

# Medicare Parts C and D General Compliance Training 2017

Lovelace Health System

# Why Do I Need Training?

- Every year billions of dollars are improperly spent because of Fraud, Waste, and Abuse (FWA). It affects everyone – **including you**.
- This training helps you detect, correct, and prevent FWA. **You** are part of the solution.
- Compliance is everyone's responsibility. As an individual who provides health or administrative services for Medicare enrollees, your every action potentially affects Medicare enrollees, the Medicare Program, or the Medicare Trust Fund.

ACRONYM	TITLE TEXT
FWA	Fraud, Waste and Abuse

# What is Medicare Part C & Medicare Part D?

- Medicare Part C, or Medicare Advantage (MA) is a health plan choice available to Medicare beneficiaries. MA is a program run by Medicare-approved private insurance companies. These companies arrange for, or directly provide, health care services to the beneficiaries who elect to enroll in an MA plan.
- MA plans must cover all services that Medicare covers with the exception of hospice care.
- Medicare Part D, the Prescription Drug Benefit, provides prescription drug coverage to all beneficiaries enrolled in Part A and / or Part B who elect to enroll in a Medicare Prescription Drug Plan (PDP) or an MA Prescription Drug Plan (MA-PD) plan. Insurance companies or other companies approved by Medicare provide prescription drug coverage to individuals who live in a plan's service area.

ACRONYM	TITLE TEXT
MA	Medicare Advantage

# Introduction and Learning Objectives

- This lesson outlines effective compliance programs. It should take about 15 minutes to complete. When you complete the course, you should be able to correctly:
  - Recognize how a compliance program operates; and
  - Recognize how compliance program violations should be reported.

# Compliance Program Requirement

- The Centers for Medicare & Medicaid Services (CMS) requires Sponsors to implement and maintain an effective compliance program for its Medicare Parts C and D Plans. An effective compliance program should:
  - Articulate and demonstrate an organization's commitment to legal and ethical conduct;
  - Provide guidance on how to handle compliance questions and concerns; and
  - Provide guidance on how to identify and report compliance violations.

# What Is an Effective Compliance Program?

- An effective compliance program fosters a culture of compliance within an organization and, at a minimum:
  - Prevents, detects, and corrects non-compliance;
  - Is fully implemented and is tailored to an organization's unique operations and circumstances;
  - Has adequate resources;
  - Promotes the organization's Standards of Conduct; and
  - Establishes clear lines of communication for reporting non-compliance.
- An effective compliance program is essential to prevent, detect, and correct Medicare non-compliance as well as Fraud, Waste, and Abuse (FWA). It must at a minimum, include the seven core compliance program requirements.

HYPERLINK URL	LINKED TEXT IMAGE
<a href="https://www.gpo.gov/fdsys/pkg/CFR-2014-title42-vol/pdf/CFR-2014-title42-vol3-sec422-503.pdf">https://www.gpo.gov/fdsys/pkg/CFR-2014-title42-vol/pdf/CFR-2014-title42-vol3-sec422-503.pdf</a>	42 CFR Code of Federal Regulations (CFR Section 422.503(b)(4)(vi))
<a href="https://www.gpo.gov/fdsys/pkg/CFR-2014-title42-vol3/pdf/CFR-2014-title42-vol3-sec423-504.pdf">https://www.gpo.gov/fdsys/pkg/CFR-2014-title42-vol3/pdf/CFR-2014-title42-vol3-sec423-504.pdf</a>	42 CFR Section 423.504(b)(4)(vi)
<a href="https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/mc86c21.pdf">https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/mc86c21.pdf</a>	Medicare Managed Care Manual, Chapter 21
<a href="https://www.cms.gov/Medicare/Prescription-Drug-coverage/PrescriptionDrugCovContra/Downloads/Chapter9.pdf">https://www.cms.gov/Medicare/Prescription-Drug-coverage/PrescriptionDrugCovContra/Downloads/Chapter9.pdf</a>	Medicare Prescription Drug Benefit Manual, Chapter 9

# Seven Core Compliance Program Requirements

CMS requires that an effective compliance program must include seven core requirements:

- **Written Policies, Procedures, and Standards of Conduct**

- These articulate the Sponsor's commitment to comply with all the applicable Federal and State standards and describe compliance expectations according to the Standards of Conduct.

- **Compliance Officer, Compliance Committee, and High-Level Oversight**

- The Sponsor must designate a compliance officer and a compliance committee that will be accountable and responsible for the activities and status of the compliance program, including issues identified, investigated, and resolved by the compliance program.
- The Sponsor's senior management and governing body must be engaged and exercise reasonable oversight of the Sponsor's compliance program.

- **Effective Training and Education**

- This covers the elements of the compliance plan as well as prevention, detection, and reporting of FWA. This training and education should be tailored to the different responsibilities and job functions of employees.

Acronym	Title Text
FWA	Fraud, Waste & Abuse

# Seven Core Compliance Program Requirements (continued)

## ● Effective Lines of Communication

- Effective lines of communication must be accessible to all, ensure confidentiality, and provide methods for anonymous and good-faith reporting of compliance issues at Sponsor and First Tier, Downstream, or Related Entity (FDR) levels.

## ● Well-Publicized Disciplinary Standards

- Sponsor must enforce standards through well-publicized disciplinary guidelines.

## ● Effective System for Routine Monitoring, Auditing, and Identifying Compliance Risks

- Conduct routine monitoring and auditing of Sponsor's and FDR's operations to evaluate compliance with CMS requirements as well as overall effectiveness of the compliance program.
- **NOTE:** Sponsors must ensure that FDRs performing delegated administrative or health care service functions concerning Sponsor's Medicare Part C and D program comply with Medicare Program requirements.

## ● Procedure and System for Prompt Response to Compliance Issues

- The Sponsor must use effective measures to respond promptly to non-compliance and undertake appropriate corrective action

ACRONYM	TITLE TEXT
FDR	First-Tier, Downstream, or Related Entity

## Compliance Training – Sponsors and their FDRs

CMS expects that all Sponsors will apply their training requirements and “effective lines of communication” to their FDRs. Having “effective lines of communication” means that employees of the Sponsor and the Sponsor’s FDRs have several avenues to report compliance concerns.

## Ethics – Do the Right Thing

As part of the Medicare Program, you must conduct yourself in an ethical and legal manner. It about doing the right thing!

- Act fairly and honestly;
- Adhere to high ethical standards in all you do;
- Comply with all applicable laws, regulations, and CMS requirements; and
- Report suspected violations.

## How do You Know What is Expected of You?

- Beyond following the general ethical guidelines on the previous page, how do you know what is expected of you in a specific situation? Standards of Conduct (or Code of Conduct) state compliance expectations and the principles and values by which an organization operates. Contents will vary as Standards of Conduct should be tailored to each individual organization's culture and business operations. If you are not aware of your organization's standards of conduct, ask your management where they can be located.
- **Everyone** has a responsibility to report violations of Standards of Conduct and suspected non-compliance.
- An organization's Standards of Conduct and Policies and Procedures should identify this obligation and tell you how to report suspected non-compliance.

# What is Non-Compliance?

Non-compliance is conduct that does not conform to the law, Federal health care program requirements, or an organization's ethical and business policies. CMS has identified the following Medicare Parts C and D high risk areas:

- Agent / broker misrepresentation;
- Appeals and grievance review (for example, coverage an organization determinations);
- Beneficiary notices;
- Conflicts of interest;
- Claims processing;
- Credentialing and provider networks;
- Documentation and Timeliness requirements;
- Ethics;
- FDR oversight and monitoring;
- Health Insurance Portability and Accountability Act (HIPAA);
- Marketing and enrollment;
- Pharmacy, formulary, and benefit administration; and
- Quality of care.

For more information, refer to the Compliance Program Guidelines in the [“Medicare Prescription Drug Benefit Manual” and Medicare Managed Care Manual](#) on the CMS Website.

HYPERLINK URL	LINKED TEXT / IMAGE
<a href="https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovContr/Downloads/Chapter9.pdf">https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovContr/Downloads/Chapter9.pdf</a>	<b>“Medicare Prescription Drug Benefit Manual” and “Medicare Managed Care Manual”</b>

# Know the Consequences of Non-Compliance

Failure to follow Medicare Program requirements and CMS guidance can lead to serious consequences including:

- Contract termination;
- Criminal penalties;
- Exclusions from participation in all Federal health care programs; or
- Civil monetary penalties.

Additionally, your organization must have disciplinary standards for non-compliant behavior. Those who engage in non-compliant behavior may be subject to any of the following:

- Mandatory training or re-training;
- Disciplinary action; or
- Termination.

## Non-Compliance Affects Everybody

Without programs to prevent, detect, and correct non-compliance, we all risk:

- Harm to beneficiaries, such as:
  - Delayed services
  - Denial of benefits
  - Difficulty in using providers of choice
  - Other hurdles to care
  
- Less money for everyone, due to:
  - High insurance copayments
  - Higher premiums
  - Lower benefits for individuals and employers
  - Lower Star ratings
  - Lower Profits

# How to Report Potential Non-Compliance

## ● Employees of a Sponsor

- Call the Medicare Compliance Officer;
- Make a report through the organization's website; or
- Call the Compliance Hotline.

## ● First-Tier, Downstream, or Related Entity (FDR) Employees

- Talk to a Manager or Supervisor;
- Call your Ethics / Compliance Helpline; or
- Report to the Sponsor.

## ● Beneficiaries

- Call the Sponsor's Compliance Hotline or Customer Service;
- Make a report through the Sponsor's website; or
- Call 1-800-Medicare

### **Don't Hesitate to Report Non-Compliance**

There can be no retaliation against you for reporting suspected non-compliance in good faith.

Each Sponsor must offer reporting methods that are:

- Anonymous;
- Confidential; and
- Non-retaliatory.

# What Happens After Non-Compliance is Detected?

After non-compliance is detected, it must be investigated immediately and promptly corrected.

- However, internal monitoring should continue to ensure:
  - There is no recurrence of the same non-compliance;
  - Ongoing compliance with CMS requirements;
  - Efficient and effective internal controls; and
  - Enrollees are protected.

# What Are Internal Monitoring and Audits?

- Internal monitoring activities are regular reviews that confirm ongoing compliance and ensure that corrective actions are undertaken and effective.
- Internal auditing is a formal review of compliance with a particular set of standards (for example, policies and procedures , laws, and regulations) used as base measures.

## Lesson Summary

- Organizations must create and maintain compliance programs that, at a minimum, meet the seven core requirements. An effective compliance program fosters a culture of compliance.
- To help ensure compliance, behave ethically and follow your organization's Standards of Conduct. Watch for common instances of non-compliance, and report suspected non-compliance.
- Know the consequences of non-compliance, and help correct any non-compliance with a corrective action plan that includes ongoing monitoring and auditing.

### **Compliance is Everyone's Responsibility!**

**Prevent:** Operate within your organization's ethical expectations to prevent non-compliance!

**Detect & Report:** If you detect potential non-compliance, report it!

**Correct:** Correct non-compliance to protect beneficiaries and save money!

Now that you have completed the Compliance Program Training lesson,  
let's do a quick knowledge check.

## Knowledge Check

You discover an unattended email address or fax machine in your office that receives beneficiary appeals requests. You suspect that no one is processing the appeals. What should you do?

**Select the correct answer.**

- A. Contact Law Enforcement
- B. Nothing
- C. Contact your compliance department (via compliance hotline or other mechanism)
- D. Wait to confirm someone is processing the appeals before taking further action
- E. Contact your supervisor

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**Correct Answer**

C

## Knowledge Check

A sales agent, employed by the Sponsor's First-Tier or Downstream entity, submitted an application for processing and requested two things: 1) to back-date the enrollment date by one month, and 2) to waive all monthly premiums for the beneficiary. What should you do?

### Select the correct answer.

- A. Refuse to change the date or waive the premiums, but decide not to mention the request to a supervisor or the compliance department
- B. Make the requested changes because the sales agent determines the beneficiary's start date and monthly premiums
- C. Tell the sales agent you will take care of it, but then process the application properly (without the requested revisions) – you will not file a report because you don't want the sales agent to retaliate against you.
- D. Process the application properly (without the requested revisions) – inform your supervisor and the compliance officer about the sales agent's request
- E. Contact law enforcement and the Centers for Medicare & Medicaid Services (CMS) to report the sales agent's behavior

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**Correct Answer**

D

## Knowledge Check

You work for a Sponsor. Last month, while reviewing a monthly report from the Centers for Medicare & Medicaid Services (CMS), you identified multiple enrollees for which the Sponsor is being paid, who are not enrolled in the plan. You spoke to your supervisor who said not to worry about it. This month, you have identified the same enrollees on the report again. What should you do?

**Select the correct answer.**

- A. Decide not to worry about it as your supervisor instructed – you notified him last month and now it's his responsibility
- B. Although you have seen notices about the Sponsor's non-retaliation policy, you are still nervous about reporting – to be safe, you submit a report through your compliance department's anonymous tip line so you cannot be identified
- C. Wait until next month to see if the same enrollees appear on the report again, figuring it may take a few months for CMS to reconcile its records – if they are, then you will say something to your supervisor again
- D. Contact law enforcement and CMS to report the discrepancy
- E. Ask you supervisor about the discrepancy again

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**Correct Answer**

**B**

## Knowledge Check

You are performing a regular inventory of the controlled substances in the pharmacy. You discover a minor inventory discrepancy. What should you do?

**Select the correct answer.**

- A. Call local law enforcement
- B. Perform another review**
- C. Contact your compliance department (via compliance hotline or other mechanism)**
- D. Discuss your concerns with your supervisor
- E. Follow your pharmacy's procedures

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- C. Contact your compliance department (via compliance hotline or other mechanism)
- D. Discuss your concerns with your supervisor
- E. Follow your pharmacy's procedures

**Correct Answer**

**E**

You've Completed the Lesson!

Now that you learned about compliance programs, let's take a post assessment to see how much you've learned.

## Post- Assessment

This assessment asks you 10 questions about Medicare Parts C and D compliance programs. It should take about 5 minutes to complete.

# Post Assessment

## Question 1 of 10

Compliance is the responsibility of the Compliance Officer, Compliance Committee, and Upper Management only.

- A. True
- B. False

## Question 2 of 10

Ways to report to compliance issue include:

- A. Telephone hotlines
- B. Report on the Sponsor's website
- C. In-person reporting to the compliance department / supervisor
- D. All of the above

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# Post Assessment

## Question 3 of 10

What is the policy on non-retaliation?

- A. Allows the Sponsor to discipline employees who violate the Code of Conduct
- B. Prohibits management and supervisor from harassing employee for misconduct
- C. Protects employees who, in good faith, report suspected non-compliance
- D. Prevents fights between employees

## Question 4 of 10

These are examples of issues that can be reported to a Compliance Department: suspected Fraud, Waste, and Abuse (FWA); potential health privacy violation, and unethical behavior / employee misconduct.

- A. True
- B. False

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- A. True
- B. False

# Post-Assessment

## Question 5 out of 10

Once a corrective action plan begins addressing non-compliance or Fraud, Waste and Abuse (FWA) committed by a Sponsor's employee or First-Tier, Downstream, or Related Entity's (FDR's) employee, ongoing monitoring of the corrective actions is not necessary.

- A. True
- B. False

## Question 6 of 10

Medicare Parts C and D plan Sponsors are not required to have a compliance program.

- A. True
- B. False

# Post-Assessment

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Medicare Parts C and D plan Sponsors are not required to have a compliance program.

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- B. False

# Post-Assessment

## Question 7 out of 10

At a minimum, an effective compliance program include four core requirements

- A. True
- B. False

## Question 8 of 10

Standards of Conduct are the same for every Medicare Parts C and D Sponsor.

- A. True
- B. False

# Post-Assessment

## Question 7 out of 10

At a minimum, an effective compliance program include four core requirements

- A. True
- B. False

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Standards of Conduct are the same for every Medicare Parts C and D Sponsor.

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- B. False

# Post-Assessment

## Question 9 out of 10

Correcting non-compliance \_\_\_\_\_.

- A. Protects enrollees, avoids recurrence of the same non-compliance, and promotes efficiency
- B. Ensures bonuses for all employees
- C. Both A. and B.

## Question 10 of 10

What are some of the consequences for non-compliance, fraudulent, or unethical behavior?

- A. Disciplinary action
- B. Termination of employment
- C. Exclusion from participation in all Federal health care programs
- D. All of the above

# Post-Assessment

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# APPENDIX A: RESOURCES

## RESOURCES PAGE 1 OF 1

### Disclaimers

This Web-Based Training (WBT) course was current at the time it was published or uploaded onto the web. Medicare policy changes frequently so links to the source documents have been provided within the document for your reference.

This WBT was prepared as a service to the public and is not intended to grant rights or impose obligations. This WBT course may contain references of links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.

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### Glossary

For the Centers of Medicare & Medicaid Services (CMS) Glossary, visit <https://www.cms.gov/apps/glossary> on the CMS website.

ACRONYM	TITLE TEXT
CMS	Centers of Medicare & Medicaid Services
WBT	Web-Based Training
MLN	Medicare Learning Network

# APPENDIX B: JOB AIDS

## JOB AID A: SEVEN CORE COMPLIANCE PROGRAM REQUIREMENTS

### **Job Aid A: Seven Core Compliance Program Requirements**

CMS requires that an effective compliance program must include seven core requirements

#### **1. Written Policies, Procedures, and Standard of Conduct**

These articulate the Sponsor's commitment to comply with all applicable Federal and State standards and describe compliance expectations according to the Standards of Conduct.

#### **2. Compliance Officer, Compliance Committee, and High Level Oversight**

The sponsor must designate a compliance officer and a compliance committee that will be accountable and responsible for the activities and status of the compliance program, including issues identified, investigated, and resolved by the compliance program. The Sponsor's senior management and governing body must be engaged and exercise reasonable oversight of the Sponsor's compliance program.

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This covers the elements of the compliance plan as well as prevention, detection, and reporting of FWA. This training and education should be tailored to the different responsibilities and job functions of employees.

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Effective lines of communication must be accessible to all, ensure confidentiality, and provide methods for anonymous and good-faith reporting of compliance issues at Sponsor and First-Tier, Downstream, or Related Entity (FDR) Levels.

#### **5. Well-Publicized Disciplinary Standards**

Sponsor must enforce standards through well-publicized disciplinary guidelines.

#### **6. Effective System for Routine Monitoring, Auditing, and Identifying Compliance Risks**

Conduct routine monitoring and auditing of Sponsor's and FDR's operations to evaluate compliance with CMS requirements as well as the overall effectiveness of the compliance program.

NOTE: Sponsors must ensure that FDRs performing delegated administrative or health care service functions concerning the Sponsor's Medicare Parts C & D program comply with Medicare Program requirements.

#### **7. Procedures and Systems for Prompt Response to Compliance Issues**

The sponsor must use effective measures to respond promptly to non-compliance and undertake corrective action.

ACRONYM	TITLE TEXT
FDR	First-Tier, Downstream, or Related Entity

# APPENDIX B: JOB AIDS

## JOB AID B: RESOURCES

### Job Aid B: Resources

Resource	Website
Compliance Education Materials: Compliance 101	<a href="https://oig.hhs.gov/compliance/101">https://oig.hhs.gov/compliance/101</a>
Health Care Fraud Prevention and Enforcement Action Team Provider Compliance Training	<a href="https://oig.hhs.gov/compliance/provider-compliance-training">https://oig.hhs.gov/compliance/provider-compliance-training</a>
OIG's Provider Self-Disclosure Protocol	<a href="https://oig.hhs.gov/self-disclosure-info/files/Provider-Self-Disclosure-Protocol.pdf">https://oig.hhs.gov/self-disclosure-info/files/Provider-Self-Disclosure-Protocol.pdf</a>
Part C and Part D Compliance and Audits – Overview	<a href="https://www.cms.gov/medicare/compliance-and-audits/part-c-and-part-d-compliance-and-audits">https://www.cms.gov/medicare/compliance-and-audits/part-c-and-part-d-compliance-and-audits</a>
Physician Self-Referral	<a href="https://www.cms.gov/Medicare/Fraud-and-Abuse/PhysicianSelfReferral">https://www.cms.gov/Medicare/Fraud-and-Abuse/PhysicianSelfReferral</a>
A Roadmap for New Physicians: Avoiding Medicare Fraud and Abuse	<a href="https://oig.hhs.gov/compliance/physician-education">https://oig.hhs.gov/compliance/physician-education</a>
Safe Harbor Regulations	<a href="https://oig.hhs.gov/compliance/safe-harbor-regulations">https://oig.hhs.gov/compliance/safe-harbor-regulations</a>

**Congratulations! You successfully completed the course.**  
**Print your certificate and fax to \_\_\_\_\_ at \_\_\_\_\_.**