



Procedure - Allegations/Complaints

Effective Date: January 24, 2014

Topic	Policy	Procedure	Owner/Action
<p>High incidence of complaints and CTMs</p>	<p>See Policy L0016 Monitoring and Implementation of Corrective Action</p> <p>Reference: Medicare Managed Care Manual – Chapter 21 and Prescription Drug Benefit Manual Chapter 9, Section 50.7.2</p> <hr/> <p>See Policy L0018 Conducting a Timely Inquiry of Alleged Detected Offenses</p> <p>Reference: Medicare Marketing Manual Chapter 50.7.1 Conducting a Timely and Reasonable Inquiry of Detected Offenses</p> <hr/> <p>See Policy B0001 – Disciplinary Guidelines – Broker Agents</p> <p>Reference: Medicare Managed Care Manual – Section 50.5.3 – Well-Publicized Disciplinary Standards</p>	<p>CMS Guidance Companies must conduct a timely and well-documented reasonable inquiry into any compliance incident or issue involving potential Medicare program noncompliance or potential fraud, waste, and abuse (FWA).</p> <p>Corrective action must be designed to correct the underlying problem that results in program violations and to prevent future noncompliance. A root cause analysis determines what caused or allowed the inquiry, FWA, problem, or deficiency to occur. A corrective action must be tailored to address the particular inquiry, FWA, problem, or deficiency identified, and must include timeframes for specific achievements.</p> <p>UHC Guidelines Types of Allegations: <ul style="list-style-type: none"> - Lead/Contact Issues - Prohibited Activities - Risk to Consumer/Enrollees - Operational Behavior - Plan and Product Knowledge Issues - Point of Sale Issues </p> <p>UHC Progressive Disciplinary Engagement Process (Level System) <ul style="list-style-type: none"> - Assignment of applicable remediation module(s) - Assignment of outreach materials or trainings - Additional evaluations or ride-a-longs - Formal acknowledgment of the complaint/issue - Termination of appointment with UHC </p> <hr/> <p>Network Insurance Oversight On a monthly basis: 1. Network will send a Compliance Bulletin to agents offering tips on compliant sales practices. Subject will be dictated by Allegations/Complaints, if any, including those that are high-volume and high-risk. Topics to include: <ul style="list-style-type: none"> a) Scope of appointment b) Presenting a full, compliant presentation c) Copays and coinsurance d) Provider directory use e) How to use the formulary f) Outbound Enrollment Verification (OEV) form review and calls g) Solidifying the enrollment h) Post enrollment client calls i) Rapid disenrollments </p>	<p>Network Insurance Leadership and the Compliance Department</p> <p>Methodology: Policies and procedure are communicated to agents through written and oral communications. a) Review UHC's monthly snapshot b) Review the accrued number of agent's points and monitor progression, if any. c) Phone discussion(s) with agents. c) Formal, written corrective action based on UHC's accumulated points' system. d) Monthly Compliance bulletins, including updated material are available on the Company's website.</p>

	<p>See Policy L0003 – Agent/Marketing Oversight Policy</p>	<p>j) Late enrollments (past 24 hour submission timeframe) k) Unsolicited contact Schedule subject to change at the reasonable discretion of Network Insurance.</p> <hr/> <p>Reminders to Agents: Agents are reminded to remember the basics and correctly discuss plan descriptions, eligibility period, provider network, and star ratings with consumers.</p> <p>High-risk inquiries include unsolicited contact and intimidating sales tactics. Agents are reminded to avoid any such action that is not permitted by carrier guidelines or applicable regulations.</p> <p>When responding to an inquiry from a carrier, agents should be cooperative to assist the carrier in completion of its investigation and provide timely and comprehensive responses.</p> <p>Disciplinary action:</p> <p>The general discipline for non-adherence as it refers to marketing and sales’ guidelines is set forth below. Steps may be added or removed at the discretion of the Company or carrier.</p> <p>First offense (Coaching) – as dictated by the carrier’s disciplinary guidelines and additional corrective action, if any, as referenced by the Company’s published disciplinary guidelines. Second offense (Corrective Action Plan (CAP)) – as dictated by the carrier’s disciplinary guidelines and additional corrective action, if any, as referenced by the Company’s published disciplinary guidelines. Third offense – Disciplinary action up to and including possible termination of agent’s contract, as referenced in the Company’s published disciplinary guidelines.</p>	
--	--	---	--