

Anthem Vendor Oversight Compliance Program

CMS Medicare Parts C and D General Compliance Training

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Introduction to Medicare Part C and D Compliance

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\(b\)\(4\)\(vi\)\(C\)](#)
- [42 CFR Section 423.504\(b\)\(4\)\(vi\)\(C\)](#)
- Section 50.3 of the Compliance Program Guidelines ([Chapter 9](#) of the Medicare Prescription Drug Benefit Manual and [Chapter 21](#) of the Medicare Managed Care Manual)
- The "[Downloads](#)" section of the CMS Compliance Program Policy and Guidance webpage

**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.*

Introduction to Medicare Part C and D Compliance

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.

Introduction to Medicare Part C and D Compliance

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.

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.

**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](#) is available on the CMS website. Please contact your management team for more information.*

Introduction to Medicare Part C and D Compliance

Course Objectives

**After completing this course,
you should correctly:**



**Recognize how
a compliance
program
operates**



**Recognize how
compliance
program
violations should
be reported**

GENERAL COMPLIANCE TRAINING

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

What Is an Effective Compliance Program?



An effective compliance program fosters a culture of compliance within an organization and, at a minimum:

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.



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

Seven Core Compliance Program Requirements

CMS requires an effective compliance program to include **SEVEN** (7) 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.

Seven Core Compliance Program Requirements

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.

Seven Core Compliance Program Requirements

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.

Seven Core Compliance Program Requirements

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.

Seven Core Compliance Program Requirements

5. Well-Publicized Disciplinary Standards

Sponsor must enforce standards through well-publicized disciplinary guidelines.

Seven Core Compliance Program Requirements

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.

Seven Core Compliance 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.

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.

Ethics: Do the Right Thing!

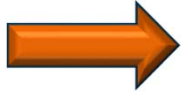


How Do You Know What Is Expected of You?

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](#) and [Medicare Managed Care Manual](#).****

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 participating 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 provider 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 your organization's website
- Call the Compliance Hotline



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
- 

How to Report Potential Non-Compliance

Employees of Sponsor

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

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

- Talk to a Manager or Supervisor
- Call your Ethics/Compliance Helpline
- 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

What Happens After Non-Compliance is Detected?

Internal monitoring should ensure:



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.

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!

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.

Knowledge Check

Select the correct answer.

1. 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)
 - D. Wait to confirm someone is processing the appeals before taking further action
 - E. Contact your supervisor

Lesson Review

Knowledge Check

Select the correct answer.

2. 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
 - E. Contact law enforcement and the Centers for Medicare & Medicaid Services (CMS) to report the sales agent's behavior

Lesson Review

Knowledge Check

Select the correct answer.

3. 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
- 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

Lesson Review

Knowledge Check

Select the correct answer.

4. 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

Lesson Review

Answer Key

1. C
2. D
3. B
4. E

Lesson Review

You've completed the lesson!

Now that you have learned about compliance programs, it's time to assess your knowledge. The Post-Assessment begins on the next page.

Post Assessment

Post Assessment

Question 1 of 10

Select the correct answer.

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

- A. True
- B. False

Question 2 of 10

Select the correct answer.

Ways to report a 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

Post Assessment

Question 3 of 10

Select the correct answer.

What is the policy of non-retaliation?

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

Question 4 of 10

Select the correct answer.

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

Post Assessment

Question 5 of 10

Select the correct answer.

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

Select the correct answer.

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

- A. True
- B. False

Post Assessment

Question 7 of 10

Select the correct answer.

At a minimum, an effective compliance program includes four core requirements.

- A. True
- B. False

Question 8 of 10

Select the correct answer.

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

- A. True
- B. False

Post Assessment

Question 9 of 10

Select the correct answer.

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

Select the correct answer.

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

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

Post Assessment

Answer Key

1. B
2. D
3. C
4. A
5. B
6. B
7. B
8. A
9. A
10. D

**Questions Please Submit Email To
AnthemVendorOversightProgram
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Helpful Resources

- **CMS website:** www.cms.gov
Medicare Managed Care Manual, Chapter 21:
<https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/mc86c21.pdf>
- **Medicare Prescription Drug Benefit Manual, Chapter 9:**
<https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovContra/Downloads/Chapter9.pdf>
- **CMS Compliance Program Policy & Guidance webpage:**
<https://www.cms.gov/Medicare/Compliance-and-Audits/Part-C-and-Part-D-Compliance-and-Audits/ComplianceProgramPolicyandGuidance.html>
- **42 Code of Federal Regulations (CFR):** www.ecfr.gov
 - **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
 - **Section 423.504 :** <https://www.ecfr.gov/cgi-bin/retrieveECFR?gp=&SID=5cff780d3df38cc4183f2802223859ba&mc=true&r=PART&n=pt42.3.423>