2020 Anthem Compliance Plan

Medicare Addendum

Effective 1/1/2020

Revised 10/15/2019

Anthem, Inc. Proprietary and Confidential

This Ethics and Compliance Plan Addendum ("Addendum") is intended to supplement the Anthem Ethics, Compliance and Privacy Plan ("Compliance Plan") with respect to the Company's Medicare Programs[1] and related Compliance Program. The Addendum provides additional detail and requirements which apply to Medicare. In the event there is a conflict between this Addendum and the Compliance Plan, terms of this Addendum supersedes the Compliance Plan as it relates to the Requirements associated with the areas/products covered by this Addendum.

Included under the relevant section headings used by the Anthem Compliance Plan as well as the following additional sections apply to this addendum: Screening Enrollee Complaints, Complaint Tracking Module (CTM) Team, Monitoring and Auditing First Tier, Downstream and Related Entities (FDRs), Denying Claims by Excluded and Precluded Providers, Pharmacy and Therapeutics Committee, Proposed Audit Schedule and Appendices.

SECTION I – INTRODUCTION AND PLAN OVERVIEW

The President for Anthem Medicare has primary responsibility for ensuring appropriate actions and resources are put in place to promote compliance with applicable laws and regulations. Accordingly, each Anthem associate, and contracted FDR, supporting Medicare is responsible for ensuring their work and functions promote compliance and are consistent with the principles expressed in this Addendum. This accountability involves Anthem Associates, including paid interns, temporary workers, independent contractors, the Anthem Inc. Board of Directors, and independent Board members of Anthem's wholly owned subsidiaries Board of Directors. The Medicare Compliance Department is responsible for assisting Medicare business comply with applicable requirements, as well as implement monitoring and oversight processes to confirm compliance and proactively identify issues of non-compliance. Each business area supporting Anthem Medicare compliance efforts is expected to have procedures, and policies to further demonstrate Anthem's commitment to compliance. The Medicare Compliance Department is also responsible for helping Medicare implement appropriate oversight policies, procedures, and reporting for FDRs, including the Pharmacy Benefits Management (PBM) vendors. Additionally, the Medicare Compliance Department works in collaboration with other areas within Anthem, such as the Chief Compliance Officer, Ethics, Compliance, Privacy and Internal Audit to confirm appropriate oversight and effective controls are in place for Anthem and FDRs and to ensure compliance with applicable laws and

[1] Medicare Programs, Medicare Plan or Medicare – for purposes of this document, shall include any and all standardized Medicare Supplement, Medicare Advantage, Medicare Prescription Drug and/or Medicare-Medicaid plans (MMPs) for which Anthem, Inc. or its subsidiaries offer or provides significant administrative support. Attached in Appendix 1 is a listing of the Anthem-affiliated companies who have an active contract with CMS for MA, Part D, and/or MMP, and who are covered by this Anthem Ethics and Compliance Plan Medicare Addendum also referred to as Medicare Compliance Plan Addendum or Addendum throughout the document. HealthSun Health Plans, Inc. ("HealthSun," contract H5431), is one exception. HealthSun was integrated into Anthem's Medicare Compliance Committee effective January 1, 2019, but will not be fully integrated into all Anthem Medicare Compliance and Medicare programs until a later date. Accordingly, where appropriate, material differences in HealthSun's specific Medicare Compliance Program are footnoted throughout this addendum.

regulatory requirements. *Please see Appendix 2 - Anthem and Medicare Organizational Structure and Appendix 5 - Medicare Compliance Organizational Structure.*

Anthem's Medicare Compliance Department strives to have an effective Compliance Program in place which adds value to our Medicare plan members, FDRs and Anthem Associates. The Medicare Compliance Department measures the effectiveness of the Compliance Program on a continuous basis throughout the year. Measures such as the results of internal and external audits, internal monitoring, and associate comprehension of training received via testing, self-disclosures, monthly compliance reporting, and the Medicare Risk Register are some of the tools utilized to determine if new trends are emerging and if the Compliance Program is effective. Additionally, monthly metrics provided by the business units allow Medicare Compliance to assess the effectiveness of Anthem's Medicare Compliance Program and controls. It is the goal of Anthem to identify issues and trends early to prevent deficiencies. When issues are identified, root cause analysis is completed and appropriate adjustments are made to procedures and processes to mitigate and reduce the possibility of future issues. When revised processes are put into place, additional monitoring is implemented to ensure the improvements are effective and sustainable. In addition to the several tools utilized by the Medicare Compliance Department to evaluate effectiveness, the compliance program is regularly assessed by Leadership and independent internal and external sources to help ensure adequate resources are in place to promote and enforce all aspects of this Addendum and to ensure Anthem has an effective compliance program. In pertinent part, the size and structure of Anthem's Medicare Program, the number and scope of FDRs and current risks are all taken into consideration when determining appropriate resources and the effectiveness of Anthem's compliance program.

A. Anthem's Medicare Compliance Organization Structure

The Vice President of Medicare Compliance serves as the Compliance Officer for Anthem's Medicare Plans (Medicare Compliance Officer) and is responsible for managing the Medicare Compliance Department. The Medicare Compliance Officer reports directly to the Anthem Chief Compliance Officer who reports directly to the Anthem Board of Directors (the Board); the Medicare Compliance Officer has an indirect reporting relationship to the Board. Consistent with applicable State, Federal and CMS requirements, the Chief Compliance Officer makes quarterly periodic reports to Anthem executives and the Board on Anthem's Medicare compliance programs, including Medicare. In addition, the Medicare Compliance Officer provides regular compliance program updates directly to executive business leadership, Medicare Compliance Committee, and indirectly to higher level Compliance Committees and Board level subcommittees. The Chief Compliance Officer's quarterly reports and presentations to the Audit Committee of the Board always include an update and information on Medicare Compliance. This communication process ensures Anthem's governing body is well-informed on all compliance activities and issues. *Please see Appendix 3- Compliance Committees Organizational Chart.*

The Ethics, Compliance and Privacy Department is organized around several key roles and is composed of the following teams (*Please see Appendix 4 – Medicare Compliance 2020 Key Accountabilities for more details*):

Reporting to the Medicare Compliance Officer:

REGULATOR ACCOUNT MANAGEMENT AND AUDIT CENTER OF EXPERTISE (COE):

- Management of external audits, mock audits and other audit readiness activities via timely, clear and concise communication of audit expectations and requests. This includes coordination of meetings to facilitate audit preparedness and thorough/accurate/timely response to all audit requests.
- Active management and leadership of regular and ad hoc meetings with federal and state regulators, as scheduled or requested.
- Timely, clear, accurate and concise communication of questions, inquiries and requests (QIRs) and compliance actions from regulators.
- Coordination of meetings in partnership with functional business units to facilitate regulator meeting preparedness and thorough/accurate response to all Regulator requests and communications.
- Regular, direct engagement with Federal Affairs to ensure communications with CMS are coordinated and consistent with ongoing dialogue and strategic initiative advancement.
- Leadership and coordination of Medicare Compliance Committee, maintenance of the Medicare Compliance Plan Addendum and Charter, and management of quarterly reports to Executive Leadership Team and the Audit Committee to Anthem's Board of Directors.
- Manages the Policy & Procedure (P&P) repository and oversees to ensure timely updates.

STRATEGY AND REGULATORY INTEGRATION:

- Collaborates with Product Development and Actuary to support the annual CMS Application and Bid submission processes.
- Conducts Merger & Acquisition (M&A) discovery and Joint Venture (JV) due diligence leading up to implementation.
- Provides strategic advisory and consulting services based on diligent research and thorough evaluation of Transformation and other cost of care initiatives, regulator-mandated benefit programs and pilots and other ad-hoc questions received.
- Provides strategic network and provider development support.
- Provides Medicare business partners with revenue stream decision support related to CMS Star Ratings and Past Performance.
- Manages the Regulatory Integration (RI) program and supports regulator comment opportunities in collaboration with business partners.
- Works with Compliance Leadership on upcoming integration activities for Medicare.

BUSINESS ADVISORY SUPPORT:

- Provide dedicated subject matter expertise (SME) compliance support for agreed-upon functional business areas supporting Medicare, including Medicare Advantage, Part D, Medicare Supplement and MMP products.
- Partner to address non-compliance issue management, interpretation of guidance, advising on new guidance, Medicare Product Launch, management and oversight of D-SNP contract compliance, investigation of sales allegations, and marketing and member communication material reviews and submissions to state and federal regulators.

- Provide a consistent and effective compliance consult approach including diligent research, concise summarization of relevant regulations, analysis against the business unit issue/question at hand, evaluation of related CMS compliance/reputational risk, innovative and collaborative solutioning, and compliance recommendations based on overall evaluation.
- Provide dedicated compliance support for Medicare joint ventures/alliances as agreed upon with business or defined in the joint venture/alliance contract agreements. Coordinate collaboration across Medicare Compliance functional teams to ensure effective and efficient support.
- The HealthSun Medicare Compliance Team reports directly to the Business Support Compliance Team's Leadership to ensure a consistent approach to supporting HealthSun's Medicare program and to leverage capabilities and programs from the Anthem Medicare Compliance Program as appropriate and feasible.
- The execution of the 1/1 Readiness annual project

VENDOR MANAGEMENT COE:

- Maintains compliance-focused oversight of Anthem's FDRs through annual monitoring and focused audits to ensure CMS FDR program requirements are met.
- Assesses FDR risk through ongoing evaluation of FDR's services, business processes, and compliance activity, and ensures oversight mechanisms are properly aligned with resulting risk scores.
- Provides clear and ongoing communication, education and training on FDR program requirements to ensure all FDRs and FDR stakeholders have easy references and dynamic tools to support Anthem's Medicare business.
- Collaborates with FDR business owners, vendor management, procurement and clinical programs to validate Anthem's FDRs are congruent with our culture and expectations.

MEDICARE RISK ADJUSTMENT (MRA) REGULATORY COMPLIANCE:

- Provides a MRA compliance program for Anthem's Medicare Plans and related activities.
- Provides MRA regulatory and policy guidance consistent with applicable Medicare Risk Adjustment rules and regulations which ensures integrity of the Anthem companies' submissions via the Risk Adjustment Processing System (RAPS) and Encounter Data System (EDS).
- Educates Associates and providers regarding Medicare risk adjustment by providing MRA and coding/documentation trainings.
- Performs medical record documentation reviews and oversight of MRA business units' activities to ensure data integrity of Anthem companies' submissions via RAPS and EDS.
- Identifies system and/or process vulnerabilities which may result in non-compliance, and report to Medicare Compliance management, Internal Audit, Corporate Ethics, Privacy and Compliance and other impacted areas of the company with recommendations to address the problem and verification of the resolution.
- Conducts investigations with integrity in a thorough, timely and confidential manner.
- Provides oversight to ensure overpayments are reported and returned to CMS timely, as appropriate.

In addition, Medicare Compliance is supported by additional COEs as follows:

Training and Communication COE:

- Executes, trains, and monitors for timely completion of Medicare Compliance Training.

Regulatory Reporting COE:

- Support the facilitation of effective and efficient Regulatory Reporting by coordinating the timely submission of regulatory reporting to state and federal regulators.

Ethics COE:

- Management and maintenance of compliance investigation process and related tools to ensure appropriate response to and mitigation of reported issues, and enable appropriate tracking, trending and leadership/governance reporting on status of investigations, as appropriate.

Risk & Issue Monitoring & Oversight (RIMO) COE:

- Development, execution, and routine reporting on our annual Monitoring & Oversight (M&O) Plan. The M&O Plan will be developed using a risk-based approach and Compliance will update as risk necessitates and will obtain Medicare Compliance Committee approval on any updates.
- Delivery of effective and efficient Corrective Action Required (CAR), Corrective Action Plan (CAP), M&O, and Risk Management (RM) programs, leadership, regulator and governance reporting, communication and training on CAR/CAP, M&O and RM program requirements.
- Regular engagement and coordination with Internal Audit between their Master Audit Plan and our M&O Plan. Management of bi-annual risk assessment process and coordination with Internal Audit to conduct and provide key updates, risks, and other inputs.
- Management and coordination of monthly and quarterly risk management tool update processes via: (1) timely, clear and concise communication of risk update expectations, requests and timelines; and (2) coordination of meetings to facilitate, and assist in procurement of, appropriate functional business unit risk tool updates.

It is important to note an underlying assumption of the Medicare Compliance organization is responsibility for compliance with all regulatory requirements resides with the Medicare business units which operate Anthem's Medicare plans. This responsibility cannot be satisfied through delegation to another functional area, and therefore, the structure of the Ethics, Compliance and Privacy as well as the Medicare Compliance Department has been organized in a manner to assist Medicare in achieving their compliance goals. Compliance is everyone's responsibility. *Please see Appendix 5 – Medicare Compliance Organizational Chart.*

B. Components of Anthem's Medicare Compliance Plan Addendum

Pertinent regulations for Medicare, are, in part 42 CFR § 422.503(b) (4) (vi); CMS' Prescription Drug Benefit Manual Chapter 9 and CMS' Medicare Managed Care Manual Chapter 21 - Section 50

1. Implement Written Standards and Procedures

In addition to the Ethics, Privacy and Compliance Department's policies and procedures (P&Ps), the Medicare Compliance Department maintains and houses P&Ps specific to Anthem Medicare. These documents provide Associates with guidance on how to perform their daily tasks and maintain compliance with applicable Federal and State requirements. The Medicare P&Ps are housed in centralized repositories, and are tracked to ensure they are reviewed by Medicare Management on an annual basis or more frequently when new regulations or guidance is released. *Please see Appendix 6 – Policy and Procedure Index.*

The FDRs for Anthem Medicare are provided an electronic copy of the Anthem Standards of Ethical Business Conduct (SOEBC) and Medicare Compliance Plan Addendum on at a minimum, an annual basis, when materially changed or revised and upon request. *Please see the Anthem SOEBC and Departmental Policy and Procedure for more details.* To ensure proper oversight of our FDRs, Anthem utilizes an annual monitoring process and risk-based audit process to ensure the FDRs adhere to our standards and/or adopt and follow a code of conduct particular to their own organization which reflects a similar commitment to detecting, preventing and correcting non-compliance, conflicts of interest, Fraud, Waste, and Abuse (FWA) and other relevant oversight information.

2. Designate Personnel to Oversee Compliance

Anthem's Chief Compliance Officer is the assigned Compliance Officer and is responsible for ensuring Anthem has an effective Corporate Compliance Program. The Chief Compliance Officer has a direct reporting relationship to the Audit Committee of the Anthem Board of Directors and provides quarterly reports on ethics and compliance activities and concerns. The Chief Compliance Officer oversees and participates on compliance committees, and participates with the enterprise risk assessment process and development of enterprise audit activities on an annual basis. *Please see Appendix 7- Corporate Internal Audit and Enterprise Risk Management (ERM) Organizational Structure.*

Anthem's Vice President Medicare Compliance is the dedicated and independent Compliance Officer for Anthem Medicare, and is responsible for ensuring Medicare products and services meet all applicable Federal and State regulations and guidelines. The Medicare Compliance Officer directly reports to the Chief Compliance Officer. The Chief Compliance Officer provides regular reports and updates, including issues identified, investigated, and resolved, to the Board or applicable subcommittees of the Board on the status of Anthem's Medicare Compliance Program. The Anthem Chief Compliance Officer provides reports to the Board directly and the Medicare Compliance Officer also provides periodic reports to the Chief Compliance Officer. This reporting process ensures Anthem's governing body is aware and knowledgeable of compliance activities and concerns, including compliance program outcomes, the results of internal and external audits and

pertinent government compliance enforcement activity. In addition, the Medicare Compliance Officer has express authority to provide compliance updates and reports directly to the Anthem President and CEO, as necessary. In addition, the Chief Compliance Officer provides reporting and meets at least quarterly with Anthem's President and CEO to update her on Anthem's Ethics, Compliance and Privacy program. These updates always include information related to Anthem's Medicare Compliance.

Anthem has several compliance committees, organized by business unit, which are comprised of specific individuals to help ensure each committee is tailored to meet the compliance needs of the particular business unit. The Chief Compliance Officer oversees each compliance committee. *Please see Appendix 3 - Compliance Committees Organizational Chart* for a chart of the relevant compliance committees the Chief Compliance Officer oversees in relations to Anthem Medicare. In addition, Anthem has established a Medicare Compliance Committee, which meets on a monthly basis and is chaired by the Medicare Compliance Officer or their designated representative.

The Medicare Compliance Committee focuses on Medicare plan compliance efforts and programs. The Medicare Compliance Committee reflects the size and scope of Anthem's Medicare business and includes Associates responsible for Medicare, Ethics, Compliance and Privacy and enterprise Compliance, Grievances and Appeals, business unit representatives (i.e. Vice Presidents or their delegates), Legal, Medical Management, HR, Operations, Underwriting, Finance, Actuarial, Special Investigations Unit (SIU), Internal Audit and other ad hoc participants as required. The role of the Committee is to monitor and provide guidance on Anthem's Medicare plans, review major compliance issues, engage in oversight activities related to remediation of compliance risks, and identify areas for training and education of Associates and FDRs. The Medicare Compliance Committee conducts oversight of Anthem's Medicare compliance program, which includes the review and approval of the Medicare compliance and FWA trainings, Medicare Compliance policy and procedures, and the Medicare Compliance Plan Addendum, on at least an annual basis. Issues brought to the Medicare Compliance Committee include but not limited to matters disclosed to CMS, FWA trends identified, Internal Audit findings and any high rated risks identified from the risk register. Minutes of each meeting of the Medicare Compliance Committee are maintained and reflect all oversight activities conducted. *Please see Appendix 8 - Medicare Compliance Committee Charter.*

Additionally, Anthem has implemented an FDR Compliance Committee[2] which reports at least quarterly to the Medicare Compliance Committee. The FDR Compliance Committee is an authorized sub-committee of the Medicare Compliance Committee and is responsible for overseeing FDR's supporting Anthem Medicare and for providing regular updates and recommendations to the

[2] Anthem's FDR Compliance Committee is not applicable to HealthSun's FDR Program at this time. Integration is targeted for Q1 2020.

Medicare Compliance Committee on FDR matters. The members of this committee include the Medicare Compliance Officer, the Director of FDR and Part D Oversight, and Anthem business owners who oversee FDR relationships. The FDR Compliance Committee meets quarterly and discuss items such as FDR risks, data trends, and the auditing schedule.

Furthermore, Anthem has implemented a MRA Compliance Committee which reports, at least semi-annually and as necessary, to the Medicare Compliance Committee. The MRA Compliance Committee is an authorized sub-committee of the Medicare Compliance Committee and is responsible for overseeing Anthem's Medicare risk adjustment business areas and for providing regular updates and recommendations to the Medicare Compliance Committee on MRA matters. The members of this committee include the Staff Vice President, Compliance, the Medicare Compliance Officer, and Anthem MRA business areas. The MRA Compliance Committee meets quarterly and discusses items such as MRA risks, data trends, the auditing schedule/results. *Please see Appendix 14 – Medicare Risk Adjustment Compliance Committee Charter*.

3. Deliver Effective Education, Training and Communication

In addition to the Anthem corporate Ethics, Compliance and Privacy training, Anthem Associates supporting Medicare business receive additional specialized Medicare Compliance training within 30 days of being hired or within 30 days of assuming Medicare-related responsibilities. This specialized training is intended to ensure each Medicare associate's work is performed in a manner compliant with federal and state regulations applicable to the Medicare program. The training course includes an overview of Medicare Compliance at Anthem, critical information on how to identify and report Medicare Compliance and FWA concerns, details the necessity of compliance with Medicare laws, regulations, policies and standards governing the work and the expectation of ethical conduct in supporting Medicare. The responsibility for administering this training resides with the Medicare Compliance Department. In addition, supplemental compliance trainings are provided throughout the year on an assortment of topics through various methods from communication blasts to shared webinar trainings.

Additionally, Anthem requires compliance training for the Board of Directors. This training emphasizes the oversight role of the Board of Directors with Anthem. The training also covers the Board's fiduciary responsibilities, promoting a culture of compliance, and an overview of the Ethics and Compliance Program in addition to other topics. This training is conducted within 90 days of appointment and at least annually thereafter.

All Associates at FDRs working on behalf of Anthem's Medicare plans are required to complete general Compliance and FWA training within 90 days of initial hire and annually thereafter. Compliance with these training requirements is required to be reported to Medicare Compliance through the FDR Oversight Program. Additionally, each FDR is required to submit an annual attestation document certifying all Associates received and completed annual FWA training.

Attestations are maintained by the Vendor COE. In the event of an update, upon notification and receipt of the updated training documents from Medicare Compliance, Delegation Oversight will submit the documents to the FDRs and will collect the attestation confirming their compliance with the updated requirements. On an annual basis, during the FDR's annual audit, the Delegation Oversight Department assesses compliance with the General Compliance and FWA Training provided to their employees and downstream entities as needed.

Additional details regarding FDR Oversight can be found in Section II of this addendum.

A key factor in Anthem's Compliance Program is open communication between the Medicare Compliance Officer and Associates, FDRs, the Board, members of the Compliance Committee, the Chief Compliance Officer and the Senior Leadership Team (SLT). Anthem has mechanisms for the Medicare Compliance Officer to regularly disseminate Medicare Compliance Program updates and messages in effective and efficient ways. Some examples of how the compliance message is communicated to the organization are through the: Medicare Compliance Committee, on-line articles/announcements, on-line training, Regulatory Integration meetings, monthly CMS calls and preparation meetings, compliance reports, quarterly SLT reporting, reporting and information presented at Audit Committee meetings and Medicare trainings.

Within Medicare, there are additional methods for Associates to contact the Medicare Compliance Officer with a compliance question, a concern, or to report misconduct. Through online articles and details on emails from the Medicare Compliance team, Associates are reminded they may contact the Medicare Compliance Officer directly (813-830-6984) as well as the Chief Privacy Officer (303 889-9914) to report compliance concerns.

Finally, Anthem understands the importance of communication with our Medicare enrollees about the identification and reporting of potential FWA concerns. To ensure our members are aware and educated on the options for reporting issues, Anthem includes information on how to identify and report FWA on various member communications, including Explanation of Benefits, Post-Enrollment materials, Welcome Kits, and Plan websites.

4. Perform Consistent Enforcement and Discipline of Violations

The disciplinary standards are covered by the Anthem Compliance plan.

Investigations involving Medicare are reviewed with the Medicare Compliance Officer regularly. The Corporate Ethics, Compliance and Privacy Department frequently engage the Medicare Compliance Department for specific expertise and input into investigations as needed. As appropriate, investigation summaries are also reported to the Medicare Compliance Committee. *Please see the Ethics and Compliance Investigations Policy and the Ethics and Compliance Government Regulators Disclosure Policy for more details.*

5. Administer Ongoing Monitoring Auditing, Risk Management and Internal Systems Reporting

Anthem has established and implemented an effective system for monitoring and auditing to ensure compliance with all applicable Federal and State standards, as well as internal P&Ps. Anthem also requires the organization to have an internal audit plan which identifies audits to be performed, as well as an internal audit plan which identifies oversight (e.g., auditing and monitoring) to be performed of FDRs, as applicable. Anthem's Audit Plan for Medicare is developed during the Internal Audit Department's annual risk assessment and planning process. Additionally, the RIMO COE within the Ethics, Compliance and Privacy Department oversees a Monitoring & Oversight (M&O) program. The M&O program identifies risk areas and performs monitoring reviews of critical processes within Anthem Medicare areas. Internal Audit coordinates with the RIMO COE to minimize the overlap between the Anthem Audit Plan and M&O plan. Ongoing assessments of risks impacting Anthem Medicare are reviewed at least quarterly with leadership and adjustments are made to the Internal Audit and M&O plans as appropriate based upon these risks and other relevant factors. *Please see Appendix 9 – 2020 Medicare Compliance Monitoring and Oversight Plans.*

6. Investigate, Respond and Prevent Misconduct

The primary tool used for responding to Medicare compliance issues is the Compliance Communication Center (CCC) issue form and disclosure process. For potential compliance issues reported to the CCC involving allegations of member harm, disruption of urgent services or significant payment concerns, the risk assessment level is heightened so member harm or access to care issues receive top priority and immediate attention. In addition, Medicare Compliance has in place a system for implementing and tracking internal corrective action plan requests which may include training, counseling, or disciplinary actions involving Associates or FDRs and which are designed to correct and prevent future noncompliance. More information on the CCC Process is located in *Section C5 of this Addendum*. In additional to the CCC Process, Anthem utilizes an electronic breach notification tool to report and respond to privacy and security-related compliance issues. All reported issues are promptly reviewed and investigated by Medicare Compliance to determine the appropriate mitigation and resolution steps.

In addition to those options noted for Anthem, Medicare Associates are also encouraged to contact the Medicare Compliance Officer (813-830-6984); or to call the Ethics and Compliance Helpline (877-725-2702). Anthem adheres to a strict non-retaliation policy, so all Associates have the option to report potential issues in a confidential and anonymous manner.

C. Effectuation of the Anthem Medicare Compliance Plan Addendum

1. Compliance with Regulatory Requirements and Laws

The Regulatory Integration program[3] within Medicare Compliance reviews, communicates and tracks applicable regulations governing Anthem Medicare. The Regulatory Integration program also supports administering training on new laws and regulations impacting Medicare.

2. The Annual Medicare Compliance Plan Addendum Methodology

   This Addendum is reviewed and revised at least annually by the Medicare Compliance Department and approved by the Medicare Compliance Committee. The Medicare Compliance Plan Addendum are based in large part upon the elements of a compliance plan as specified in the Federal Sentencing Guidelines, the Officer of Inspector General's (OIG) Compliance Program Guidance for Medicare+Choice (renamed Medicare Advantage) Organizations, the CMS Medicare Managed Care Manuals, the Prescription Drug Benefit Manual, and the Medicare-Medicaid Plan 3-Way Contracts.

   The risk areas are enhanced and/or segmented to more specific issues through the quarterly risk review process. The risk areas and objectives are updated as appropriate to reflect characteristics and activities relevant to Anthem Medicare (including CMS metrics and outlier information).

3. Medicare Compliance Plan Addendum P&Ps

   Medicare Compliance (P&Ps) are reviewed and approved at least annually by the Medicare Compliance Committee or a subcommittee thereof.

   Medicare Compliance uses a P&P management system[4] to ensure Medicare Compliance P&Ps and the P&Ps maintained by the business units supporting Medicare are reviewed and updated as appropriate on at least an annual basis, or more frequently as guidance or business needs dictate. Use of this system ensures Medicare P&Ps are created, edited, and stored in a consistent manner and in accordance with CMS guidelines. This system also enables Medicare Compliance to run regular reporting to ensure P&Ps are timely reviewed and updated as appropriate. *Please see Appendix 6 – Policy and Procedure Index for direct links to Anthem's P&Ps.*

4. Compliance Training

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[3] Anthem's Regulatory Integration Program is not applicable to HealthSun. HealthSun maintains a separate process using its Compliance Tool to communicate and track applicable regulations governing HealthSun Medicare.
[4] HealthSun Medicare Compliance maintains a separate P&P review process. HealthSun's functional business units submit their respective P&Ps for HealthSun Medicare Compliance review via email. The business units post/store their respective P&Ps where appropriate/necessary for access by their respective associates. HealthSun's Medicare Compliance P&Ps are posted to the HealthSun Intranet (see link in Appendix).

As noted throughout this Addendum, compliance training is a critical element of the Medicare Compliance Program, as it ensures all Associates, management, as well as FDRs, are aware of applicable Federal and State laws, regulations, and guidelines.

5. Performance Measurement and Reporting

Anthem monitors and reports on key performance metrics established in conjunction with our CMS Regional Office Health Plan Managers during our regularly scheduled Compliance Calls. These business metrics are assessed against the CMS required performance measurements as well as Anthem expected performance measurements. If performance does not meet CMS or Anthem requirements in a given month, the business leader provides an action plan with appropriate remediation steps which will be taken to bring performance back into compliance in a timely manner. The action plan includes root cause analysis and specific corrective actions designed to correct and prevent future noncompliance by Anthem or its FDR. Ongoing monitoring of performance occurs until compliant performance is met consecutively for a period of time.

CMS expects open, responsive and prompt communication with Medicare sponsors pursuant to 42 CFR §422.504(f) and §423.505(f). Sponsors are required to provide "all information to CMS that is necessary for the Agency to administer and evaluate the program." Anthem utilizes the Compliance Communications Center (CCC) to meet this requirement and provide timely and accurate information to CMS in order to support their administration and evaluation of the Medicare plans offered by Anthem.

The Medicare Compliance Department manages the CCC and documents all material compliance issues, compliance-related Questions, Inquiries, and Requests (QIRs), and other appropriate compliance-related topics in a comprehensive log which is communicated to CMS Regional Office management monthly or as requested. *Please see Appendix 10 Compliance Communications Center Log.*

Newly identified Medicare issues which may also be compliance issues will be directed to the CCC by any Anthem associate involved in the identification of the issue. This notification can occur via e-mail to (ComplianceCommunicationCent@Anthem.com) or direct outreach to any Medicare Compliance team member or other means as necessary to ensure a prompt and timely investigation of the potential issue and response. Retaliation against anyone who reports a compliance issue in good faith is strictly prohibited. The Medicare Compliance Officer, or a designated Medicare Compliance associate accountable to the Medicare Compliance Officer, is responsible for regular status reports to CMS and for validating resolution of the issues as soon as information is available. The Medicare Compliance Officer has the accountability for making applicable self- disclosures to CMS, even if the resolution has not been identified.

D. Program Integrity (FRAUD, WASTE AND ABUSE)

Consistent with CMS' Prescription Drug Benefit Manual (Chapter 9) and CMS' Medicare Managed Care Manual (Chapter 21), as well as other applicable CMS Medicare guidance, Anthem has incorporated the below the key concepts of its FWA Plan into this Medicare Compliance Plan Addendum.

1. Overview of Anthem's Medicare Program Integrity organization whose activities drive our Fraud Waste and Abuse Programs

Anthem's SIU, a department within the Program Integrity organization, works with the Medicare Compliance Department to coordinate efforts to provide a FWA program for Anthem's Medicare Plans and related activities.

Purpose

The SIU detects and investigates suspected fraud, waste or abuse activities.

Values

- Protecting our members' well-being
- Reducing the cost of care
- Promoting ethical behavior

Vision

The SIU contributes to the improvement of the overall health care system by proactively identify billing patterns and schemes with a comprehensive set of goals and objectives designed to detect and prevent FWA activities.

Goals

- Improve the health of the people we serve and the profitability of the corporation through the proactive and the reactive identification and investigation of fraud and abuse on fraudulent or abusive claims
- Conduct investigations with integrity in a thorough, timely and confidential manner
- Maintain strong, supportive relationships with law enforcement and other entities involved in combating fraud and abuse in the health care industry
- Be a leader in the industry, through best-in-class people, technology, and outreach

The SIU operates under the direction of the Staff Vice President of SIU who has dotted-line reporting to the Medicare Compliance Officer. The SIU staff is made up of staff dedicated to preventing, detecting, and investigating Medicare FWA. The SIU is made up of Associates with diverse experiences including claims, provider network, nursing, pharmacy, and fraud investigations. SIU Associates are located across the country to ensure proper coverage and awareness of Anthem's Medicare plans and CMS' high-risk zones. *Please see Appendix 11- Medicare SIU Organizational Structure*

Investigators are responsible for investigating assigned cases in order to detect FWA activities and practices, and recover funds paid on fraudulent claims. They act as collaborative members on an investigative team, perform tasks assigned in order to contribute to the overall success of the SIU and effectively partner with law enforcement resources. Additionally, the SIU coordinates and meets with other business teams, as well as the Medicare Compliance Team, on a regular basis to review SIU activities and ensure proper FWA monitoring is occurring across Anthem's Medicare business.

2. Reporting Medicare FWA

In order to maintain the effectiveness of the SIU, a comprehensive approach is utilized for the reporting of all allegations of FWA within the Medicare program. Investigations are primarily driven through proactive data mining of claims, but allegations may be referred to the SIU by Associates, members, health care providers, FDRs, and other external entities, including Medicare Integrity Drug Contractors (MEDICs).

All available methods are user-friendly, confidential and/or anonymous, easy to access and navigate, and are available 24 hours a day for reporting Medicare FWA. Reporting methods include Anthem's Medicare Fraud Hotline (866-847-8247), an internal intranet Medicare Fraud Referral Form available to Anthem Associates, and the Medicare SIU email mailbox (MedicareSIU@anthem.com). Additionally, members and providers may also use the Customer Service Center to report Medicare FWA.

3. FWA Training

Anthem Associates receive annual training on ethics and compliance, which includes education on FWA risks. The SIU provides input and assists with the development of the FWA content delivered through the annual training. Please see Section I.C.4 Training and Education for more information on Anthem's Medicare training requirements.

Anthem's Medicare Compliance Department creates and maintains customized FWA training materials which may be used by FDRs supporting Anthem's Medicare plans. These materials ensure the FDRs are aware of the FWA guidance provided in the applicable Medicare Advantage and/or Prescription Drug Program regulations (in pertinent part 42 CFR Parts 422 and 423). As noted in Section I.C.4 of this Medicare Compliance Plan Addendum, the Medicare Compliance Department in partnership with Medicare oversees all FDRs' completion of the annual FWA training and certification requirements.

Finally, the SIU Team collaborates with other Anthem departments to ensure a comprehensive education program is in place for Associates, providers, members, business partners, and FDRs. Methods of FWA education include, but are not limited to the following: Pamphlets, newsletters, messages on member Explanation of Benefits and provider Explanation of Payments, and provider manuals, and the consumer education site www.fighthealthcarefraud.com.

4. P&Ps

The SIU P&Ps described in the "Anthem SIU Antifraud Plan" and explain the operation of the SIU department as it relates to FWA prevention, detection, mitigation and referral processes. They include reporting mechanisms and how suspected, detected or reported potential FWA issues are investigated and addressed (corrective actions, disciplinary actions and remediation). The SIU reviews and updates its antifraud plan and any complementary P&Ps on a regular basis to incorporate changes in applicable laws, regulations, and other program requirements. In addition to the antifraud plan, SIU P&Ps can be found within the Medicare policy and procedure repository or upon request.

5. Data Analysis and Investigation

Data mining is the primary method our investigators use in the detection and prevention of provider FWA. Tools for identifying overutilization include coding software, fraud waste and abuse analytics and our own internal, proprietary health care analytics. We use a variety of technologies to support our fraud, waste and abuse initiatives, including in-house built custom applications as well as fraud prevention platforms from outside vendors.

The company has also developed benchmarking metrics for certain specialties (e.g. ER, ambulatory sensitive conditions), and this benchmarking is used in ongoing provider engagement efforts, including contracting.

In addition, the company performs data mining activities using proprietary metrics to identify macro behaviors which are the manifestation of possible FWA. This type of modeling organizes data and standardizes how it relates to other data to discover possible fraud schemes such as billing for services not rendered, unbundling, upcoding, and medical identity theft, which allows us to develop profiles to classify the potential of anomalous acts to those of a specific provider based on their billing behavior compared to those of their peers. The data is analyzed for spikes and/or surges which are classified as irregular and can be overlaid and/or reviewed in context to externally supplied data from national and government data warehouses used by the health care industry.

All of the SIU processes apply equally to providers paid under fee-for-service arrangements as well as providers paid under a shared savings or risk bearing arrangement or through a government-sponsored program such as Medicare.

6. Referrals to the Medicare Drug Integrity Contractors (MEDIC)

Consistent with the Prescription Drug Benefit Manual, the SIU makes appropriate referrals to, and investigates referrals from, the MEDIC. Referrals to the MEDIC follow a standard format and include the following elements, as applicable:

- Member-identifying information including identification number, address and telephone number.
- Provider-identifying information including identification number, location type of provider, etc.
- Service involved - prescription claims information including Date of Service, prescriber, pharmacy, drug codes, place of service, etc.
- Pricing detail - billed, allowed, paid, co-payment and other amounts as reasonably requested or relevant.
- Allegation - detailed to included timeframe, parties involved, etc.
- Source of complaint - indication as to whether internal or external.
- Narration of the referral process, including any relevant historical information.

7. FWA Corrective Actions

The SIU has the ability to present corrective action plans (CAP) to providers who are believed to be responsible for fraudulent, wasteful or abusive billing or service patterns. A CAP is one of the tools which can be used to change provider behavior, be it part of their education plan and/or part of a demand for repayment.

"Overpayment Letters" contain information on the investigation and what findings determined the need for the provider to be placed on a CAP. If the CAP is used in conjunction with an overpayment demand, it does not change the demand for repayment process, rather the CAP is an option to be used, as needed, when appropriate to the case.

SECTION II - REGULATORY AND INTERNAL AUDITING

Anthem Corporate Internal Audit has a team of auditors which provide broad coverage for Anthem, Inc.; including Medicare plan-related audits to reasonably ensure CMS compliance requirements are understood and monitored for compliance. Anthem Corporate Internal Audit leads the annual enterprise risk assessment process and development of enterprise audit activities, which are captured in the Master Audit Plan (MAP) and presented to the Anthem Board of Directors for approval – see also "**PROPOSED AUDIT SCHEDULE"** within this addenda for details. Updates related to these reviews, including the number of audits in progress and the number of critical, moderate, and low risk findings, are reported to the Medicare Compliance Department monthly and rolled into the Medicare Compliance Dashboard report Anthem Corporate Internal Audit maintains. Audit reports are provided at the conclusion of each audit to relevant executive management. In addition, summary audit results are reported quarterly to the Medicare Compliance Committees, as well as to the Audit Committee.

SCREENING ENROLLEE COMPLAINTS

The grievances and appeals processes are handled within Anthem's Medicare Grievances and Appeals Department. Processes and procedures are in place to accurately classify member complaints into appeals, grievances, general inquiries or requests for initial coverage determinations.

COMPLAINT TRACKING MODULE (CTM) TEAM[5]

CMS' CTM cases, which are housed within the Health Plan Management System (HPMS), capture complaints on behalf of beneficiaries which result from calls received at 1-800-MEDICARE, as well as inquiries received by CMS Central and Regional Offices. Within Anthem Medicare, there is a dedicated CTM team which manages the resolution of these complaints, helping to ensure there is follow up with the impacted beneficiary, beneficiary representative or provider, as well as closure of each case within the HPMS CTM system. Per the CMS CTM Standard Operating Procedure (SOP) Timeliness requirements: Immediate Need complaints (considered life threatening, e.g. out of medication) are to be resolved within 48 hours, Urgent Need complaints are to be resolved within seven (7) calendar days, and No Issue Level complaints are to be resolved within 30 calendar days. If a member cannot be reached via telephone, a letter is sent after three (3) telephone attempts have been made on 2 separate days communication resolution of case.

Anthem's CTM case process includes analysis of beneficiary complaints to identify potential trends and opportunities for process improvement. CTM complaints will be used as a source to identify potential non-compliance and process improvements so accountable areas and appropriate resources are promptly engaged to resolve and improve performance. CTM data is included in the Member and Provider Experience Forum, which is a subcommittee of the Medicare Compliance Committee. The purpose of this Forum is to analyze trends obtained from CTM complaints, and identify opportunities to improve the member experience.

Anthem reviews CTM volumes, aging and specific cases monthly with the CMS Regional Office management. Anthem monitors activity ongoing to identify new trends and to work with appropriate functional areas to identify action items to prevent reoccurrence and reduce CTM complaints within Anthem's control.

MONITORING AND AUDITING FDRs

Medicare Compliance teams are responsible for management of their respective centralized FDR Oversight Programs, which ensure proper oversight and ongoing monitoring of FDRs performing delegated functions on behalf of Anthem's Medicare contracts. Each FDR has an assigned internal Anthem business owner who is responsible for ensuring FDR compliance with applicable CMS requirements and standards, as well as Anthem contractual requirements.

To ensure adequate oversight of FDR compliance with CMS' requirements, the following monitoring processes occur:

[5] HealthSun Medicare Compliance currently manages and responds to CTMs with input and support from HealthSun's functional business units as appropriate. HealthSun CTM data is not included in the MPEF forum at this time.

- Detailed day-to-day oversight of FDRs by respective business owners and subject matter experts.
- Compliance assessment through review of status reports completed for each FDR by the respective business owner.
- Deficiency resolution process to ensure all identified non-compliance issues are corrected in a timely and proper manner.
- Annual FDR audits performed by business owners to ensure the FDRs are acting in accordance with their Anthem agreement and all applicable regulatory requirements.
- Compliance focused annual audit of a selection of FDRs based on identified risk factors.
- Second-level verification of information in status reports, as well as maintenance of support documents, to confirm accuracy and proper documentary evidence.
- Centralized documentation using a comprehensive tracking database and data archive.
- Routine updates of FDR monitoring and auditing activities, as well as monthly reporting of all FDRs' compliance statuses, is made to Medicare Compliance leadership and the Medicare Compliance Committee as needed.

DENYING CLAIMS BY EXCLUDED AND PRECLUDED PROVIDERS

Anthem monitors appropriate sanction resource lists to identify providers for whom claims should be denied for its Medicare businesses. For pharmacy providers, the PBM shall be primarily responsible for reviewing the OIG and General Services Administration (GSA) sanction lists in their entirety to ensure no excluded providers are in the pharmacy network. Monthly updates to the sanctions lists are monitored to ensure pharmacies new to the list are not included in the network. For medical providers, Anthem Medicare Claims monitors the OIG website on a monthly basis to identify sanctioned providers both to prevent payment for medical claims to ineligible providers, and to support correct claim determination complying with Medicare regulations. Further, Anthem Provider Data Management monitors the CMS website on a monthly basis to identify precluded providers and prescribers who are prohibited from receiving payment for Medicare Advantage (MA) items and services or Part D drugs furnished or prescribed to Medicare beneficiaries both to prevent payment and to support correct claims determination complying with Medicare regulations.

Please see Appendix 13 - Anthem Sanctioned and Opt Out Providers - Prevention of Payment Policy and Procedure.

PHARMACY AND THERAPEUTICS COMMITTEE

For Anthem's Medicare contracts, the Pharmacy and Therapeutics (P&T) process is managed internally by IngenioRx. The charter and bylaws for Anthem's P&T committee are attached as *Appendix 12- P& T Committee Charter and Bylaws, Conflict of Interest Statement, and the P& T Formulary Development Policy*. All committee members are asked to sign a confidentiality agreement and a member participation agreement when they join the committee. In addition, a conflict of interest statement is obtained from every member at every meeting. Voting members must disclose at all meetings any conflicts of interest they may have related to any agenda item.

PROPOSED AUDIT SCHEDULE

Please note the final 2020 Medicare Internal Audit MAP and Schedule document will be added once approved by the Audit Committee of the Board of Directors in December 2019.

MEDICARE APPENDICES

1. Anthem Commonly Owned and Controlled Affiliates Covered By The 2020 Compliance Plan

The attached Anthem Medicare Compliance Plan Addendum applies to the applicable Anthem, Inc. commonly owned and controlled entities which offer Medicare Supplement plans and/or are contracted with CMS to provide Medicare plan services. The specific Anthem, Inc. commonly owned and controlled entities governed by the attached Medicare Compliance Plan Addendum are:

H0544 – BLUE CROSS OF CALIFORNIA (HMO, C-SNP, D-SNP, I-SNP)
H1607 – ANTHEM INSURANCE COMPANIES, INC. (LPPO)
H1894 – AMERIGROUP WASHINGTON, INC. (HMO, D-SNP)
*H1947 – COMMUNITY CARE HEALTH PLAN OF LOUISIANA, INC. (HMO, D-SNP)
H2593 – AMERIGROUP TEXAS, INC. (HMO, C-SNP, D-SNP, I-SNP)
H2836 – ANTHEM HEALTH PLANS, INC. (LPPO)
H3240 – AMERIGROUP NEW JERSEY, INC. (HMO, C-SNP, D-SNP, POS)
H3342 – EMPIRE HEALTHCHOICE ASSURANCE, INC. (LPPO)
H3447 – HEALTHKEEPERS, INC. (HMO, C-SNP, D-SNP, I-SNP)
H3536 – MATTHEW THORNTON HEALTH PLAN, INC. (HMO)
H3655 – COMMUNITY INSURANCE COMPANY (HMO, D-SNP)
H4036 – ANTHEM INSURANCE COMPANIES, INC. (LPPO)
H4346 – HMO COLORADO, INC. (HMO, C-SNP, D-SNP, I-SNP)
H4909 – ANTHEM INSURANCE COMPANIES, INC. (LPPO)
H5422 – BLUE CROSS BLUE SHIELD HEALTHCARE PLAN OF GEORGIA, INC. (HMO, D-SNP)
H5431 – HEALTHSUN HEALTH PLANS, INC. (HMO)
H5471 – SIMPLY HEALTHCARE PLANS, INC. (HMO, C-SNP, D-SNP, & I-SNP)
H5746 – AMERIGROUP COMMUNITY CARE OF NEW MEXICO, INC. (HMO)
H5854 – ANTHEM HEALTH PLANS, INC. (HMO, D-SNP, I-SNP)
H6229 – BLUE CROSS OF CALIFORNIA PARTNERSHIP PLAN, INC (MMP)
H6786 – ANTHEM HEALTH PLANS OF MAINE, INC. (LPPO)
H7728 – ANTHEM HEALTH PLANS OF NEW HAMPSHIRE, INC. (LPPO)
H8432 – EMPIRE HEALTHCHOICE HMO, INC. (HMO, D-SNP, POS)
H8552 – ANTHEM BLUE CROSS LIFE AND HEALTH INSURANCE CO. (LPPO, C-SNP)
H8786 – AMERIGROUP TEXAS, INC. (MMP)
*H9065 - AMH HEALTH, LLC (HMO, D-SNP)
H9525 – COMPCARE HEALTH SERVICES INSURANCE CORPORATION (HMO, D-SNP)
R4487 – ANTHEM INSURANCE COMPANIES, INC. (RPPO)

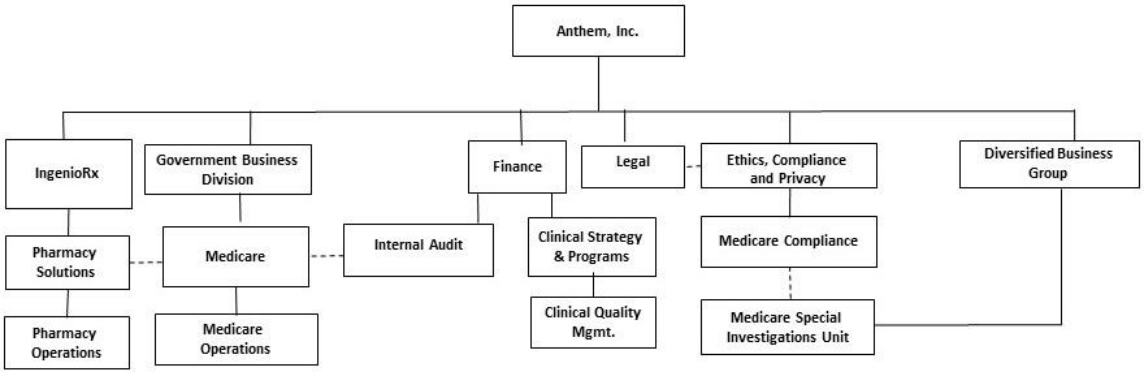
R5941 – ANTHEM INSURANCE COMPANIES, INC. (RPPO)
S2893 – BLUE MEDICARERX (PDP), a.k.a. NEW ENGLAND JOINT ENTERPRISE (NEJE)
S5596 – ANTHEM INSURANCE COMPANIES, INC. (PDP)
S5726 – BLUE CROSS BLUE SHIELD OF KANSAS (PDP)
S5960 – UNICARE LIFE AND HEALTH INSURANCE COMPANY (PDP)
S8182 – AMERIGROUP INSURANCE COMPANY (PDP)

As noted previously in this addendum, the aforementioned legal entities shall be individually and collectively referred to as "Anthem". To the extent applicable, this Medicare Compliance Plan Addendum also applies to FDRs contracted with Anthem to provide applicable Medicare plan services.

*Contracts H1947 and H9065 are joint ventures between Anthem and BCBSLA and Maine Health, respectively. See also joint venture compliance plan addenda Healthy Blue and Anthem | MaineHealth for additional details as to the governance structure in place for these plans.

In addition to the above, Anthem holds contracts H5427 (Freedom Health, Inc.) H5594 (Optimum Healthcare, Inc.) in Florida and H8170 (America's 1st Choice of South Carolina, Inc.) in South Carolina which are governed by the separate Compliance Plan and Fraud Waste and Abuse (FWA) Prevention Plans for each state respectively.

2. Anthem and Medicare Organizational Structure



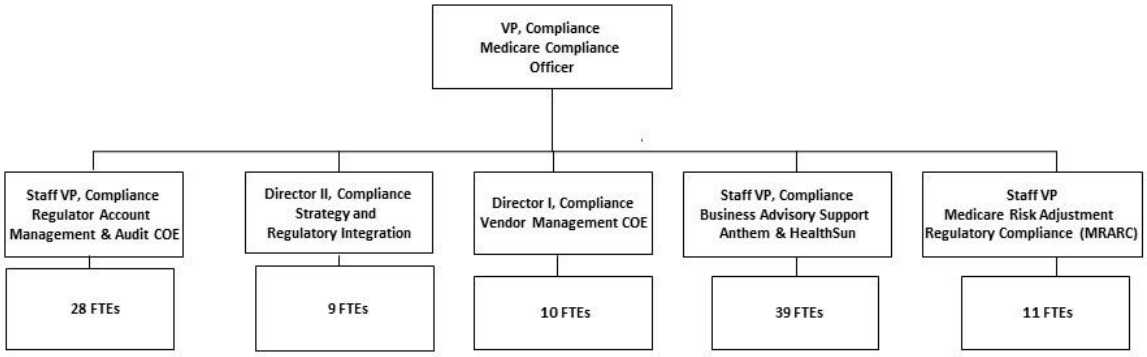
3. Compliance Committees Organizational Chart

4. Ethics, Compliance & Privacy Department 2020 Key Accountabilities

Compliance Accountability		Description	Accountable Lead
1	**Expert Support**	Make Medicare Compliance tools, resources and staff available to business and operations leaders so they can understand, develop and implement procedures and policy which is compliant with applicable regulatory requirements.	Medicare Compliance Leadership Team
2	**Compliance Monitoring**	Identify and implement random and targeted audits of critical work or procedures to ensure this work and/or procedures are compliant and working as expected. This monitoring will also be used to proactively identify any issues or problems, so corrective measures can be implemented (including but not limited to updated or new training, reporting, policies & procedures)	Staff VP, Compliance Risk & Issue Monitoring & Oversight (RIMO)COE
3	**Internal Audit**	Accountability for auditing large work flows and procedures related to Medicare. The Internal Audit team's focus is not limited to confirming or denying compliance with applicable regulatory requirements.	Internal Audit will work with the Staff VP, Compliance, RIMO COE

4	**External Audit**	The Medicare Compliance team will work with applicable business, IT and operational units to ensure external audits by CMS and other authorities proceed well, and accurately portray Anthem's state of compliance. In pertinent part, this means Medicare Compliance will strive to develop a cross functional planning and execution process which is designed to help Anthem respond to such external audit request in a timely and accurate manner.	Staff VP, Compliance Audit COE
5	**Communications**	Medicare Compliance will centrally manage key CMS compliance communications. Medicare Compliance will work with the applicable business, IT and operations leadership to deliver timely and effective compliance related communications to staff, vendors and delegated entities.	Director, Compliance Vendor COE & VP Compliance Training & Communications COE
6	**FDR Oversight**	Medicare Compliance will coordinate with the operations and business owners to oversee FDR compliance, monitoring, auditing and related communications. The purpose of this process will be to ensure Anthem's FDRs, including Part D PBM vendors, are in compliance with applicable requirements.	Director, Compliance Vendor COE
7	**Part D Compliance**	Medicare Compliance will conduct oversight of compliance efforts specific to Anthem's Prescription Drug Plans.	Staff VP, Compliance (IngenioRX)
8	**Regulatory Policy and Integration**	Medicare Compliance will develop a process for distributing and soliciting feedback from impacted business, IT and operations personnel on new or revised MA and PDP regulations. The purpose of this process will be to increase Anthem's ability to proactively impact, identify and deploy new and changing regulatory requirements.	Director, Compliance Strategy and Regulatory Integration
9	**Sales and Marketing Compliance**	Medicare Compliance will oversee the development, review and submission of MA/PDP and MMP Marketing Material (as defined by the CMS Marketing Guidelines) to CMS. Medicare Compliance also monitors, audits and validates Sales processes to ensure appropriate measures are in place to effectively oversee and implement corrective actions related to Agent/Broker activities.	Staff VP, Compliance Business Advisory Support
10	**Compliance Training**	To ensure required training is administered and recorded for all required internal Associates and FDRs.	Director, Compliance Vendor COE & VP Compliance Training & Communications COE
11	**Policy and Procedures**	Work with applicable Medicare Operations units to ensure they properly document and update P&Ps for complying with legal and regulatory requirements.	Staff VP, Compliance Audit COE
12	**Medicare-Medicaid Plans (MMP) Compliance Oversight**	Ensure all the requirements of the 3-way contract are implemented correctly and the operational processes remain in compliance.	Staff VP, Compliance Business Advisory Support

5. Medicare Compliance Organizational Chart



6. Policy and Procedure Index

- Anthem's Ethics, Privacy and Compliance P&Ps can be found here: Anthem Corporate Ethics, Privacy & Compliance P&Ps
- Anthem's Medicare P&Ps can be found here: Medicare P&Ps Repository.
- HealthSun Health Plans' Medicare Compliance P&Ps can be found here: HealthSun's Policies & Procedures (*If you are not a HealthSun associate and have a problem accessing the link, please contact Joseph Richer).*

7. Medicare Compliance Committee Charter

Anthem Medicare 2020 Compliance Committee Charter

Introduction: This Charter defines the mission, organization, functions, duties and authority of the Anthem Medicare Compliance Committee, ("MCC" or "Committee")

Mission: The MCC supports the Anthem Ethics, Compliance and Privacy Program. The MCC will direct and oversee compliance activities affecting Anthem's Medicare Plans.

The MCO or Medicare Compliance Officer reports to Anthem's Chief Compliance Officer who is a voting member of the MCC, defined further below. The Anthem Chief Compliance Officer provides reports to the Anthem, Inc. Board of Directors directly and the Medicare Compliance Officer also provides periodic reports to the Chief Compliance Officer. Consistent with the preceding, the MCC is hereby delegated authority on behalf of the Board to conduct oversight of Anthem's Medicare plan compliance programs.

Organization: The Vice President of Medicare Compliance shall be the regular Chairperson of the MCC, however he/she may designate a proxy to chair the committee on their behalf. The MCC shall consist of Voting Members and Participants. Voting Members or their designees shall be entitled to vote on issues and approve actions before the MCC. Participants or their designees shall attend and provide input at MCC meetings, but shall not be permitted to vote unless named as a designee for a Member. Voting

Members and identified Participants for the MCC shall include representation from each of the areas listed below. Other individuals may be invited to speak or present at MCC meetings on an ad hoc basis at the MCC's or Chairperson's discretion (e.g. Pharmacy Benefits Management, Specialty Pharmacy, Dental & Vision, Behavioral Health, etc.).

The MCC shall meet monthly or as determined by the Chairperson of the Committee. Each Voting Member shall attend each meeting or appoint a designee to participate on their behalf. A proxy for a voting member is allowed one vote for themselves or the member not able to attend a particular meeting. If a Member is not able to attend and does not send a designee, at least a majority Voting Members or the proxies must be present in order to vote or approve any actions presented at the MCC meeting. Representatives from the following areas serve on the MCC:

- Corporate Privacy
- Medical Management
- Legal
- Special Investigations Unit (SIU)
- Marketing & Sales
- Medicare Plan Presidents
- Group Retiree Solutions
- Pharmacy Solutions
- Medicare Operations Support
- Corporate Ethics
- Human Resources
- Finance & Actuarial
- GBD Information Technology
- Clinical Programs
- Medicare Network Management
- Chief Compliance Officer
- Quality Management
- Medicare Revenue Management
- Product Management
- Medicaid Compliance
- Commercial and Specialty Business Division (CSBD) Compliance
- Medicare CFO
- Medicare COO

Functions, Duties and Authority: The Committee has the following functions, duties, authority, and delegated responsibility:

Regularly scheduled update items:

- Every other meeting (even months), Review, discuss and approve the status of corrective action plans (CAPs) including closure, if applicable.
- Every other meeting (odd months). Review, discuss and approve Medicare specific risks using the Risk Register or other approved tools at Focus on review of high rated risks from the Risk Register.

Quarterly

- Updates on the status and oversight activities of the FDR Compliance Committee.
- Updates from Pharmacy Operations.
- Review and discuss reports on FWA trends and areas of risk from the Medicare Special Investigations Unit Team

Semi annually

- Receive updates from Ethics, with regard to any emerging trends, and issues impacting Medicare.
- Receive updates from New England Joint Enterprise (NEJE), Anthem I Maine Health and Healthy Blue.
- Receive updates from Human Resources (HR).
- Review and discuss Medicare internal audits semi-annually

Annually

- Review and approve Medicare Compliance Plan Addendum for each applicable year
- Review and approve Medicare Compliance and FWA Training
- Review and approve Medicare Compliance P&Ps
- Review and approve Monitoring and Oversight plans
- Review the FDR Compliance Committee Charter

Ad hoc update items:

- Privacy with regard to emerging trends, educational and outreach activities and investigations impacting Medicare.
- Matters disclosed to CMS, FWA trends, Monitoring and Oversight findings, and Internal Audit findings.
- Political environment on state and federal levels anticipating legislative activity which will have impact on Medicare's operations
- Implement and maintain an effective Medicare program with a focused compliance communications strategy for the enterprise
- Medicare Quality Committee reports
- Provide recommendations for the content of any compliance training
- Review external audit reports as well as external regulatory reports
- Receive regular and ad hoc reports on the status of compliance to the Board, a sub-committee of the Board or other higher level Anthem Compliance Committees.
- Undertake other activities which may assist in ensuring Medicare regulatory requirements are met including protection from FWA.

8. 2020 Medicare Compliance Monitoring and Oversight Plans

Please note the 2020 Medicare Compliance Monitoring and Oversight Plan will be added once approved by the Medicare Compliance Committee.

9. Compliance Communications Center Log Template

Monthly CMS_Anthem log 9.

10. Medicare SIU Organizational Structure

To be added when received from SIU.

11. Anthem P&T Committee Charter & Bylaws, Conflict of Interest Statement, and Formulary Development Policy

IngenioRX PT Process Charter_Nov. 2018_FIN

Conflict of Interest Document.pdf

MDP0601 Medicare Part D Pharm & Ther

Attachment E Meeting Conflict of In

Attachment D Conflict of Interest Disclosure and

Attachment B Roles Responsibilities.p

CL-35 Pharmacy and Therapeutics Committ

12. Anthem and Sanctioned and Opt Out Providers - Prevention of Payment Policy and Procedure

CLM016_2_2019.pdf

NC-08 Monitoring and Application of Sa

13. Anthem's MRA Compliance Committee Charter

MRACC charter 2019.pdf

14. Anthem's FDR Charter

AUGUST 2019 FDR Compliance Commit