



Medicare Parts C and D General Compliance Training

Course Objectives

After completing this course, you should correctly:

- 
- Recognize how a compliance program operates
 - Recognize how compliance program violations should be reported
 - Understand the cost of not detecting, correcting and preventing Non-Compliance and Fraud, Waste and Abuse (FWA)
 - Understand that compliance is everyone's responsibility

Why Do I Need Training?

Every year, billions of dollars are improperly spent because of 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.



Training Requirements: Health 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) must receive training about compliance with CMS program rules.

Health First Health Plans is an MAO and, therefore, you are required to complete Compliance and FWA training within 90 days of your initial hire and annually thereafter.



Learn more about Medicare Parts C and D

Medicare Part C

- Also known as Medicare Advantage (MA)
- A health insurance option available to Medicare beneficiaries
- Run by private, Medicare-approved insurance companies, such as Health First Health Plans
- Arrange for, or directly provide, healthcare services to the beneficiaries who enroll in an MA plan
- Must cover all services Medicare covers with the exception of hospice care
- Provide Part A and Part B benefits
- May also include prescription drug coverage and other supplemental benefits

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, such as Health First Health Plans, and other companies provide prescription drug coverage to individuals living in a plan's service area

Compliance Program Requirement

- The Centers for Medicare & Medicaid Services (CMS) requires Health First Health Plans 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; 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.

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 Health First Health Plans' (HFHP) 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

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



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Seven Core Compliance Program Requirements (continued)

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.

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 HFHP and first-tier, downstream or related entity (FDR) levels.

5. Well-Publicized Disciplinary Standards

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

Seven Core Compliance Program Requirements (continued)

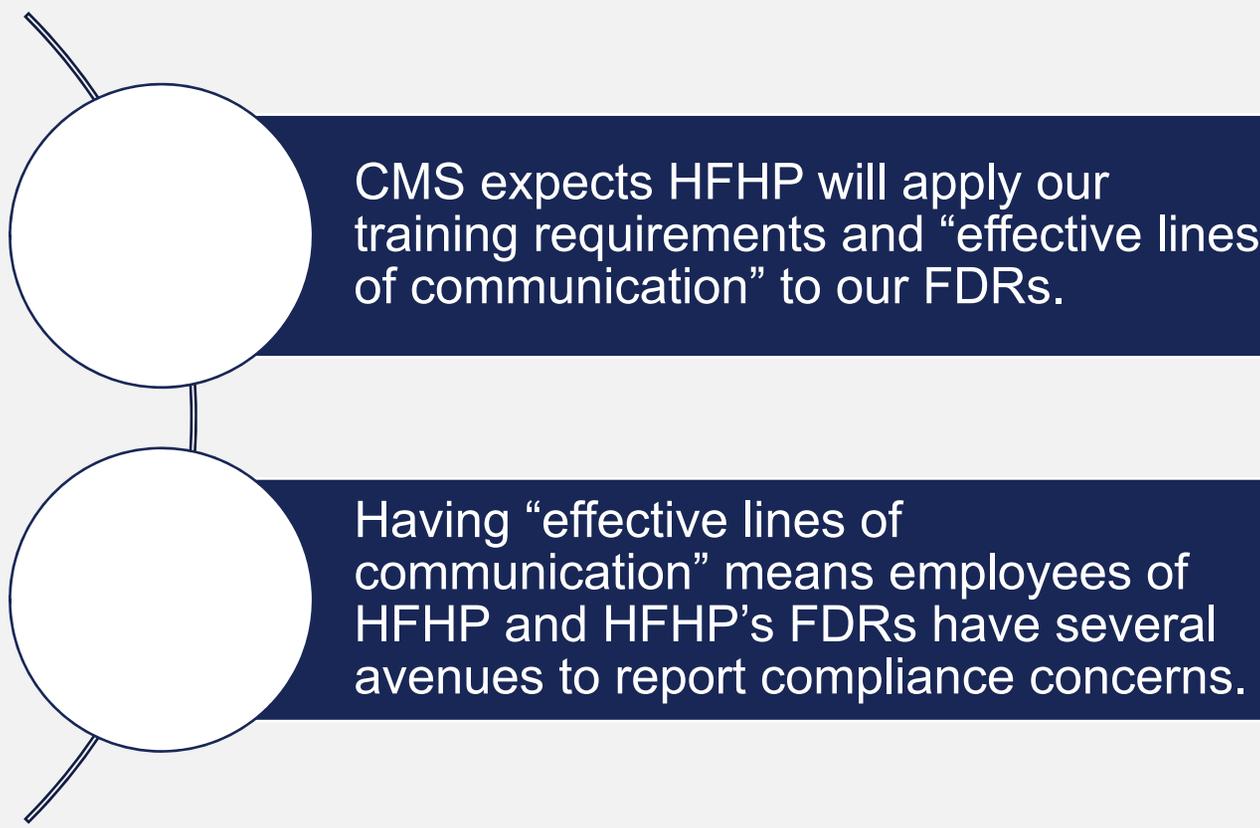
6. Effective System for Routine Monitoring, Auditing and Identifying Compliance Risks

- Conduct routine monitoring and auditing of HFHP's and FDR's operations to evaluate compliance with CMS requirements as well as the overall effectiveness of the compliance program.
- HFHP must ensure FDRs performing delegated administrative or healthcare service functions concerning the our Medicare Parts C and D program comply with Medicare Program requirements.

7. Procedures and System for Prompt Response to Compliance Issues

- HFHP must use effective measures to respond promptly to non-compliance and undertake appropriate corrective action.

Compliance Training: HFHP and our FDRs



CMS expects HFHP will apply our training requirements and “effective lines of communication” to our FDRs.

Having “effective lines of communication” means employees of HFHP and HFHP’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'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

How Do You Know What Is Expected of You?

Code of Conduct

- At Health First, the Code of Conduct is called the “Health First Code of Ethics and Business Conduct”
- States our compliance expectations and operational principles and values and your obligation to report concerns
- Tailored to our organization based on our culture and business operations
- Reporting Code violations and suspected non-compliance is **everyone’s** responsibility
- Identifies methods to report suspected non-compliance and FWA

Policies and Procedures

- It is your responsibility to review, understand and abide by all applicable policies and procedures including, but not limited to:
 - Compliance policies and procedures (at the end of this presentation, you will attest to this requirement);
 - All applicable health plan policies and procedures; and
 - Departmental policies and procedures
- Also identifies methods to report suspected non-compliance and FWA

What is Non-Compliance?

Non-compliance is conduct that does not conform to the law, Federal healthcare 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	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	Coverage determinations	Organization determinations

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 participation in all Federal healthcare programs; and/or
- Civil monetary penalties

Additionally, we 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; and/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; and



Other hurdles to care

Less money for everyone, due to:



High insurance copayments;



Higher premiums;



Lower benefits for individuals and employers; and



Lower Star ratings and lower profits



How to Report Potential Non-Compliance

Health First Associates

- Discuss with your direct report
- Contact the Compliance Department
- Contact the Chief Compliance Officer
- Submit an event into the online reporting tool
- Call the Compliance hotline (24 hours a day, anonymous reporting available)

FDR Associates

- Discuss with your direct report
- Contact Health First Health Plans
- Contact your organization's ethics/compliance help line

Beneficiaries/Members

- Call Health First Health Plans Customer Service
- Call the Compliance hotline
- Make a report through Health First Health Plans' website
- Call 1.800.Medicare

Don't Hesitate to Report Non-Compliance

- It is the strict policy of Health First that no retaliation, intimidation or retribution can be made against any associate for good faith reporting of compliance or privacy concerns.
- If you feel you have been retaliated against, simply reach out to Compliance or your Human Resource contact.

Health First Health Plans offers reporting methods that are:

Anonymous

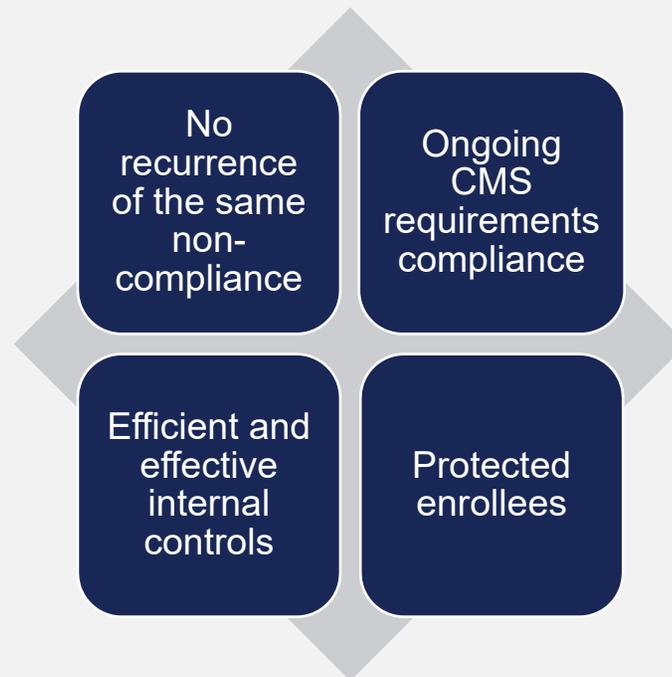
Confidential

Non-Retaliatory

What Happens After Non-Compliance Is Detected?

Non-compliance must be investigated immediately and corrected promptly.

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.



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

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.



How Can I Report a Compliance/FWA Concern?

No Retaliation
No Intimidation

- **Call Compliance**
 - 321.434.7496 (Main Line)
- **Submit Via the SafetyZone Portal (Internal Reporting Application)**
 - Located on the Health First Intranet
- **Email the Health First Health Plans Compliance Department**
 - HFHPComplianceTeam@Health-First.org
- **Email the Privacy Department**
 - Informationprivacy@Health-First.org
- **Email the Special Investigations Unit (SIU)/ Fraud, Waste and Abuse Department**
 - SIUCompliance@Health-First.org
- **Call the Compliance & HIPAA Hotline**
 - 1.888.400.4512
 - Anonymous reporting available 24/7



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Resources

- Medicare Managed Care Manual Chapter 21 – Compliance Program Guidelines
- Prescription Drug Benefit Manual Chapter 9 – Compliance Program Guidelines
- More information on other Medicare Parts C and D compliance training and answers to common questions is available on the CMS website. Please contact your management team or Compliance for more information.