

General Compliance Training

2021



Network Medical Management

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ACRONYMS

The following acronyms are used throughout the course:

Acronym	Title Text	Acronym	Title Text
CA H&S	California Health and Safety (Codes)	HMO/POS	Health Maintenance Organization/Point of Service
CDI	California Department of Insurance	IFP	Individual & Family Plan through exchange
CFR	Code of Federal Regulations	MA	Medicare Advantage
CMS	Centers for Medicare & Medicaid Services	MAO	Medicare Advantage Organization
COM	Commercial Product	MA-PD	MA Prescription Drug
DHCS	Department of Health Care Service	Medi-Cal	California Medicaid
DMHC	Department of Managed Health Care	MLN	Medicare Learning Network
FDR	First-tier, Downstream, and Related Delegated Entity	OIG	Office of Inspector General
FWA	Fraud, Waste, and Abuse	PDP	Prescription Drug Plan
HHS	U.S. Department of Health & Human Services	PPO	Preferred Provider Organization

INTRODUCTION

Welcome to the Network Medical Management (NMM) Medicare Parts C and D General Compliance Training! This training models the training developed by CMS and incorporates additional information specific to NMM's compliance program.

The training developed by CMS can be found in the Medicare Learning Network® (MLN). <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNGenInfo> . 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.

- Medicare Prescription Drug Benefit Manual

<https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovContra/Downloads/Chapter9.pdf>

- Medicare Managed Care Manual

<https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/mc86c21.pdf>



INTRODUCTION

- Throughout this training, the following will collectively be known as “Sponsors”:
 - DMHC licensed healthcare service plan delegates
 - **Staff involved in Medicare Parts C and D.**
 - **Staff of Medicare Advantage Organizations (MAOs)**
 - Prescription Drug Plans (PDPs)
- Sponsors and their First Tier, Downstream, and Related Entities (FDRs) are responsible for establishing and executing an effective compliance program according to the Department of Managed Health Care (DMHC), the Department of Health Care Services (DHCS), California Department of Insurance (CDI) and Centers for Medicare & Medicaid Services (CMS) regulations and program guidelines.

INTRODUCTION

Regulation Guidance

This training assists NMM employees, governing body members, and our first-tier, downstream, and related entities (FDRs) to satisfy 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](#)

INTRODUCTION

Training Requirements for all Employees & FDR

You are required to complete General Compliance Training if you provide health or administrative services to any of the following programs:

Health Program	Description
Medicare Part C	<ul style="list-style-type: none">▶ Medicare Part C, or Medicare Advantage (MA), is a health insurance program for seniors or those with disabilities. Private, Medicare-approved insurance companies run MA programs. These companies arrange for, or directly provide, health care services to the beneficiaries who enroll in a MA plan.
Medicare Part D	<ul style="list-style-type: none">▶ 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.
Medi-Cal	<ul style="list-style-type: none">▶ Medi-Cal is California's Medicaid program; and provides coverage for those with limited income and resources. Medi-Cal is regulated by the state through DHCS.
Individual & Family Plan (IFP)	<ul style="list-style-type: none">▶ IFPs offer affordable health insurance benefits to those who are unable to obtain insurance through their employer. IFP products are provided through the state health insurance exchange "Covered California".

INTRODUCTION

Training Requirements for all Employees & FDR

You are required to complete General Compliance Training if you provide health or administrative services to any of the following programs:

Health Program	Description
Commercial	<ul style="list-style-type: none">▶ Commercial health insurance is offered to the general population through private insurance; it is not offered or provided by the government.▶ The two most popular commercial plans are Health Maintenance Organizations (HMOs) and Preferred Provider Organizations (PPOs).
Health Maintenance Organizations (HMOs)	<ul style="list-style-type: none">▶ An HMO is a health insurance that has a list of providers, such as doctors, medical groups, hospitals, and labs. Members must obtain all of their health care from providers on this list, which is also called a network. HMOs are regulated by the state of California through DMHC.
Preferred Provider Organization (PPO)	<ul style="list-style-type: none">▶ A PPO is a plan for people who want to see providers without prior approval from their health plan or medical group, and who do not want to choose a primary care provider. Indemnity PPO products are regulated by the state of California through the CDI.
Point of Service (POS)	<ul style="list-style-type: none">▶ A POS plan is a type of managed care health insurance system. It combines characteristics of the HMO and the PPO. A POS plan is regulated by the state of California through the DMHC.

INTRODUCTION

Why Do I Need Training?

Compliance is everyone's responsibility!

- 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.
- As an individual who provides health or administrative services for Commercial, IFP, Medi-Cal or Medicare enrollees, every action you take potentially affects members/enrollees, federal and state health program, or the Medicare Trust Fund.

INTRODUCTION

Training Requirements

- 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.
- You will need to complete FWA training during your orientation of your initial hire (no more than 90days) and annually thereafter. More information on other [Medicare Parts C and D compliance trainings and answers to common questions](#) is available on the CMS website.
- Completing this training in and of itself does not ensure that NMM has an “effective Compliance Program.”
 - NMM and their FDRs are responsible for establishing and executing an effective compliance program according to the CMS regulations and program guidelines.

INTRODUCTION

Course Objectives

- **After completing this course, you should correctly:**
 - Recognize how a compliance program operates
 - Understand your responsibilities in reporting actual or suspected non-compliance
 - Understand how to ask questions, report suspected or detected non-compliance
 - Recognize disciplinary guidelines for non-compliant and/or fraudulent behaviors
 - Understand non-retaliation and discrimination policies

COMPLIANCE PROGRAM

Program Requirement

- The Centers for Medicare & Medicaid Services (CMS) and Department of Managed Health Care (DMHC) requires Sponsors to implement and maintain an effective compliance program.
- 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
 - Include Standard of Conduct (or Code of Conduct)

COMPLIANCE PROGRAM

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
 - Builds a firm non-retaliation policy and culture to support reporting of non-compliance without fear of retribution.

COMPLIANCE PROGRAM

Seven Core Compliance Program Requirements

An effective compliance program, at minimum, include the following:

Seven core compliance program requirements:

1. Written Policies, Procedures, and Standards of Conduct

- Articulate the 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

- 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.
- Senior management and governing body must be engaged and exercise reasonable oversight of the Sponsor's compliance program.

3. Effective Training and Education

- 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.

COMPLIANCE PROGRAM

Seven Core Compliance Program Requirements

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.

5. Well-Publicized Disciplinary Standards

- Enforce standards through well-publicized disciplinary guidelines.

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

- Conduct routine monitoring and auditing of operations to evaluate compliance with requirements, as well as the overall effectiveness of the Compliance Program.

7. Procedures and System for Prompt Response to Compliance Issues

- Use effective measures to respond promptly to non-compliance and undertake appropriate corrective action.

COMPLIANCE PROGRAM

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
- Act with integrity, transparency, and accountability
- Comply with all applicable laws, regulations, and CMS requirements
- Report suspected violations

COMPLIANCE PROGRAM

How Do You Know What Is Expected of You?

Ethical standards, expectations, and operational principles and values are outlined in NMM's Standards of Conduct .

- Standards of Conduct (or Code of Conduct) state NMM's compliance expectations and its operational principles and values.
- NMM's Standards of Conduct is located at: <T:\Everyone Share\2021 Policies\Compliance\Code Of Conduct\2021 Standards of Conduct.pdf>
- The training includes information specific to NMM's Code 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.

COMPLIANCE PROGRAM

What is Non-Compliance?

- Non-compliance is conduct that does not conform to the law, State, or Federal health care program requirements, or the 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 and Utilization Management processing
 - Credentialing and provider networks
 - Ethics
 - Quality of Care
 - Documentation and Timeliness requirements
 - FDR oversight and monitoring
 - Health Insurance Portability and Accountability Act (HIPAA)
 - Marketing and enrollment
 - Pharmacy, formulary, and benefit administration
 - Quality of care
 - IT System access and safeguards
 - Claims and Utilization Management documentation manipulation

COMPLIANCE PROGRAM

Example of Non-Compliance

Examples of Non-Compliance may include:

- Sales allegations
- Alleged Fraud, Waste, and Abuse (FWA)
- Violating plan's or NMM's Code of Conduct
- Potential quality of care or related member quality issues
- Provider network deficiencies
- Regulatory audit finding
- Inappropriate use or disclosure of member protected information
- Privacy or security breaches

COMPLIANCE PROGRAM

Know the Consequences of Non-Compliance

- Failure to follow ethical standards, contractual obligations, regulations, and CMS/DMHC guidance can lead to serious consequences, including:
 - Contract termination
 - Criminal penalties
 - Exclusion from participating in all Federal health care programs
 - Civil monetary penalties
- Additionally, NMM has 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

COMPLIANCE PROGRAM

NMM Standards of Conduct

NMM is committed to:

- Conducting its business in accordance with the **highest standards of ethical conduct**
- Conducting its business activities with integrity and in full compliance with the federal, state and local laws governing its business; and
- Complying with all federal and state regulatory requirements related to the CMS requirements including the detection, correction and prevention of FWA.

This commitment applies to relationships with its members, enrollees, federal, state and local governments, vendors, competitors, auditors and all public and government bodies. Most importantly, it applies to all employees and FDRs.

COMPLIANCE PROGRAM

Possible Disciplinary Actions of Non-Compliance

Depend on the degree of severity of non-compliance, possible disciplinary action for non-compliance with NMM's Compliance Policy and Code of Conduct may include the following actions:

- Warnings (oral)
- Reprimands (written)
- Probation
- Demotion
- Suspension without pay
- Referral to counseling
- Withholding of a promotion or salary increase or other financial penalties
- Termination
- Contract termination
- Failure to renew agreements
- Restitution of damages
- Referral for criminal prosecution to law enforcement agencies, CMS as appropriate

COMPLIANCE PROGRAM

Disciplinary Actions of Non-Compliance

- **NMM's** disciplinary action will be pursued on a fair and equitable basis, and employees at all levels of NMM shall be subject to the same disciplinary action for the commission of similar offenses, including management. NMM's Human Resources Department, in conjunction with the Compliance Officer and Compliance Committee, will serve as the appropriate body to ensure that the imposed discipline is proportionate and administered fairly and consistently in compliance with NMM's policies and procedures.
- **NMM's** disciplinary standards shall be well-publicized and shall be disseminated and available. Enforcement of disciplinary standards will require an effective working relationship between the Compliance Officer, Human Resources and other areas of NMM maintaining primary responsibility for administering discipline.

COMPLIANCE PROGRAM

Non-Compliance Affects Everyone

Without programs to prevent, detect, and correct non-compliance, we all risk harm to our members and to everyone:

- Risk Harm to Members:

- Delayed treatment/services
- Denial of benefits, other hurdles to care
- Difficulty in using providers of choice, Increase member financial liability

- Less Money for Everyone due to:

- High insurance copayments & Higher premiums
- Regulatory/legal penalties & fines
- Lower benefits for individuals and employers
- Lower Star ratings
- Lower profits & provider reimbursement

COMPLIANCE PROGRAM

How to report potential FWA

NMM Employees

- Call Compliance Officer:
Jo Espino, R.N. 626-943-6266
- **Compliance Hotline: 626-943-6286**
24 hours a day/7 days a week
You may report anonymously and confidentially
- Email: fwacompliance@nmm.cc
- Mail: 1668 S. Garfield Ave., 2nd Fl.
Alhambra, CA 91801
Attention: Compliance Department

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

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

Beneficiaries

- Call NMM or Sponsor's Compliance Hotline or Customer Service
- Call 1-800-Medicare

COMPLIANCE PROGRAM

No Retaliation Policy

Reports of suspected non-compliance may be made anonymously and are kept confidential to the extent allowed by law.

NMM offers reporting methods that are:

- Anonymous
- Confidential
- Non-retaliatory

A whistleblower is a person who exposes information or activity that is deemed illegal, dishonest, or violates professional or clinical standards.

Whistleblowers and persons who report in good-faith any suspected violations or issues, are protected from retaliation and intimidation.

COMPLIANCE PROGRAM

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 members

Internal monitoring – activities include regular reviews confirming ongoing compliance & taking effective corrective actions.

Internal auditing – a formal review of compliance with a particular set of standards (for example, policies, procedures, laws & regulations used as base measures)

COMPLIANCE PROGRAM

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 NMM'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!

COMPLIANCE PROGRAM

Confidentiality Statement

NMM Employees and FDRs shall:

- Ensure timely and appropriate creation, distribution, retention, storage, retrieval and destruction of records and documents, in any form (paper or electronic), in accordance with generally accepted accounting standards and other applicable Federal and State laws, regulations and policies, including but not limited to the Health Insurance Portability & Accountability Act (HIPAA) and the Confidentiality of Medical Information Act (CMIA).
- Maintain the confidentiality and security of financial, medical, personnel, and other sensitive or proprietary information belonging to NMM, and/or information belonging or related to NMM's suppliers, FDRs, regulators, or customers.
- Maintain the privacy and security of protected health information covered by HIPAA or other applicable patient/consumer privacy laws and regulations.
- Confidentiality statement must be completed upon hire and annually thereafter.

I agree that I will not make any voluntary disclosures of such confidential information except to persons authorized to receive such information and will follow all confidentiality, privacy, and security requirements listed above.

APPENDIX: RESOURCES

Hyperlink URL	Linked Text/Image
https://www.ecfr.gov/cgi-bin/retrieveECFR?gp=&SID=5cff780d3df38cc4183f2802223859ba&mc=true&r=PART&n=pt42.3.423	42 CFR Section 423.504
https://www.ecfr.gov/cgi-bin/text-idx?SID=c66a16ad53319afd0580db00f12c5572&mc=true&node=pt42.3.422&rgn=div5#se42.3.422_1503	42 Code of Federal Regulations (CFR) Section 422.503
https://uscode.house.gov/view.xhtml?req=granuleid:USC-prelim-title42-section1320a-7b&num=0&edition=prelim	Anti-Kickback Statute (AKS) - 42 USC Section 1320a-7b(b)
https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/mc86c21.pdf	Chapter 21 of the Medicare Managed Care Manual
https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovContra/Downloads/Chapter9.pdf	Chapter 9 of the Medicare Prescription Drug Benefit Manual
https://www.cms.gov/apps/glossary	CMD Glossary

APPENDIX: RESOURCES

Hyperlink URL	Linked Text/Image
https://www.cms.gov/Medicare/Compliance-and-Audits/Part-C-and-Part-D-Compliance-and-Audits/ComplianceProgramPolicyandGuidance.html	CMS Compliance Program Policy and Guidance webpage
https://oig.hhs.gov/compliance/101	Compliance Education Materials: Compliance 101
https://www.dhcs.ca.gov/Pages/default.aspx	DHCS oversees Medi-Cal, the state Medicaid program directly governed by California state laws.
http://wps0.dmhc.ca.gov/regulations/#existing	DMHC state laws relating to managed health care plans in California
https://uscode.house.gov/view.xhtml?path=/prelim@title31/subtitle3/chapter37/subchapter3&edition=prelim	Federal Civil False Claims Act (FCA) - 31 USC Section 3729-3733
https://oig.hhs.gov/compliance/provider-compliance-training	Health Care Fraud Prevention and Enforcement Action Team Provider Compliance Training

APPENDIX: RESOURCES

Hyperlink URL	Linked Text/Image
https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/Fraud-Abuse-MLN4649244.pdf	Medicare Fraud & Abuse: Prevent, Detect, Report
https://oig.hhs.gov/compliance/self-disclosure-info/protocol.asp	Office of Inspector General's (OIG's) Provider Self-Disclosure Protocol
https://www.cms.gov/medicare/compliance-and-audits/part-c-and-part-d-compliance-and-audits	Part C and Part D Compliance and Audits - Overview
https://www.cms.gov/Medicare/Fraud-and-Abuse/PhysicianSelfReferral	Physician Self-Referral
https://oig.hhs.gov/compliance/safe-harbor-regulations	Safe Harbor Regulations
https://www.dmhc.ca.gov/LicensingReporting/HealthPlanComplianceMedicalSurvey.aspx#.V-rJEfkrKM9	Technical Assistance Guides to support DMHC laws as they apply to managed health care (HMO/POS)

POST-ASSESSMENT QUIZ

QUESTIONS	SELECT THE BEST ANSWER
1. Compliance is only the responsibility of the Compliance Officer, Compliance Committee, & Upper Management.	<ul style="list-style-type: none"> a. True b. False
2. Ways to report a compliance issue include:	<ul style="list-style-type: none"> a. Telephone hotlines b. Report on the Sponsor's website c. In-person reporting to the compliance department/supervisor d. All of the above
3. What is the policy of non-retaliation?	<ul style="list-style-type: none"> a. Allow the Sponsor to discipline employees who violate the Code of conduct. b. Prohibit management and supervisors from harassing employees for misconduct c. Protects employees who, in good faith, report suspected non-compliance d. Prevents fights between employees
4. Whistleblowers and persons who report in good-faith any suspected violations or issues are protected from retaliation & intimidation.	<ul style="list-style-type: none"> a. True b. False
5. What are some of the consequences for non-compliance, fraudulent, or unethical behavior?	<ul style="list-style-type: none"> a. Disciplinary action b. Termination of employment c. Exclusion from participating in all Federal health care programs d. All of the answers
6. When a strong compliance program is established there is less risk to the Members. Benefits of a strong compliance program include all Except:	<ul style="list-style-type: none"> a. Decrease member financial liability b. Appropriate access to provider of choice c. Decrease hurdles to care d. Delayed treatment/services

You've completed the lesson!

You have now learned about General Compliance program.

