GENERAL COMPLIANCE TRAINING

HEALTH NETWORK ONE

Compliance Program Training Objective

The information provided in this presentation is based on the “Medicare Parts C and D General Compliance Training Web-Based Training course” brought to you by the Medicare Learning Network®, a registered trademark of the U.S. Department of Health & Human Services (HHS).

- Additional compliance training points and company specific information are included in this training.
- The concepts explained in this presentation also apply to Medicaid.
- Any difference in state policies for Medicaid are provided in the presentation for your reference.

Compliance Program Training Objective (Cont.)

The organization provides this compliance training thatincludes:

- A review of policies/procedures related to Fraud, Waste, and Abuse (FWA) and general compliance items
- An overview of the organization's Standards/ Code of Conduct
- The Compliance Officer's role and responsibilities
- Reinforce the effectives lines of communication to report real or suspected non-compliance and Fraud, Waste and Abuse (FWA).
- Review disciplinary/corrective actions for non-compliance issues
- Internal monitoring and procedures for responding promptly (through corrective measures) to detected offenses.
- Describe the responsibilities of employees and First tier, downstream and related entities (FDRs)
- Review of Federal and local laws applicable to the Health care industry.

Medicare Compliance

CMS requires Medicare Plans and their Contractors to implement an effective compliance program that:

- Articulates and demonstrates the organization's commitment to legal and ethical conduct.
- Provides guidance on how to handle compliance questions and concerns.
- Provide guidance on how to identify and report compliance violations.

Compliance

What is Compliance?

- Is the act to abide by guidelines, laws and requirements.
- Compliance is everyone's Responsibility

What makes it so important?

- Our Organization operates in a highly regulated industry
- Compliance is part of our company values
- Complying ensures that access to care services are conducted adequately

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.

Benefits of a Compliance Program

- Identify the Laws and Regulations that affect our business
- Define and articulate our corporate culture
- State our commitment to all legal and ethical requirements
- Educate staff on regulatory requirements and the potential pitfalls of non-compliance
- Promote a collaborative workplace environment

Standards & Procedures

- Executive Oversight
- Due Care in Delegation
- Effective Communication
- System for Monitoring
- Consistent Enforcement
- Respond & Prevent

Compliance Program – What is my role?

How do you support our Compliance Program?

- Reading the Policies, Procedures and Code of Conduct & Ethics;
- Recognizing and Supporting the Compliance Officer and Compliance Committee;
- Completing all Regulatory Training on time
- Using our Effective Lines of Communication to report compliance situations
- Collaborating in compliance investigations and audits
- Immediately reporting compliance issues

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.

It must, at a minimum, include the **SEVEN** core compliance program requirements.

7 Elements of an Effective Compliance Program

1. Written Policies, Procedures and Standard of Conduct
2. Compliance Officer, Compliance Committee and High Level Oversight
3. Effective Training and Education
4. Effective Lines of Communication
5. Well Publicized disciplinary standards
6. Routine Monitoring and Identification of Compliance Risks
7. Prompt Response to Compliance Issues

Seven Core Compliance Program Requirements

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

1) Written Policies, Procedures, and Standards 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.

3) 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.

Per CMS, Refer to Chapter 21, GC training 50.3.1 for a review of laws that govern employee conduct in the Medicare program (https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/mc86c21.pdf)

Seven Core Compliance Program Requirements (Cont.)

4) 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.

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 and D program comply with Medicare Program requirements.

7) Procedures 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.

Code of Conduct & Ethics

- The next few slides will describe our Organization’s Code of Conduct & Ethics
- Information on how to report non-compliance is also described in these slides for your reference.

Ethics – How Do You know, What is Expected of You?

As part of the Medicare Program, you must conduct yourself in an ethical and legal manner. It's 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

Ethics – How do you know, What is expected of You? (Cont.)

- 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.
- Our Organization guarantees your confidentiality/anonimaty;
- Guarantees non-retaliation and non-intimidation
- The reported identity will not be disclosed unless it is necessary for an investigation or where disclosure is required by law through a subpoena or court order.
- If you are concerned that the Organization or any of our employees violated the company's Code of Conduct and Ethics, you MUST report it through any means you find more comfortable.

Code of Conduct & Ethics

What is the Code of Conduct?

- The code of conduct is a document developed by the Compliance and Human Resources Department. It is based on laws, rules and regulations (State and Federal) that apply to our operations. They also state compliance expectations and the principles and values by which an organization operates.

What makes it so important?

- It establishes the principles and institutional standards that are implemented through specific policies and procedures, or instructions given by authorized management members.

- It establishes compliance expectations and the basic principles that should govern all HS1 activities.

Code of Conduct & Ethics – Workplace Conduct

Workplace Conduct

- Equal Employment
- Freedom from Harassment of any kind
- Safe and Productive Work Environment
- Respect of each other's individuality and diversity

Behavior when representing the company outside the Workplace

- Professional and courteous
- Prepared and knowledgeable of organization's business objectives

Code of Conduct & Ethics – Conflict of Interests

What is a conflict of interest?

- A conflict of interest exists when a healthcare professional with responsibility to others is influenced (consciously or unconsciously) by financial, personal or other factors which involve self-interest.
- The influences may be attributed to:
  - Activities and relationships beyond the organization
  - Entertainment, gifts and gratuities

Code of Conduct & Ethics – Company Property

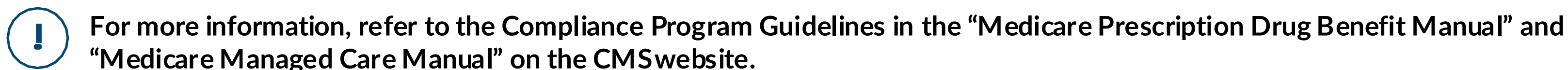
You are expected to:

- Avoid situations where your ability to effectively carry out your job responsibilities could be compromised. For example:
  - Obtaining a secondary employment with competitors or any company seeking to have a business relationship with HS1.
  - Obtaining or releasing confidential information or data concerning HS1 or its operations without proper authorization.
- If a situation cannot be avoided, immediately report any suspected/potential conflict of interest to your supervisor.

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 and 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.



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;
- Exclusion from participation in all Federal health care programs; or
- Civil monetary penalties

Additionally, your organization must have disciplinary standards for noncompliant 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

Know the Consequences of Non-Compliance (Cont.)

If an employee is found non-compliant:

- The Compliance Officer of the Organization is notified
- Appropriate action will be taken:
  - Mandatory re-training required by law;
  - Based on the incident’s severity:
    - Disciplinary action
    - Termination
- Federal authorities may be notified for potential criminal prosecution.

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

Failure to follow the requirements can lead to serious consequences, such as:

- Financial Sanctions
- Contract Terminations
- Criminal Penalties
- Exclusions from participating in most health care programs

How do I Report Non-Compliance?

You can report directly:

- In person to the Compliance Officer or;
- By calling the organization's hotline at **(866) 321-5550.** (Talk to someone during business hours OR you can leave a message at any time.)
- Talk to your Manager/Supervisor, HR or to the Compliance Officer;
- Contact the applicable Health Plan's Compliance Hotline;
- Contact Medicare, if applicable **(800) MEDICARE**;
- If Medicaid, Contact the State's Attorney General Office;
- Contact the Office of Inspector General at **(800) HHS-TIPS**.

Important Contact Information of our Organization

Organization Compliance Hotline:
(866) 321-5550 (Toll-Free)
You can also file an anonymous report, if you want.

Mail your report to:
Marjorie Dorcely
2001 South Andrews Avenue Fort Lauderdale, Florida
33316

Fax your report to:
Attention: Marjorie Dorcely (866) 276-3667
This is a dedicated Compliance line

E-mail your report: Compliance@healthnetworkone.com

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.

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!

Applicable Laws for References

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

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