

Medicare Parts C and D General Compliance Training Introduction

Page 1

The Medicare Parts C and D General Compliance Training course is brought to you by the Medicare Learning Network®



Page 2

The Medicare Learning Network® (MLN) offers free educational materials for health care professionals on the Centers for Medicare & Medicaid Services (CMS) programs, policies, and initiatives. Get quick access to the information you need.

- [Publications & Multimedia \(https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts\)](https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts)
- [Events & Training \(https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNGenInfo/Events-and-Training.html\)](https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNGenInfo/Events-and-Training.html)
- [Newsletters & Social Media \(https://www.cms.gov/Outreach-and-Education/Outreach/FFSPProvPartProg\)](https://www.cms.gov/Outreach-and-Education/Outreach/FFSPProvPartProg)
- [Continuing Education \(https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNGenInfo/Continuing-Education.html\)](https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNGenInfo/Continuing-Education.html)

Page 3

This training assists Medicare Parts C and D plan Sponsors' employees, governing body members, and their first-tier, downstream, and related entities (FDRs) to satisfy their annual general compliance training requirements in the regulations and sub-regulatory guidance at:

- [42 Code of Federal Regulations \(CFR\) Section 422.503 \(https://www.ecfr.gov/cgi-bin/text-idx?SID=c66a16ad53319afd0580db00f12c5572&mc=true&node=pt42.3.422&rgn=div5#se42.3.422_1503\) \(b\)\(4\)\(vi\)\(C\)](https://www.ecfr.gov/cgi-bin/text-idx?SID=c66a16ad53319afd0580db00f12c5572&mc=true&node=pt42.3.422&rgn=div5#se42.3.422_1503)
- [42 CFR Section 423.504 \(https://www.ecfr.gov/cgi-bin/retrieveECFR?gp=&SID=5cff780d3df38cc4183f2802223859ba&mc=true&r=PART&n=pt42.3.423\) \(b\)\(4\)\(vi\)\(C\)](https://www.ecfr.gov/cgi-bin/retrieveECFR?gp=&SID=5cff780d3df38cc4183f2802223859ba&mc=true&r=PART&n=pt42.3.423)
- [Section 50.3 of the Compliance Program Guidelines \(Chapter 9 of the Medicare Prescription Drug Benefit Manual \(https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovContra/Downloads/Chapter9.pdf\) and Chapter 21 of the Medicare Managed Care Manual \(https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/mc86c21.pdf\) \)](https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovContra/Downloads/Chapter9.pdf)
- [The “Downloads” section of the CMS Compliance Program Policy and Guidance webpage \(https://www.cms.gov/Medicare/Compliance-and-Audits/Part-C-and-Part-D-Compliance-and-Audits/ComplianceProgramPolicyandGuidance.html\)](https://www.cms.gov/Medicare/Compliance-and-Audits/Part-C-and-Part-D-Compliance-and-Audits/ComplianceProgramPolicyandGuidance.html)

Completing this training in and of itself does not ensure a Sponsor has an “effective Compliance Program.” Sponsors and their FDRs are responsible for establishing and executing an effective compliance program according to the CMS regulations and program guidelines.

Page 4

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, every action you take potentially affects Medicare enrollees, the Medicare Program, or the Medicare Trust Fund.

Page 5

Training Requirements: Plan Employees, Governing Body Members, and First-Tier, Downstream, or Related Entity (FDR) Employees

Certain training requirements apply to people involved in Medicare Parts C and D. All employees of Medicare Advantage Organizations (MAOs) and Prescription Drug Plans (PDPs) (collectively referred to in this course as "Sponsors") must receive training about compliance with CMS program rules.

You may need to complete FWA training within 90 days of your initial hire. More information on other Medicare Parts C and D compliance trainings and answers to common questions (https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/Fraud-Waste_Abuse-Training_12_13_11.pdf) is available on the CMS website. Please contact your management team for more information.

- **Learn more about Medicare Part C**

Medicare Part C, or Medicare Advantage (MA), is a health insurance option available to Medicare beneficiaries. Private, Medicare-approved insurance companies run MA programs. These companies arrange for, or directly provide, health care services to the beneficiaries who enroll in an MA plan.

MA plans must cover all services Medicare covers with the exception of hospice care. They provide Part A and Part B benefits and may also include prescription drug coverage and other supplemental benefits.

- **Learn more about Medicare Part D**

Medicare Part D, the Prescription Drug Benefit, provides prescription drug coverage to Medicare beneficiaries enrolled in Part A and/or Part B who enroll in a Medicare Prescription Drug Plan (PDP) or an MA Prescription Drug (MA-PD) plan. Medicare-approved insurance and other companies provide prescription drug coverage to individuals living in a plan's service area.

Page 6

Navigating and Completing This Course

Anyone who provides health or administrative services to Medicare enrollees must satisfy general compliance and FWA training requirements. You may use this course to satisfy the general compliance training requirements.

This course consists of one lesson and a Post-Assessment. Successfully completing the course requires completing the lesson and scoring 70 percent or higher on the Post-Assessment. After successfully completing the Post-Assessment, you'll get instructions to print your certificate. If you do not successfully complete the course, you can review the course material and retake the Post-Assessment.

This course uses cues at various times to provide additional information and functionality. For more information on using these cues, adjusting your screen resolution, and suggested browser settings, select “HELP”.

You do not have to complete this course in one session; however, you must complete the lesson before exiting the course. You can complete the entire course in about 25 minutes. After you successfully complete this course, you receive instructions on how to print your certificate.

Visit the [Resources \(#\)](#) page for disclaimers, a glossary, and frequently asked questions (FAQs). You may find this information useful as you proceed through this course.

Page 7

Course Objectives

After completing this course, you should correctly:

- Recognize how a compliance program operates
- Recognize how compliance program violations should be reported

Select the “MAIN MENU” button to return to the Main Menu. Then, select “Lesson: Compliance Program Training.”

Medicare Parts C and D General Compliance Training Lesson: Compliance Program Training

Page 1

Introduction and Learning Objectives

This lesson outlines effective compliance programs. It should take about 15 minutes to complete.

After completing this lesson, you should correctly:

- Recognize how a compliance program operates
- Recognize how compliance program violations should be reported

Page 2

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 must:

- Articulate and demonstrate an organization’s commitment to legal and ethical conduct
- Provide guidance on how to handle compliance questions and concerns
- Provide guidance on how to identify and report compliance violations

Page 3

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
- 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.

Page 4

Seven Core Compliance Program Requirements

CMS requires an effective compliance program to 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 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 preventing, detecting, and reporting FWA. Tailor this training and education to the different employees and their responsibilities and job functions.

Page 5

Seven Core Compliance Program Requirements (continued)

4. Effective Lines of Communication

Make effective lines of communication accessible to all, ensure confidentiality, and provide methods for anonymous and good-faith compliance issues reporting 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 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.

Page 6

Compliance Training: Sponsors and Their FDRs

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

Page 7

Ethics: Do the Right Thing!

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
- Report suspected violations

Page 8

How Do You Know What Is Expected of You?

Now that you've read 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 the organization's compliance expectations and their operational principles and values. Organizational Standards of Conduct vary. The organization should tailor the Standards of Conduct content to their individual organization's culture and business operations. Ask management where to locate your organization's Standards of Conduct.

Reporting Standards of Conduct violations and suspected non-compliance is **everyone's** responsibility.

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 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
- Quality of care

For more information, refer to the Compliance Program Guidelines in the [Medicare Prescription Drug Benefit Manual \(https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovContra/Downloads/Chapter9.pdf\)](https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovContra/Downloads/Chapter9.pdf) and [Medicare Managed Care Manual \(https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/mc86c21.pdf\)](https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/mc86c21.pdf).

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
- 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
- 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

Page 11

How to Report Potential Non-Compliance

Employees of a Sponsor

- Call the Medicare Compliance Officer
- Make a report through your organization's website
- Call the Compliance Hotline

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

- Talk to a Manager or Supervisor
- Call your Ethics/Compliance Help Line
- Report to the Sponsor

Beneficiaries

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

Don't Hesitate to Report Non-Compliance

When you report suspected non-compliance in good faith, the Sponsor can't retaliate against you.

Each Sponsor must offer reporting methods that are:

- Anonymous
- Confidential
- Non-retaliatory

Page 12

What Happens After Non-Compliance Is Detected?

Non-compliance must be investigated immediately and corrected promptly.

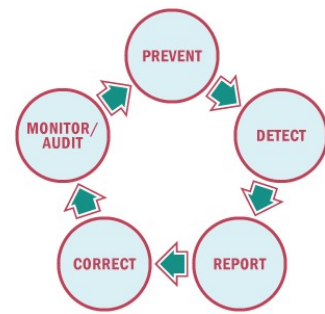
Internal monitoring should ensure:

- No recurrence of the same non-compliance
- Ongoing CMS requirements compliance
- Efficient and effective internal controls
- Protected enrollees

Page 13

What Are Internal Monitoring and Audits?

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



Page 14

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: Report detected potential non-compliance!

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

Page 15

Lesson Review

Now that you completed the lesson, let's do a quick knowledge check. The Post-Assessment course score is unaffected by answering the following questions.

Page 16

Knowledge Check

Select the correct answer.

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

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

Page 17

Knowledge Check

Select the correct answer.

A sales agent, employed by the Sponsor's first-tier, downstream, or related entity (FDR), 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?

- 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 (CORRECT)
- E. Contact law enforcement and the Centers for Medicare & Medicaid Services (CMS) to report the sales agent's behavior

Page 18

Knowledge Check

Select the correct answer.

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

- A. Decide not to worry about it as your supervisor instructed—you notified your supervisor last month and now it's his responsibility
- B. Although you know 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 to avoid identification (CORRECT)
- C. Wait until the 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 your supervisor about the discrepancy again

Page 19

Knowledge Check

Select the correct answer.

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

- 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 (CORRECT)

Page 20

You've completed the lesson!

Now that you have learned about compliance programs, it's time to assess your knowledge. Select the "MAIN MENU" button to return to the course Main Menu. Then, select "Post-Assessment" to begin and complete the course.

Statutory and Regulatory Provisions

Under section 1140 of the Social Security Act (the Act), there are restrictions regarding the use of certain words, letters, emblems and symbols in connection with advertisements, solicitations or other productions. Specifically, the words "Social Security," "Social Security Account," "Social Security System," "Social Security Administration," "Medicare," "Health Care Financing Administration," "Department of Health and Human Services," "Health and Human Services," "Supplemental Security Income Program," or "Medicaid" may not be used in a manner that gives (or could give) the impression that the solicitation, advertisement or other production is endorsed, authorized, affiliated with or approved by the Centers for Medicare and Medicaid Services or by the Department of Health and Human Services.

Similarly, letters such as "SSA," "HCFA," [1] "DHHS," "HHS," "SSI," or other combinations or variations also may not be used to imply approval or involvement by the Department of Health and Human Services or CMS. The same rules apply to the use of symbols and emblems associated with the Department of Health and Human Services or with the Centers for Medicare and Medicaid Services, such as the design of the social security card, the Medicare card, or envelopes or stationery used by either entity. State agencies or political subdivisions of state agencies are exempt from these restrictions.

Government publications are not subject to copyright law.[2] However, section 1140(a)(2)(B) of the Act prohibits the reproduction, reprinting or distribution of items consisting of forms, applications or other publications of the Social Security Administration or the Department of Health and Human Services for a fee unless specific, written authorization is obtained as prescribed by regulations published by the Commissioner of Social Security or the Secretary of the Department of Health and Human Services.[3] Violations of Section 1140 are punishable by a civil money penalty of \$5,000 for each piece of advertisement, solicitation or other production, and

up to \$25,000 for each instance where a broadcast or telecast is used as the means of transmission for the solicitation or advertisement. See 42 C.F.R. § 1003.102(b)(7). Section 1140 is enforced by the Office of the Inspector General. It should be noted that the use of a disclaimer to inform the public that a given solicitation or advertisement is not endorsed or approved of by any governmental entity does not waive the requirements of section 1140.

Analysis

CMS information may be used in an advertisement or solicitation if certain words, letters, emblems and symbols are not used in a manner that could conceivably give the impression that the advertisement has been approved, authorized or sanctioned by either the Department of Health and Human Services or CMS. The information CMS makes public on its web site can be incorporated into another web site for without prior authorization if the commercial entity does not charge a fee for reproductions of forms, applications or other government publications. If an individual wishes to copy a CMS publication, form or application verbatim in order to sell it to the public, CMS may refuse to grant written authorization for reproduction. However, it would be permissible for an individual to retrieve information from CMS' website, incorporate or synthesize that information into his own publication, and sell the publication to the public. Arguably, CMS' website constitutes a "publication" that cannot simply be copied by an individual who wishes to sell the information.

[1]We would also expect that the initials "CMS" would be included in this list in light of the agency's new name.

[2]17 U.S.C. § 105.

[3]The Department has yet to publish regulations pursuant to subsection 1140(a)(2)(B); however, we believe that CMS has the authority to disapprove reproduction of its publications.