HEALTH PLAN POLICY	
Policy Title: Communications Regarding Regulatory Changes and Reporting Check Lists	**Number:** AC02 **Revision:** I
Department: Administration	**Sub-Department:** Compliance
Applicable Lines of Business: ☐ Children's Health Insurance Plan ☒ Medicare ☒ Commercial Insured ☒ Non Insured Business ☒ Health Insurance Exchange ☒ USFHP ☐ Medicaid	
Effective Date: 12/09/2014	
Revision Date(s): 03/04/2016, 09/28/2017, 02/08/2018, 08/23/2018, 01/30/2019 04/21/2020, 04/14/2021, 04/06/2022, 06/22/2023	

PURPOSE:

The purpose of this policy is to implement new and updated requirements, such as statutory, regulatory and sub-regulatory changes, and effectively communicate information from Regulatory Affairs to business owners, subcontractors, and First tier and Downstream Related entities (FDR).

DEFINITIONS AND ACRONYMS:

- **Centers for Medicare and Medicaid Services (CMS)** – The federal agency responsible for setting guidelines, regulations, and standards for healthcare providers as well as administering the Medicare and Medicaid programs.
- **Downstream Entity –** Any party that enters into a written arrangement, acceptable to CMS, with persons or entities involved with the Medicare Advantage benefit or Part D benefit, below the level of the arrangement between a Medicare Advantage Organization (MAO) or applicant or a Part D plan sponsor or applicant and a first-tier entity. These written arrangements continue down to the level of the ultimate provider of both health plan and administrative services.
- **First Tier Entity –** Any party that enters into a written arrangement, acceptable to CMS, with an MAO or Part D plan sponsor or applicant to provide administrative services or health care services to a Medicare eligible individual under the Medicare Advantage Program or Part D program.
- **Health Plan Management System (HPMS)** – A software used by the Center for Medicare & Medicaid Services, covering the scope of the Medicare Advantage Part C and Part D business.
- **Subcontractor** – Any individual or entity, including an Affiliate, which has entered into a Subcontract with the health plan.

POLICY:

Regulatory Affairs develop and maintain an effective method of communicating statutory and regulatory changes to the appropriate parties of the health plan, the health plan's FDRs and subcontractors, and track the implementation of such changes.

A. Initial Analysis – When Regulatory Affairs and/or Compliance receives any statutory, regulatory or sub-regulatory guidance, such as manuals, training materials, guides, CMS issued Fraud Alerts, HPMS memos, etc., Compliance will analyze the guidance to examine any possible implications for the health plan. Implications from regulatory or statutory changes may affect the plan include, but are not limited to:

1. Changes impacting the health plan's members;

2. Changes to the health plan's policies and procedures;
3. Systems process changes;
4. Policy guidance; and
5. Regulatory filing deadlines.

B. Communication of information to departments – Regulatory Affairs summarizes the contents of regulatory communications, emphasizing any crucial deadlines, business impacts or actions required to be taken by business units.

1. Regulatory Affairs develops, with input from the business units, a regulatory distribution list, which will be updated regularly to ensure the appropriate parties in each department are identified.
2. Regulatory Affairs disseminates emails to assigned business owners, concerning the regulatory memorandum/notification. The email should contain the following items:
    a. Identify if the item is actionable or informational,
    b. Agency,
    c. Urgency,
    d. Received Date (by health plan),
    e. Department(s) affected,
    f. Purpose of the Notification,
    g. Action Required.
    h. If action is required, date required to be implemented.
3. The regulatory memorandum/notification, summary and analysis should be distributed within five (5) business days of receipt, unless a critical deadline demands otherwise.

C. Monitoring of regulatory memorandum/notification process

1. In order to maintain effective oversight of the regulatory memorandum/notification process, Regulatory Affairs will record the receipt of all regulatory communications in a regulatory update and distribution-tracking log. The log will maintain the following information:
    a. Topic,
    b. Issue date,
    c. Originating agency,
    d. Date of receipt (by health plan),
    e. Date Regulatory Affairs disseminated to business owner(s),
    f. Assigned business owner(s) responsible for implementing policy changes, and updates contained in the regulatory memorandum/notification,
    g. Deadline,
    h. Close Date,
    i. Attestation completed (if applicable),

j. Supporting documentation submitted demonstrating completion of actions/tasks, and

k. Status of the topic.

2. Weekly, Regulatory Affairs will re-examine the tracking log and follow up with the appropriate departments regarding deadlines to verify implementation.

3. If FDRs or subcontractors are impacted by the regulatory changes, Regulatory Affairs works with the departments responsible for oversight of the FDRs/subcontractors to ensure that the message is communicated, and outstanding issues are resolved timely. FDRs attest to and are expected to follow all HPMS memos and state and federal regulatory guidance.

D. Attestation and submission process

1. If the notification requires an actionable item, Regulatory Affairs should work with the business owner(s) to validate that the proposed process improvement/response to the request is complete.

2. Once the work plan and/or process improvement/response is implemented, management submits an attestation to Compliance agreeing with the steps, scope of issues, proposed plan, and the date the task/objective has been completed.

3. Regulatory Affairs provides a monitoring report to the CHRISTUS Health Plan Compliance Committee on a quarterly basis. Additionally, a compliance report is provided to the health plan board of directors to confirm appropriate and timely implementation of regulatory memorandum/notifications.

REFERENCES:

- CMS Medicare Managed Care Manual, Chapter 21, Compliance Program Guidelines, with specific subsections as noted throughout the policy.
- CMS Prescription Drug Benefit Manual, Chapter 9, Compliance Program Guidelines
- CMS Compliance Program Data and Document Requests

RELATED DOCUMENTS:

- HPMS Memo Monitoring Policy (AC33)

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REVISION HISTORY:

Revision	Date	Description of Change	Committee
New	12/09/2014	Initial release.	Board of Directors
A	03/04/2016	Updated to current template. Updated Definitions and Acronyms.	Board of Directors
B	09/28/2017	Yearly Review. No content change. Changed signatory to reflect CEO.	Board of Directors
C	02/08/2018	Compliance review.	Executive Leadership
D	08/23/2018	Compliance review.	Executive Leadership
E	01/20/2019	Compliance review. Added CMS issued Fraud alerts to initial analysis. Corrected minor typo.	Executive Leadership
F	04/21/2020	Yearly review. Updated References and miscellaneous verbiage throughout policy.	Executive Leadership
G	04/14/2021	Yearly review. No change to policy content.	Executive Leadership
H	04/06/2022	Yearly review. Updated policy title.	Executive Leadership
I	6/22/2023	Annual review. Minor changes made for formatting and grammar, and inclusion of Regulatory Affairs dept.	Executive Leadership

CHRISTUS Health Plan

Regulatory Update & Distribution Attestation of Implementation

Please sign and email to Compliance. An electronic signature is preferred.

I, *Click here to enter text.* attest, based on my knowledge, information and belief, that the implemented process improvement and/or response is complete, accurate and truthful. This attestation applies to all requirements contained in the regulatory memorandum/notification, and any other related guidance.

I further attest to having confirmed that all affected parties have been made aware of the required implementation, to include any affected subcontractors/first-tier & downstream related entities.

_____

(NAME & TITLE)

_____

Date

Regulatory Update & Distribution Attestation of Implementation

Please sign and return to Compliance. An electronic signature is preferred.

Email Subject Line: REGULATORY UPDATE & DISTRIBUTION NOTIFICATION: (INFORMATIONAL/ACTIONABLE)

<TITLE OF MEMO>

Agency:

Urgency:

Received Date:

Department(s) Affected:

Purpose of Notification:

Action Required:

Regulatory Update and Distribution Issues Log
CHRISTUS Health Plan Compliance

Issue ID	Topic	Issue Date	Orginating Agency	Date of Receipt (by health plan)	Compliance Dissemination Date	Business Owner(s)	Deadline	Close Date	Attestation Completed	Status