disclosed to those authorized to receive or view it;
- Personally identifiable information is protected against any reasonably anticipated threats or hazards to the confidentiality, integrity, and availability of such information;
- Personally identifiable information is protected against any reasonably anticipated uses or disclosures of such information that are not permitted or required by law; and
- Personally identifiable information is securely destroyed or disposed of in an appropriate and reasonable manner and in accordance with retention schedules.

C. Contracted health care professionals shall comply with the following:

Individual access. Individuals should be provided with a simple and timely means to access and obtain their personally identifiable information in a readable form and format;

Correction. Individuals should be provided with a timely means to dispute the accuracy or integrity of their personally identifiable information and to have erroneous information corrected or to have a dispute documented if their requests are denied;

Openness and transparency. There should be openness and transparency about policies, procedures, and technologies that directly affect individuals and/or their personally identifiable information;

Individual choice. Individuals should be provided a reasonable opportunity and capability to make informed decisions about the collection, use, and disclosure of their personally identifiable information;

Collection, use, and disclosure limitations. Personally identifiable information should be created, collected, used, and/or disclosed only to the extent necessary to accomplish a specified purpose(s) and never to discriminate inappropriately;

Data quality and integrity. Contracted healthcare professionals shall take reasonable steps to ensure that personally identifiable information is complete, accurate, and up-to-date to the extent necessary for the person's or entity's intended purposes and has not been altered or destroyed in an unauthorized manner;

Safeguards. Personally identifiable information should be protected with reasonable operational, administrative, technical, and physical safeguards to ensure its confidentiality, integrity, and availability and to prevent unauthorized or inappropriate access, use, or disclosure; and,

Accountability. Adherence to these policies should be monitored through appropriate auditing/monitoring activities and processes established to ensure non-compliance is identified and mitigated.

Integrity of Information/Billing Systems
Contracted health care professionals shall ensure appropriate safeguards are in place for billing/information systems in order to maintain the integrity of all patient health care data and which prevent the unauthorized access of computer systems, including but not limited to, anti-virus protection and appropriate internal safeguards.

D. Contracted health care professionals shall maintain appropriate back-up systems that ensure their ability to retrieve data in the event of an emergency or disaster.

6. False Claims Act

The False Claims Act is a federal law designed to prevent and detect fraud, waste and abuse in federal healthcare programs, including Medicaid and Medicare, and imposes liability on persons and companies who defraud governmental programs. Under the False Claims Act, anyone who “knowingly” submits false claims to the Government is liable for damages up to three times the amount of the erroneous payment plus mandatory penalties for each false claim submitted.

The validity, reliability, accuracy and quality of health care data submitted to HNS by contracted health care professionals shall be the ***sole responsibility*** of the health care professional who provided the services (and/or under whose supervision the services were provided), and whose name is on the claim as the rendering provider.

If HNS suspects fraud, waste or abuse by a contracted health care professional, **HNS may refrain from the submission of any claims submitted by the physician** until an investigation has been completed and/or until a final determination has been made.

A. Contracted health care professionals shall be solely responsible for ensuring the validity, reliability, accuracy and quality of health care data submitted to HNS and to any federal or private health care plan.

B. Contracted health care professionals shall ensure that claims are only submitted for payment when the documentation in the health care record supports the services or items on the claim, and only when such documentation is legible, maintained, appropriately organized, and is available for audit and review.

C. Contracted heath care professionals shall not intentionally present, or cause to be presented, a false or fraudulent claim for payment or approval;

D. Contracted heath care professionals shall not knowingly make, use, or cause to be made or used, a false record or statement material to a false or fraudulent claim.

7. Anti-kickback Statute

The AKS is a criminal law that prohibits the knowing and willful payment of "remuneration" to induce or reward patient referrals or the generation of business involving any item or service payable by the federal health care programs (e.g., drugs, supplies, or health care services for Medicare or Medicaid patients). Remuneration includes anything of value and can take many forms besides cash. In Federal health care programs, paying for referrals is a crime.

Contracted health care professionals shall not knowingly and willfully***:***

A. Offer, pay, solicit, or receive remuneration (i.e., anything of value, in cash or in kind) in order to induce or reward the referral of business reimbursable by a federal or state health care program;

B. solicit or receive any remuneration (including any kickback, bribe, or rebate) directly or indirectly, overtly or covertly, in cash or in kind in return for referring an individual to a person for the furnishing or arranging for the furnishing of any item or service for which payment may be made in whole or in part under a federal health care program***;***

C. solicit or receive any remuneration (including any kickback, bribe, or rebate) directly or indirectly, overtly or covertly, in cash or in kind in return for purchasing, leasing, ordering, or arranging for or recommending purchasing, leasing, or ordering any good, facility, service, or item for which payment may be made in whole or in part under a federal health care program***;***

D. offer or pay any remuneration (including any kickback, bribe, or rebate) directly or indirectly, overtly or covertly, in cash or in kind to any person to induce such person to refer an individual to a person for the furnishing or arranging of any item or service for which payment may be made in whole or in part under a federal health care program***;***

E. offer or pay any remuneration (including any kickback, bribe, or rebate) directly or indirectly, overtly or covertly, in cash or in kind to any person to induce such person to purchase, lease, or arrange for or recommend purchasing, leasing, or ordering any good, facility, service, or item for which payment may be made in whole or in part under a Federal health care program.

Remuneration does not include legally permitted practices such as group purchasing and price reduction agreements with health plans. The Office of Inspector General safe harbor regulations clarify which payment practices are immune from prosecution.

8. Stark Law

Stark Law is a set of federal laws that prohibit physician self-referral, specifically a referral by a physician of a Medicare or Medicaid patient to an entity providing designated health services ("DHS") if the physician (or an immediate family member) has a financial relationship with that entity. A "financial relationship" includes ownership, investment interest, and compensation arrangements.

Designated Health Services include:

Radiology & Imaging services;
Physical & occupational therapies;
DME and supplies (example: TENS units);
Clinical Laboratory services;
Prosthetics, orthotics, & prosthetic devices & supplies;
Outpatient speech/language pathology services;
Radiation therapy services & supplies;
Parenteral and enteral nutrients, equipment & supplies;
Home health services;
Outpatient prescription drugs; and
Inpatient & outpatient hospital services.

A. Contracted health care professionals shall not refer patients to an entity for a designated health service, as defined in 42 USC 1395nn(h)(6), if s/he or a member of her/his immediate family has a financial relationship with the entity, unless an exception applies.

B. Contracted health care professionals shall not present a claim to Medicare or to any person or other entity for a designated health service, as defined in 42 USC 1395nn(h)(6), provided under a prohibited referral.

C. Contracted health care professionals shall refund any amounts collected for designated health services, as defined in 42 USC 1395nn(h)(6), performed under a prohibited referral.

9. Federal Beneficiary Inducement Statute (**waiving co-payments**)

Contracted health care professionals shall not knowingly influence a patient to select a particular provider or supplier by offering to waive or reduce co-payments and deductible amounts, or otherwise transfer an item or service for free or for other than fair market value. This includes offering discounts, professional courtesies, and services deemed TWIP (take what insurance pays).

(Violations of the Federal Beneficiary Inducement Statute may result in civil money penalties (CMPs) of up to **$10,000 for <u>each</u> wrongful act.**)

10. Civil Monetary Penalties

The Civil Monetary Penalties Law authorizes the imposition of substantial civil money penalties against an entity that engages in activities, as referenced in the policies below.

A. Contracted health care professionals shall not knowingly present or cause to be presented a claim for services not provided as claimed or which is otherwise false or fraudulent in any way.

B. Contracted health care professionals shall not offer or give remuneration to any beneficiary of a federal health care program likely to influence the receipt of reimbursable items or services.

C. Contracted health care professionals shall not knowingly or willfully solicit or receive remuneration for a referral of a federal health care program beneficiary.

D. Contracted health care professionals shall not offer to transfer, or transfer, any remuneration to a beneficiary under a federal or state health care program, that the person knows or should know is likely to influence the

beneficiary to order or receive any item or service from a particular provider, practitioner, or supplier, for which payment may be made, in whole or in part, under a federal health care program. Remuneration includes the waiver of coinsurance and deductible amounts except as otherwise permitted, and transfers of items or services for free or for less than fair market value.

11. Other FWA Laws

1. Contracted health care professionals shall comply with all fraud, waste, and abuse laws, the terms of their HNS Practitioner's Participation Agreement, the policies of HNS, policies of HNS' Contracted Health Care Plans, as well as rules and regulations issued by the physician's respective state licensing boards.

2. Contracted health care professionals shall not submit a claim for an item or service that is based on a code that the person knows or should know will result in greater payment than the code the person knows or should know is applicable to the item or service actually provided.

3. Contracted health care professionals shall not knowingly and willfully execute, or attempt to execute, a scheme or artifice to defraud any health care benefit program.

4. Contracted health care professionals shall not knowingly and willfully execute, or attempt to execute, a scheme or artifice 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, in connection with the delivery of or payment for health care benefits, items, or services.

5. Contracted health care professionals shall not knowingly and willfully make, or cause to be made, any false statement or representation of a material fact in any application for any benefit or payment under a Federal health care program.

6. Contracted health care professionals shall not at any time knowingly and willfully make, or cause to be made, any false statement or representation of a material fact for use in determining rights to such benefit or payment involving a federal or state health care program.

7. Contracted health care professionals shall not present or cause to be presented a claim for a physician's service knowing that the individual who furnished the service was not licensed as a physician.

8. Contracted health care professionals shall not submit a claim for physician services when rendered by a non-physician and require the

physical presence of the physician, when the physician was not present, pursuant to the “incident to” rule.

12. Participation in Federal Healthcare Programs

The Office of Inspector General (OIG) and Office of Personnel Management, Office of Inspector General (OPM OIG) have authority to exclude from participation in federal health care programs *individuals and entities sanctioned for certain fraud, waste and abuse violations.* Federal agencies have general authority to debar or suspend individuals from work on government grants or contracts, or to provide services under federal health care programs like Medicare and Medicaid. Once an individual or entity has been excluded or debarred from a federal or state health care program, no federal money may be used to pay for goods or services that the individual or entity provide. In addition, any entity that knowingly employs or contracts with an excluded or debarred individual or entity for the provision of goods or services may be subjected to civil monetary penalties.

A. Contracted health care professionals must ensure that their employees and applicable contractors are eligible for participation in Federal health care plans (both at initial hire and monthly thereafter) by querying the OIG’s List of Excluded Individuals & Entities (LEIE). http://exclusions.oig.hhs.gov/

B. Contracted health care professionals must retain documentation which substantiates that he/she conducted the initial and monthly reviews of the LEIE. This information must be available upon request by HNS, contracted health care plans, and CMS. These records must be maintained for 10 years.

C. Contracted health care professionals shall not contract with or employ any individual or entity:

   a) which has been excluded from participation in a federal or state health care program; or

   b) which has been convicted of a criminal offense related to the delivery of an item or service under any federal or state health care program; or

   c) which has been convicted of a criminal offense relating to neglect or abuse of patients in connection with the delivery of a health care item or service; or

   d) which has been convicted of an offense which occurred after August 21, 1996, under federal or state law, of a criminal offense consisting of a felony relating to fraud, theft, embezzlement, breach

of fiduciary responsibility, or other financial misconduct in connection with the delivery of a health care item or service operated by or financed in whole or in part by any federal, state, or local government agency.

D. Contracted health care professionals shall not arrange for reimbursable services with an entity that is excluded from participation in a federal health care program.

E. Contracted healthcare professionals shall remove any personnel with pending criminal charges relating to health care, or proposed exclusion from participation in any federally or state funded health care program, from direct responsibility or involvement in any federally or state funded health care programs.

13. Documentation / Coding

Contracted health care professionals shall ensure that claims are only submitted for payment when the documentation in the health care record supports the services or items on the claim, and only when such documentation is legible, maintained, appropriately organized, and is available for audit and review.

Contracted health care professionals shall ensure that care provided to members of HNS contracted health care plans is provided and documented pursuant to *HNS Clinical Records Quality Standards*. These standards are available on the HNS website

Contracted health care professionals shall ensure that services billed through HNS are properly coded with the most appropriate and most current ICD, CPT, and/or HCPCS codes and, as applicable, are appended by appropriate modifiers, and that those codes are supported by documentation in the health care record.

14. Submission of Claims to HNS

Contracted heath care professionals shall submit claims to HNS for all *covered* services provided to members whose health care plans contract with HNS. This includes claims for secondary coverage if the secondary payor contracts with HNS.

Exception: If a patient specifically requests that a contracted health care professional not file claims to their health care plan, the contracted health care professional shall comply with the request, but may do so ONLY if the applicable *HNS Election Not to File* form is signed and on file in the patient's healthcare record.

Contracted health care professionals shall ensure all services billed through HNS are consistent with HNS policies, the policies of contracted health care plans, the

practice guides issued by the state licensing board in the state where the contracted health care professional practices, and all federal and state laws and regulations.

Contracted health care professionals shall ensure all covered services billed, with the exception of maintenance and supportive care, are medically necessary, consistent with the documented chief complaint, clinical findings, diagnoses and treatment plan, and consistent with HNS' Medical Necessity Policy.

15. Use of Provider Name/NPI

Contracted health care professionals shall not knowingly misuse provider names or identification numbers. Only the name and the Type I NPI number of the provider who actually rendered the services must be included on claims. The provider's name is an attestation that s/he performed the services reported on the claim.

- Exception: If services were provided by a locum tenens ("fill-in") provider and all locum tenens requirements have been met, services provided by the fill-in provider may be submitted under name/NPI number of the provider who contracted with the fill-in provider. Additional information may be found in HNS' Locum Tenens Policy.

16. Unbundling

Contracted health care professionals shall not unbundle codes (use separate codes for services that have an aggregate code which should be used).

17. Duplicate Billing

Contracted health care professionals shall not submit duplicate billings in an attempt to gain duplicate payment.

18. Refunds/Overpayments

An overpayment is an improper or excessive payment made to a health care provider to which the provider is not entitled.

A. Contracted health care professionals shall not retain payments for healthcare services to which they are not entitled.

B. Contracted healthcare professionals shall ensure all payments, including zero dollar payments, are posted to patient accounts within 15 days of receipt.

C. Contracted health care professionals shall not, with knowledge and fraudulent intent, retain federal health care program or health care benefit program funds that have not been properly paid.

D. Contracted health care professionals shall ensure that overpayments/ refunds are resolved pursuant to *HNS Refund/Overpayment Policy*.

E. Contracted health care professionals who receive payment for services they did not provide or to which they are not *entitled*, shall immediately notify HNS (if the payment was issued by HNS) or the issuing entity, if not HNS, to arrange to repay those monies.

19. Compensation to Billing Personnel (includes staff, billing companies and/or consultants)

Contracted health care professionals shall not compensate billing staff and/or billing companies and/or consultants in a manner that provides financial incentive(s) to improperly code claims.

20. Non-Discrimination

1. Contracted health care professionals shall not discriminate on the basis of race, color, national origin, age, disability, or sex. Contracted health care professionals shall not exclude people or treat them differently because of race, color, national origin, age disability, or sex.

2. Contracted health care professionals shall comply with all state and federal non-discrimination laws, including but not limited to the Americans with Disabilities Act of 1990 (ADA)

3. Contracted health care professionals shall:

   - Post a Statement and Notice of Non-Discrimination on his/her practice website.

   - Provide information to patients in plain language and in a manner that is accessible and timely.

   - Provide free services to people with disabilities to communicate effectively with us, including auxiliary aids.

   - Provide free language assistance services to people whose primary language is not English.

4. Contracted health care professionals shall not, on the basis of disability:

- Exclude a person with a disability from a program or activity;

- Deny a person with a disability the benefits of a program or activity;

- Afford a person with a disability an opportunity to participate in or benefit from a benefit or service that is not equal to what is afforded others;

- Provide a benefit or service to a person with a disability that is not as effective as what is provided others;

- Provide different or separate benefits or services to a person with a disability unless necessary to provide benefits or services that are as effective as what is provided others;

- Apply eligibility criteria that tend to screen out persons with disabilities unless necessary for the provision of the service, program or activity.

Contracted health care professionals shall:

- Provide services and programs in the most integrated setting appropriate to the needs of the qualified individual with a disability;

- Ensure that programs, services, activities, and facilities are accessible;

- Make reasonable modifications in their policies, practices, and procedures to avoid discrimination on the basis of disability, unless it would result in a fundamental alteration of the program;

- Provide auxiliary aids to persons with disabilities, at no additional cost, where necessary to afford an equal opportunity to participate in or benefit from a program or activity;

- As applicable, designate a responsible employee to coordinate their efforts to comply with Section 504 and the ADA;

- Adopt grievance procedures to handle complaints of disability discrimination in their programs and activities.

- Provide notice that indicates:
    a) That it does not discriminate on the basis of disability.
    b) How to contact the employee who coordinates efforts to comply with the law.
    c) Information about the grievance procedures.

5. Notices of Non-Discrimination

Contracted health care professionals must post the patient's right to receive health care and human services in a nondiscriminatory manner.

Contracted health care professionals must display a non-discrimination notice stating its position against discrimination. (The statement of non-discrimination only has to be displayed in English.)

This notice must be displayed:

a) In conspicuous, physical locations where the entity interacts with the public.

b) On the homepage of the entity's website.

c) On large and significant publications.
(Significant communications and publications do NOT include marketing and advertising materials.)

d) Small publications.
For significant publications that are small-sized, contracted health care professionals must post the non-discrimination statement in the *top two languages* spoken by individuals with LEP of the State(s) served.

HNS Assistance: HNS has developed a sample "non-discrimination" notice, *which includes patient's rights*, intended to assist you with compliance to the above requirements. This document, titled "Statement of Non-Discrimination, is posted under the Compliance section of the HNS Website, as well as in the *HNS Forms* section of the website.

6. Consumer Assistance (Consumers with LEP)
Contracted health care professionals are responsible for providing timely and accurate language services assistance, including oral interpretation and written translation, in non-English, when doing so is a reasonable step to provide meaningful access to an individual with limited English proficiency.

An individual with limited English proficiency is a person whose primary language for communication is not English and who has a limited ability to read, write, speak, or understand English.

7. Taglines:
Contracted health care professionals must advise consumers of the availability of free language assistance services, *in the top15 languages spoken by individuals with LEP*, in the states in which the covered entity operates. (The top 15 languages spoken in NC and SC are posted on the HNS Website, under the Compliance section.) These "taglines" must be posted in specific locations and certain documents.

Where to Post Taglines:

Websites
At a minimum, contracted health care professionals must ensure that these taglines are posted on the homepage of the entities website.

Additionally, taglines must be included in any other website content which is *critical* for obtaining access to healthcare. (See information below regarding "critical".)

Documents (large, significant publications)
Contracted health care professionals must ensure that these taglines are included in large and significant publications used in their practices if such documents or publications are *critical* for obtaining access to healthcare. *(Significant communications and publications do NOT include marketing and advertising material.)*

Small publications
For significant publications that are small-sized contracted health care professionals must post the taglines in the top two languages spoken by individuals with LEP of the State(s) served.

Critical:
*45 CFR 155.205 states: "*A document is deemed to be critical for obtaining health insurance coverage or access to health care services through a QHP if it is required to be provided by law or regulation to a qualified individual, applicant, qualified employer, qualified employee, or enrollee."

HNS Assistance: HNS has prepared a tagline in the top15 languages spoken in N.C. and S.C. for contracted health care professionals to use to comply with this requirement. These taglines are posted under the Compliance section of the HNS Website, as well as in the *HNS Forms* section. Prior to publication, providers must insert their name or practice name, as well as the office phone number, in all applicable places in the taglines.

8. Oral Interpretation:
Contracted health care professionals must make oral interpretation available to consumers with LEP and must do so at no charge to the consumer.

Neither family members nor friends may substitute for translators, the translators must be "qualified".

HNS Assistance: To help you meet this requirement, HNS has contracted with Cyracom to provide you with in-office telephonic interpretation services in over 200 languages. CyraCom is the largest provider of interpretation services that operates solely in the US, and the 2nd largest provider worldwide.

There is no cost to contracted providers for this service but registration, through HNS, is required before you may begin using this service. To register, please refer to the *Interpretative Services (Cyracom*) page of the HNS Website, under *Cultural Competency*.

9. Written translation:
Written translations must be available for:

- Written materials that will be given to patients which are *critical* for obtaining *access to healthcare services.*

- Written translation must be provided by a qualified translator.

Critical:
*45 CFR 155.205 states: "*A document is deemed to be critical for obtaining health insurance coverage or access to health care services through a QHP if it is required to be provided by law or regulation to a qualified individual, applicant, qualified employer, qualified employee, or enrollee."

Based on the above and §156.250, HNS contracted health care professionals must, at a minimum, ensure meaningful access to the following essential documents:

- Notices advising individuals of the availability of free language assistance (taglines)
- Informed consent forms
- All documents that require a signature or response from the patient or his/her legal guardian
- Grievance and complaint forms

HNS Assistance:
There are many organizations which provide written translation services, including Cyracom. *However, please note that charges for translation of written materials is not included in the HNS contract with Cyracom.*

The HNS Website already includes many of these documents in Spanish, including but not limited to, the Informed Consent Form.

10. Consumers with Disabilities
Contracted health care professionals are required to make reasonable modifications to their policies, procedures, and practices to provide individuals with disabilities access to their health programs and activities.

Contracted health care professionals are responsible for ensuring communication assistance to consumers with disabilities, *including the provision of auxiliary aids and services* (at no additional cost to the consumer).

Contracted health care professionals are responsible for ensuring individuals with disabilities have access to a covered entity's health programs and activities, in accordance with the Americans with Disabilities Act and section 504 of the Rehabilitation Act.

HNS Assistance:
Please refer to the *HNS Practice Site Standards* for specific *facility* requirements. These standards are posted on the HNS Website. (HNS / Payor Policies, then Practice/Facility Requirements.)

21. Monitoring / Auditing

Contracted health care professionals shall conduct periodic auditing and monitoring of health care records and claims data to ensure the accuracy of the information provided on claims and to assist in the detection of non-compliance to policies, regulations and laws.

Contracted health care professionals shall conduct ongoing auditing and monitoring of health care records and claims data to assist in the detection of non-compliance to policies, regulations and laws.

22. Investigating / Correcting Non-Compliance

Contracted health care professionals shall promptly investigate all suspected or known instances of non-compliance.

Contracted health care professionals shall promptly correct all known instances of non-compliance.

23. Reporting Non-Compliance

Contracted health care professionals shall report to HNS and, as applicable, appropriate government authorities all suspected or actual instances of non-compliance, and shall promptly report and escalate any incidents of suspected fraud, waste and abuse.

24. Cooperating with Compliance Investigations

Contracted health care professionals shall cooperate fully with any compliance investigation initiated by HNS, by contracted health plans, government or regulatory bodies, or as otherwise required by law.

25. Records

Contracted health care professionals shall maintain records in accordance with state and federal laws and regulations and HNS Policies.

Relative to records relating to Qualified Health Plans, contracted health care professionals shall retain and grant access to their books, records, contracts, computers or other electronic systems to Qualified Health Plans and/or Department of Health and Human Services and its Office of Inspector General, or their designees, for the duration of the physician's participation in the HNS Network, and for a period of at least ten (10) years from the date participation in the HNS Network ends.

Contracted health care professionals must retain complete patient healthcare records (including all EOBs) for a minimum of 10 years from last date of service OR, if the patient is a minor, for 10 years after the minor patient reaches age 19. Once the patient reaches 19 and is still under care, the contracted health care professional should retain the patient healthcare record for 10 years from the last date of service. The patient healthcare record must be maintained in a safe and secure location.

Contracted health care professionals shall maintain records in a safe, secure place and implement appropriate safeguards, as applicable, to protect the privacy and security of the records, in accordance with applicable laws, regulations, and contractual obligations.