

Delegated Entity Compliance Notice

NOTE: if you are not the appropriate compliance contact, please forward this notice to your Compliance department immediately.

BACKGROUND

As a Delegated Entity (a “Delegate”) with UnitedHealth Group and/or our affiliates, which include UnitedHealthcare and Optum companies (collectively, “UHG”), you are required to meet certain performance, operational, contract and legal/regulatory compliance requirements. This annual compliance message and information is specific to regulatory compliance and Fraud, Waste & Abuse (“FWA”) requirements designed to introduce the compliance and FWA expectations and programmatic resources to aid in compliance adherence. As part of an effective compliance program, the Centers for Medicare and Medicaid (“CMS”) and other federal and state regulators require that UHG and its first tier, downstream and related delegated entities (each, and “FDR”) communicate and monitor specific compliance and FWA requirements to employees and subcontractors.

As a Delegate that performs administrative or health care services on behalf of UHG, you are an FDR and CMS and other federal or state regulators require you and your employees responsible for or assigned to perform those services meet certain FWA and general compliance requirements.

You may have contractual requirements that further outline specific requirements that include developing and documenting a program to perform FWA functions to meet current regulatory requirements.

ACTION REQUIRED

Review the following compliance and FWA requirements now to make sure you and any applicable affiliate organizations can meet all the requirements. If you meet all requirements, no action is required. If all requirements outlined below cannot be met, please contact the applicable compliance team via the email address listed in the resources section at the end of this document.

1 Code of Conduct Distribution

Delegates must distribute their own written policies, procedures or standards of conduct **or** the UnitedHealth Group Code of Conduct to employees who support the administration or delivery of program benefits or services.

- Must be distributed within 90 days of hire and annually thereafter.
- Delegate must retain proof of distribution for each employee.
- Resource: [UnitedHealth Group’s Code of Conduct](#)

2 FWA and General Compliance Training Completion

It is important that all FDR's are required to know, understand and follow all FWA and general compliance regulations and requirements.

Delegates must develop and document a program to perform FWA functions to meet current regulatory requirements, including policies and procedures which allow CMS and other regulatory agencies to audit, evaluate, collect and inspect records maintained by the Delegate. Delegates must also notify UHG within 24 hours of receipt of requests for information from CMS.

We all have the obligation to combat FWA and should be aware of how to identify and report FWA and non-compliance. If you need assistance in training, or more info on FWA and general compliance guidance, please review the information provided on our [website](#).

3 OIG/GSA/State Exclusion Checks

CMS and other federal and state regulators prohibit you from hiring, employing or making payments to any person or business excluded or debarred from federal or state health care programs. Failure to perform checks against the Office of Inspector General ("OIG"), General Services Administration ("GSA") federal exclusion and state exclusion lists **prior to hire and monthly thereafter** are not in compliance with applicable laws, regulations, and guidance.

Exclusion Checks – Resources:

1. Health and Human Services Office of Inspector General [List of Excluded Individuals and Entities \(LEIE\)](#)
2. General Services Administration (GSA) [System for Award Management \(SAM\)](#)
3. [Medicaid Exclusion Lists](#): The exclusion review requirement is listed under Title 42 Public Health CFR §1001.1901(b). The state exclusion list requirement is listed under Title 42 Public Health CFR § 1002.2; Authority also includes applicable state law and state Medicaid contracts, which control all services performed for UHG in any given state.

4 Notification of All Offshoring

Delegates are required to contact us for approval prior to sharing members' protected health information (PHI) with an offshore third party. To report Medicare or Medicaid offshoring, contact your Account Representative or Contract Manager.

5 Document Retention and Auditing by CMS or its Designee

Delegates must keep all CMS and Medicaid documentation a minimum of 10 years. In addition, CMS has the discretionary authority to perform audits under 42 C.F.R. 44 422.504(e)(2) and 423.505(e)(2), which specify the right to audit, evaluate, or inspect any books, contracts, medical records, patient care documentation, and other records. Delegates must provide records to CMS or its designee and cooperate in allowing access as requested. Failure to do so may result in a referral to law enforcement and/or implementation of other corrective actions.

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Monitoring and/or Auditing of Subcontracted Delegates/Vendors

Downstream entities or subcontractors of Delegates that support the delivery or administrations of program benefits or services are held to the same Compliance Program requirements and are required to provide notice to UHG if they have subcontracted the support of the delivery or administration of program benefits or services. In addition, Delegates must have programs in place to monitor/audit all applicable downstream entities and subcontractors. CMS describes Audit/Monitoring as follows:

- Audit is a formal review of compliance with a particular set of standards (e.g., policies and procedures, laws and regulations) used as base measures.
- Monitoring Activities are regular reviews performed as part of normal operations to confirm ongoing compliance and to ensure that corrective actions are undertaken and effective.

RESOURCES & GENERAL INFORMATION

Reporting Potential Fraud, Waste and Abuse or Compliance Concerns to UnitedHealth Group

If you suspect misconduct or if you identify an excluded individual or entity employed or contracted by your organization, report it to us immediately so we may investigate and respond appropriately. You can report this either to your UnitedHealthcare Contract Manager, business contact, or by using one of the methods below:



- To report FWA concerns: report online at uhc.com/fraud or by calling 844-359-7736.
- To report other Compliance & Ethics Concerns: you may email EthicsOffice@uhg.com, report online at UHGhelpcenter.ethicspoint.com, or by calling 800-455-4521.

Reports to the HelpCenter can be made anonymously, where permitted by law. UHG prohibits retaliation and intimidation for reports made in good faith.



General Information & Contacts

General information, definitions and links are available on our [UnitedHealth Group Delegated Entity Compliance Program](#) website. The site also links to specific compliance guidance and information on the attestation process for Medicare, Medicaid and other government programs.

Delegated Entity Compliance Contact Information

- UHC Compliance: decompliance@uhc.com
- Optum Compliance: optum_de_compliance@optum.com
- Optum Rx Compliance: Optumrxcompliance@optum.com