



Medicare Compliance Committee Charter

Overview: Blue Cross Blue Shield of Massachusetts (BCBSMA) and its Board of Directors, management, associates, business partners, and First Tier Entities (FTEs) are committed to complying with the letter and spirit of all applicable legal and ethical standards and performing their responsibilities with the highest degree of integrity and honesty. This is reflected in The Blueprint: Code of Ethics and Conduct of BCBSMA and the Corporate Conduct Policies. BCBSMA's Compliance and Ethics Program promotes trust, integrity, compliance, and ethical standards and behavior throughout BCBSMA. In support of its overall compliance program, specific compliance efforts are undertaken in various areas.

COMMITTEE PURPOSE: The Committee shall advise and assist the Chief Compliance & Privacy Officer and the Senior Management of BCBSMA in the implementation, management and evaluation of the Medicare Compliance Program on an on-going basis. The Committee endeavors to ensure that the requirements of the Centers for Medicare and Medicaid Services (CMS) and the recommendations of the Office of Inspector General (OIG) are implemented and areas of deficiencies are addressed appropriately and timely.

The Committee provides information concerning new CMS guidance and requirements, Medicare auditing and monitoring results, external audit results, and Medicare compliance issues to Medicare leaders within BCBSMA. The Committee is a venue for discussion of priorities and exchange of information across departments.

The Committee is accountable to and provides regular compliance updates to senior leaders and escalates key policy or compliance matters to the Corporate Compliance Oversight Committee and, if necessary, governing body.

Operating Guidelines:

EXECUTIVE SPONSOR: Krista Bowers, Senior Vice President, Government Programs

CHAIR: Christina Sullivan, Director, Medicare Compliance

MEMBERSHIP:

BCBSMA's Medicare Compliance Director, also acting as the Medicare Compliance Officer, is the Medicare Compliance Committee Chair. The Chief Compliance & Privacy Officer is a standing member of the Committee. Committee membership will be reassessed annually by the Committee Chair, in consultation with the Chief Compliance & Privacy Officer and Committee as then constituted. In determining the Committee membership, the Committee Chair shall consider the compliance oversight recommendations and guidance published by CMS, the OIG, the State (if applicable) the Blue Cross Blue Shield Association (BCBSA) and other appropriate organizations. A current list of members is available in Appendix A. Business leaders from other areas of the Company will be invited to Committee meetings as appropriate.

Membership will be reviewed and updated no less than annually by the Committee Chairs.



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MEETINGS:

MEETING FREQUENCY: The Chair will set the date, time, and location of Committee meetings in consultation with the Committee members, and will issue meeting invitations, agendas and supplemental documentation. The Committee will meet once per quarter and may hold ad-hoc meetings as necessary. A Medicare Compliance Subcommittee consisting of Compliance and operational leads will meet during the intervening months and will escalate issues to the Committee as necessary. Committee members are expected to attend all meetings, but may be represented by an appropriate replacement, with decision making authority, in their absence. A quorum will consist of a majority of the Committee members.

The frequency of the meetings will be reviewed on a yearly basis. Committee members are expected to attend all meetings but may be represented by an appropriate replacement in their absence.

AGENDA –MEETING AGENDAS MAY INCLUDE THE FOLLOWING:

- Review and finalize Compliance Committee meeting minutes
- CMS audit or monitoring activities and requests for information
- CMS Compliance Actions
- Compliance Oversight Committee and Audit Committee of the Board meeting highlights
- Auditing and monitoring results of MA-PD and PDP operational areas, including status of CAPS, findings and trends
- MA-PD and PDP compliance issues identified for internal departments and/or FDRs
- CMS attestations submitted during the reporting period
- FWA meeting summaries and reports including MEDIC referrals as applicable
- FDR Compliance Oversight Subcommittee meeting updates
- Medicare Compliance Subcommittee meeting updates

Individually, Committee members are responsible for bringing Medicare Compliance agenda items to the Committee as appropriate, and for promoting a culture that encourages ethical conduct and a commitment to compliance with the law, regulations and contractual provisions, especially in the business area they represent.

MEETING MINUTES:

The proceedings of all Committee meetings are documented in a set of written minutes that detail meeting attendance, a summary of the discussion points presented by Committee members and guests, and a record of any follow up activities. The Medicare Compliance Analyst records the minutes and distributes them to the Committee at the next meeting for review and comment. When



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finalized by the Committee, the minutes become the official record and history of the work of the Committee. The official record of every meeting is stored securely within Medicare Compliance and retained for no less than ten years in accordance with CMS record retention requirements. These records may be given to CMS or a third-party auditor upon request.

RESPONSIBILITIES: The Committee shall provide leadership on Medicare Compliance related matters and shall ensure that roles and responsibilities related to Medicare Compliance are understood and communicated throughout BCBSMA. It shall provide guidance to the Medicare Compliance Director/Medicare Compliance Officer and associates and is charged with the following responsibilities:

- Receive and review reports of monitoring and auditing of areas in which the Sponsor may be at risk for program noncompliance or fraud, waste, or abuse. Advise, where appropriate, on the development, implementation, and completion of corrective action plans.
- Develop strategies to promote compliance and the detection and communication of any potential violations.
- Receive and review Medicare Compliance reports, including dashboards, to monitor and track the status of compliance with Medicare Advantage and Prescription Drug (MA-PD) and Prescription Drug Plan (PDP) program requirements, applicable laws, and ethical standards.
- Oversee Compliance Training for Medicare associates and Board members.
- Discuss First Tier, Downstream, and Related Entity (FDR) oversight and updates from FDR Compliance Oversight Subcommittee Chair to ensure compliance with CMS and Medicare Compliance-related contractual requirements.
- Advise on BCBSMA process for associates, FDRs, and members to ask compliance questions, and report potential instances of fraud, waste or abuse and issues of non-compliance confidentially or anonymously (if desired) without fear of retaliation.
- Annually review and approve the Committee Charter, the Medicare Compliance Program, and Medicare Compliance Policies. Discuss promotion of the Medicare Compliance Program and Compliance Policies, including review of the compliance officer's needs for sufficient staff and resources to carry out his/her duties
- Review and advise on the Medicare Risk Assessments and the monitoring and auditing Workplan.
- Review and discuss the implementation of new or updated Medicare requirements (e.g., HPMS memos, manual chapters, revisions to Federal Regulations) including monitoring or auditing and quality control measures to confirm appropriate and timely implementation.



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REPORTING STRUCTURE OF COMMITTEE: The Committee, through the Medicare Compliance Director, provides regular and ad hoc reports to the Compliance Oversight Committee regarding the status of compliance of the Company's Medicare Programs, including the New England Joint Enterprise (NEJE). The Chief Compliance & Privacy Officer provides regular reports to the Audit Committee of the Board and directly to the Board on a quarterly basis.

CONFIDENTIALITY

In conducting its business, members of the Committee will take special care, consistent with the Company's Code of Ethics and Conduct (the Blueprint) to protect the confidentiality of sensitive information it receives.

CONFLICTS OF INTEREST

Committee members will promptly disclose any conflict of interest they may have with respect to any matter to be discussed by the Committee.

POLICIES: The Committee is responsible for reviewing and approving the following policies on an annual basis:

- Medicare Compliance Program
- Acumen and HPMS Access Procedures
- Medicare Compliance Auditing, Monitoring, Risk Assessment and Workplan Process
- Non-compliance Identification, Investigation and Corrective Action Procedure
- Creation and Annual Review of Policies and Procedures
- FDR Oversight: Annual Attestation & Contract Template Review
- FDR Oversight: Medicare Compliance/Fraud Waste and Abuse Training
- FDR Oversight: Compliance & FWA Hotline
- FDR Oversight: Auditing, Monitoring and Corrective Actions
- FDR Oversight: Identification and Setup of First Tier, Downstream and Related Entities
- FDR Oversight: OIG/GSA Exclusion Review of First Tier, Downstream and Related Entities
- FDR Oversight: FDR Risk Assessment

ANNUAL REVIEW: The Committee Charter will be reviewed and updated annually, and when significant changes occur such as leadership changes, changes in focus to respond to revised corporate priorities, changes in reporting, changes in decision making authority and/or structure, and/or responding to external changes such as regulatory updates.

Document Information:

REVISION HISTORY:

Version	Date	Revision Summary
	10/18/2024	No significant revisions



Medicare Compliance Committee Charter

DOCUMENT OWNER:

Name	Organization
Christina Sullivan	Medicare Compliance

REVIEWERS:

The Medicare Compliance team completes the initial review of the charter. Final review and approval is required by each member of the Medicare Compliance Committee.