



Investigation of Sales Complaints – Sunshine Senior Services

1.1.2023

Level: Entity Specific

I. POLICY STATEMENT and PURPOSE

In its administration of Medicare Advantage plans, it is the Company's policy to comply at all times with rules and regulations established by the Centers for Medicare & Medicaid Services (CMS) related to health plan sales and marketing activities. The Company has established mechanisms to monitor such activities and will review, investigate, and resolve all complaints that allege any improper sales activities or conduct related to Health Plans it administers and in accordance with the administrative service agreement the Company may have with plan sponsors that delegate sales and marketing activities and/or handling of sales complaints. The purpose of this policy is to describe the mechanisms for reporting and monitoring sales complaints and outline the procedures to be followed for investigating and resolving reported allegations when sales oversight and monitoring functions are delegated to the Company.

II. DEFINITIONS

Complaints Tracking Module (CTM) – Database created by CMS to communicate Health Plan beneficiary complaints that originate either at the 1-800-MEDICARE call center or CMS Regional or Central Offices.

Grievance – Any oral or written complaint or dispute, other than one involving an organization or coverage determination or a low-income subsidy or late enrollment penalty determination, expressing dissatisfaction with any aspect of operations, activities or behavior to the Health Plan by a member or by an authorized representative on behalf of a member regarding the manner in which the Health Plan or a delegated third-party vendor provides health care services, regardless of whether any remedial action can be taken. This may include complaints regarding the timeliness, clinical appropriateness, access to, and/or setting of a provided health service or procedure. A Grievance may also include a complaint that the Health Plan refused to expedite an organization or coverage determination or reconsideration or invoked an extension to an organization determination or reconsideration time frame.

Medicare Drug Integrity Contractor (MEDIC) – An organization contracted by CMS to perform specific program integrity functions for Part D under the Medicare Integrity Program. The MEDIC is the CMS designee to manage CMS audit, oversight, and anti-fraud and abuse efforts in the Part D benefit.

Producer – Any person who is authorized to market and sell health plan products, including persons who are directly employed by the Company (Employees) and brokers/agents (Agents) who are contracted through a Sales Agency.

Sales Agency (Agency) – An organization that is contracted by the Company to market and sell health plan products, either directly or through the organization's contracted agents.

Workforce – For purposes of this policy, all employees (regular, temporary, and part-time), contractors, officers, directors, and other agents (collectively "the Workforce") of Sunshine Senior Services.

III. OWNERSHIP & TRAINING

The Corporate Compliance Officer (CCO) is responsible for administration, oversight, and training with regard to performance under this policy and procedure.

IV. PROTOCOLS

- a. The Company and the Company's Producers are required to adhere to acceptable sales practices, in accordance with CMS guidelines. It is essential that Producers understand and are compliant with all Company sales and marketing policies and procedures, and federal and state rules and regulations.
- b. In the event the Company becomes aware of any allegation of inappropriate or unlawful sales activities or conduct, a fair and impartial investigation will be conducted in a timely manner and appropriate action taken. Investigations into sales complaints are conducted by a person outside the Sales and Marketing Departments, generally an Investigator in the Special Investigations Unit (SIU) of the Sunshine Senior Services Compliance Department. Any matter that is deemed to be potentially unlawful is referred to Legal Department for advice and guidance.
- c. The Company monitors, reviews, and analyzes trends in reported sales complaints, and identifies opportunities for improvement. Quarterly reports of sales complaint activity are presented to the Sunshine Senior Services Compliance Committee, to include (at a minimum) the following information:
 - i. Number of complaints received during the time period;
 - ii. Complaint investigation status and disposition;
 - iii. Complaint Trending Analysis (by type, time period, Agency)
- d. Sales complaints may be communicated to the Company through a variety of sources, including, but not limited to, Customer Service, Sales, Appeals, Grievances, and Health Services Departments, MEDIC, the Department of Insurance, a Health Plan beneficiary call to the Medicare call center and reported through the CTM process.

- e. Any workforce member who receives a sales complaint is responsible for the appropriate and timely handling of the information, including accurately documenting relevant information in accordance with this and related policies and procedures, maintaining confidentiality in accordance with regulatory requirements and Company policies and procedures, and forwarding the complaint information to the CCO. Sales complaint documentation includes at a minimum:
- i. Name and telephone number of individual alleging the complaint (claimant);
 - ii. Date, time, and method of complaint;
 - iii. Name, telephone number, and identification number of the health plan member relative to the complaint;
 - iv. Caller's relationship to the health plan member (if not the member); and
 - v. Description of complaint (what occurred, date of occurrence, whether a Producer was involved and, if so, their name).
- f. Sales complaint information is timely routed to the CCO (or designee) to initiate an investigation into the matter. An Investigator is assigned to facilitate the sales complaint process and work through to resolution consistent with CMS requirements.

V. REGULATORY REFERENCES / CITATIONS

None noted

VI. RELATED POLICIES / PROCEDURES

- Health Plan Document and Data Retention
- Compliance, Ethics, and Fraud Hotline
- Complaints Tracking Module Management

Approved: Effective 1/01/2023

Reviewed:

Revised:

Signature(s):

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 Owners of Sunshine Senior Services