# General Compliance and Code of Conduct Compliance Training

Heritage Provider Network
&
Affiliated Medical Groups

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# General Compliance and Code of Conduct Summary

Heritage Provider Network
&
Affiliated Medical Groups

# Table of Contents

At the end of this training, please complete the quiz successfully to receive the "Certificate of Completion". The training is not complete until the certificate and quiz results are submitted to contact information listed on the certificate.

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- [Areas covered by Code of Conduct](#)
- [Employees and Supervisor/Manager Roles](#)
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- [Some Violations leading to Termination](#)
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# What Does Code of Conduct Represent?

Code of Conduct represents:

- A set of written/unwritten rules outlining responsibilities, according to which people in a particular group, class or situation are supposed to conduct themselves in a business setting
- The "face" of the company culture

The Code of Conduct is not intended to supersede any other applicable legal or regulatory requirements or any federal, state, or local government entity.

# Code of Conduct

- In order to meet or exceed our commitment to the community, our patients, members, and business partners, we should, at all times, strive to achieve the utmost in ethical and professional business standards.

- Our company does not grant waivers to its code of conduct, conflict of interest and compliance standards.

# Code of Conduct

Some departments may have more stringent requirements than those specified in this Code of Conduct training.

Some areas that have stringent requirement include, but are not limited to:

- Accurate financial and accounting record-keeping
- Accurate and ethical billing and collections processes that focus on current fraud and abuse laws
- The referral processes for enrollment of patients
- The protection of Protected Healthcare Information under HIPAA

# Areas Covered by Code of Conduct

Typical areas covered by Code of Conduct:

- Gift giving and receiving
- Harassment and discrimination
- Environmental standards
- Controlled substances
- Health and safety
- Personal use of company resources
- Relationships with contractors, vendors, etc.
- Confidentiality and privacy
- Substance abuse
- Fair dealing
- Workplace violence

# Areas Covered by Code of Conduct

**Gift Giving and Receiving**

- Employees are prohibited from accepting or asking for bribes, kickbacks, gratuity or other forms of payment.

- Employees or other business affiliates may not offer anything of value to a government official or other third party in an effort to influence business or to gain special treatment as an individual or organization.

**Harassment and Discrimination**

- We are committed to providing a work environment free of discrimination and harassment.

- The company will not tolerate any form of harassment at any level of the organization.

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# Areas Covered by Code of Conduct

**Environmental Standards**

- Health care facilities produce waste of various types. We are committed to safe and responsible disposal of biomedical waste and other waste products and the compliance with all applicable environmental laws and regulations.

**Controlled Substances**

- Only licensed personnel, within the scope of their practice, are authorized to handle controlled substances in accordance with our policies and procedures and state and federal regulations.

# Areas Covered by Code of Conduct

**Health and Safety**

- We maintain an Injury and Illness Prevention Program (IIPP) to assist in providing a safe and healthy work environment.

- Each employee is expected to obey safety rules and to exercise caution in all work-related activities.

**Personal Use of Company Resources**

- Company resources must be maintained and utilized according to the rules and regulations.

- We reserve the right to inspect all property to ensure compliance.

- Employees are prohibited from using company facilities or equipment for personal use without prior authorization.

# Areas Covered by Code of Conduct

**Relationships with Contractors, Vendors, etc.**

- We strive to employ the highest ethical standards in all business practices and maintain integrity and excellent rapport with all business relations.

- Selection criteria will be objectively based upon quality, service, price, technical excellence and the overall ability to meet our business needs and will not be determined by personal relationships and friendships.

**Confidentiality and Privacy**

- We follow State and Federal Laws regarding confidential information, proprietary, trade secrets, internal information as valuable assets.

- We adhere to the Health Insurance Portability Accountability Act.

# Areas Covered by Code of Conduct

**Substance Abuse**

- We are committed to providing a drug and alcohol-free work environment to protect the interests of all individuals involved.

- The use of alcohol, illegal drugs, or controlled substances, whether on or off the job, can adversely affect an employee's work performance, efficiency, safety, and health.

**Fair Dealing**

- We are dedicated to providing quality healthcare services to our community by maintaining the utmost ethical, legal, and business standards.

- Employees are expected to conduct business honestly and fairly without misrepresentation of material facts.

# Areas Covered by Code of Conduct

**Workplace Violence**

- It is our intent to provide a safe workplace for employees and to provide a comfortable and secure atmosphere for customers and others with whom we do business.

- We have zero tolerance for violent acts or threats of violence.

# Employee Role

We expect that all **employees** will proactively:

- Prevent wrongdoing

- Promote ethical conduct with accountability

- Promote compliance with government laws, rules and regulations

- Promote accurate and timely reporting and behavior

- Promote prompt internal reporting of violations of the Code and/or the law

- Promote honesty in relationships with other employees, customers, and vendors

# Supervisor/Manager Role

Members of management must foster an ethical and compliance culture, and encourage employees to bring concerns to their attention.

Managers/leaders are held accountable and expected to:

- Ensure that employees complete the required training timely.

- Ensure that all employees adhere to the highest ethical standards; and those who have direct patient contact follow the Model of Care.

- Maintain an "open door" policy so employees feel comfortable addressing concerns.

- Periodically remind employees about HPN's non-retaliation policy.

- Ensure employees know the importance of reporting concerns.

- Embrace the Code of Conduct and be an example of an ethical leader.

- Maintain an environment consistent and supportive of the Code of Conduct.

# Supervisor/Manager Role

Managers are also held accountable and expected to:

- Educate employees with the meaning and application of the Code of Conduct.

- Provide leadership and support, including contacting the Compliance Officer when suspected or observed misconduct is reported.

- Enforce the Code of Conduct and apply appropriate corrective actions for violations.

- Consider issues of non-compliance as part of the employee's annual Performance Review.

Managers are responsible and held accountable for the actions of their employees if they have not appropriately informed/trained in HPN Compliance requirements; or have not provided proper counseling when problems have occurred. Corrective action, up to and including termination, will be applied for all employees involved in non-compliance.

# Supervisor/Manager Role

We expect **supervisors/managers** to follow these additional responsibilities:

- Educate employees on the Code of Conduct and the requirements of their department's work activities

- Promote compliance with this Code of Conduct and other relevant policies, standards and procedures

- Report suspicions or allegations of employee misconduct in accordance with company procedures

# Reporting Potential Violations

It is our duty to immediately report any potential or suspected violations to Human Resources or the Compliance Officer without fear of retaliation or reprisal by one of the following methods:

- Sending a confidential email to the Compliance Officer

- Leaving a confidential voice mail to the Compliance Officer

- Report any concerns via email or telephone to our immediate supervisor and/or HR Director

- Call the company hotline (where applicable)

# Investigations

Reported allegations of misconduct will be promptly investigated.

- The investigative process will adhere to any applicable compliance and Human Resources policies regarding personnel action to be taken.

- Efforts will be made to maintain the confidentiality of such inquiries and the information gathered.

- Consequences for conduct violations inconsistent with our Code of Conduct will be addressed according to the provisions identified in the applicable policies.

# Disciplinary Action

- Failure to comply with this Code or Compliance Plan may result in disciplinary action or termination.

- Discipline decisions can vary depending on the severity and the frequency of the misconduct.

***You may be subject to disciplinary action if you are aware of a problematic situation and do not report it.***

# Some Violations Leading to Termination

There are violations of the Code which <u>could</u> result in immediate termination.

For example:

- Use of alcohol or drugs during work-hour and/or on company premise
- Violence in the workplace
- Accessing pornographic materials using a company computer, company phone, or other company device
- Stealing/Embezzlement of company resources
- Bribery
- Weapons at the workplace
- Other egregious acts of misconduct

# Preventing Misconduct

In an effort to prevent misconduct, the company requests all employees to:

- Know and comply with our policy and procedures

- Report incidents that you experience directly or witness

- Cooperate with investigations

# Code of Conduct Self-Assessment

Code of Conduct Self-Assessment:

- Have I verified the significant facts prior to my action/statement?

- Is my action/statement legal, ethical, and within policy?

- Am I being fair and honest in all my dealings?

- Will my action stand the test of time?

- How would I feel if my family, friends, and neighbors knew what I was doing? What would I tell my child to do?

- Will I feel comfortable with my decision? Will I sleep soundly tonight?

- How will I feel about myself afterwards?

- If I am not sure of something, have I asked for advice?

# CMS General Compliance Training

Heritage Provider Network
&
Affiliated Medical Groups

# Introduction

Anyone who conducts business with Heritage Provider Network and its Affiliated Medical Groups, including employees, FDRs, vendors, and other entities, are required to participate in the CMS General Compliance Training, as mandated by CFR §§ 422.503(b)(4)(vi)(C)(3) and 423.504(b)(4)(vi)(C)(4)).

The Medicare Parts C and D General Compliance Training course is brought to you by the Medicare Learning Network**,** a registered trademark of the U.S. Department of Health & Human Services (HHS).

# Introduction

The following acronyms are used throughout the course.

| Acronym | Title Text |
| --- | --- |
| CFR | Code of Federal Regulations |
| CMS | Centers for Medicare & Medicaid Services |
| FDR | First-tier, Downstream, and Related Entity |
| FWA | Fraud, Waste, and Abuse |
| HHS | U.S. Department of Health & Human Services |
| MA | Medicare Advantage |
| MAO | Medicare Advantage Organization |
| MA-PD | MA Prescription Drug |
| MLN | Medicare Learning Network® |
| OIG | Office of Inspector General |
| PDP | Prescription Drug Plan |

# Introduction

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 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

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.

| Hyperlink URL | Linked Text/Image |
|---|---|
| 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://www.ecfr.gov/cgi-bin/retrieveECFR?gp=&SID=5cff780d3df38cc4183f2802223859ba&mc=true&r=PART&n=pt42.3.423 | 42 CFR Section 423.504 |
| 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/Regulations-and-Guidance/Guidance/Manuals/Downloads/mc86c21.pdf | Chapter 21 of the Medicare Managed Care Manual |
| 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 |

# Introduction

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.

1. [Publications & Multimedia](#)
2. [Events & Training](#)
3. [Newsletters & Social Media](#)
4. [Continuing Education](#)

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|---|---|
| https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts | Publications & Multimedia |
| https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNGenInfo/Events-and-Training.html | Events & Training |
| https://www.cms.gov/Outreach-and-Education/Outreach/FFSProvPartProg | Newsletters & Social Media |
| https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNGenInfo/Continuing-Education.html | Continuing Education |

# Introduction

| ACRONYM | TITLE TEXT |
|---|---|
| CMS | Centers for Medicare & Medicaid Services |
| MLN | Medicare Learning Network® |

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| https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts | MLN Educational Products |
| https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles | MLN Matters® Articles |
| https://learner.mlnlms.com | WBT Courses |
| https://www.cms.gov/Outreach-and-Education/Outreach/NPC | MLN Connects® National Provider Calls |
| https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLN-Partnership | MLN Connects® Provider Association Partnerships |
| https://www.cms.gov/Outreach-and-Education/Outreach/FFSProvPartProg | MLN Connects® Provider eNews |

| HYPERLINK URL/JAVASCRIPT | LINKED TEXT IMAGE |
|---|---|
| https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/CMS1243324.html | Provider Electronic Mailing Lists |

Centers for Medicare and Medicaid Services

# Introduction

**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, your every action potentially affects Medicare enrollees, the Medicare Program, or the Medicare Trust Fund.

| Acronym | Title Text |
|---------|------------|
| FWA | Fraud, Waste, and Abuse |

# Introduction

**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 benefits. 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 also be required 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

**Learn more about Medicare Part C**

Medicare Part C, or Medicare Advantage (MA), is a health plan choice 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 that Medicare covers with the exception of hospice care. MA plans 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 all beneficiaries enrolled in Part A and/or Part B who elect to enroll in a Medicare Prescription Drug Plan (PDP) or an MA Prescription Drug (MA-PD) plan. Insurance companies or other companies approved by Medicare provide prescription drug coverage to individuals who live in a plan's service area.

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| https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/Fraud-Waste_Abuse-Training_12_13_11.pdf | Medicare Parts C and D compliance trainings and answers to common questions |

# Compliance Program Training

This lesson outlines effective compliance programs. It should take about 15 minutes to complete. Upon completion, you should be able to correctly:

- Recognize how a compliance program operates; and
- Recognize how compliance program violations should be reported.

# 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; 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.

# What is an Effective Compliance Program?

**(Continued)**

For more information, refer to:

- 42 Code of Federal Regulations (CFR) Section 422.503(b)(4)(vi) on the Internet;
- 42 CFR Section 423.504(b)(4)(vi) on the Internet;
- "Medicare Managed Care Manual," Chapter 21 on the CMS website; and
- "Medicare Prescription Drug Benefit Manual," Chapter 9 on the CMS website.

| HYPERLINK URL | LINKED TEXT/IMAGE |
|---|---|
| https://www.gpo.gov/fdsys/pkg/CFR-2014-title42-vol3/pdf/CFR-2014-title42-vol3-sec422-503.pdf | 42 Code of Federal Regulations (CFR Section 422.503(b)(4)(vi) |
| https://www.gpo.gov/fdsys/pkg/CFR-2014-title42-vol3/pdf/CFR-2014-title42-vol3-sec423-504.pdf | 42 CFR Section 423.504(b)(4)(vi) |
| https://www.cms.gov/Regu1ations-and-Guidance/Guidance/Manua1s/Down1oads/mc86c21.pdf | Medicare Managed Care Manual, Chapter 21 |
| https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovContra/Downloads/Chapter9.pdf | Medicare Prescription Drug Benefit Manual, Chapter 9 |

# 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 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.

| Acronym | Title Text |
|---------|------------|
| FWA | Fraud, Waste, and Abuse |

# 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 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.

| Acronym | Title Text |
|---------|------------|
| FDR | First-Tier, Downstream, or Related Entity |

# Compliance Training – Sponsors and their FDRs

CMS expects that 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.

| Acronym | Title Text |
|---------|------------|
| FDR | First-Tier, Downstream, or Related Entity |

# 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; and
- Report suspected violations.

# 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 tot 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; and
- Quality of care.

# What is Non-Compliance?

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 health care programs; or
- 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; or
- Termination.

| HYPERLINK URL | LINKED TEXT/IMAGE |
|---|---|
| https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovContra/Downloads/Chapter9.pdf | Medicare Prescription Drug Benefit Manual |
| https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/mc86c21.pdf | Medicare Managed Care Manual |

# 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

# How to Report Potential Non-Compliance

**Employees of a Sponsor**

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

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

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

**Beneficiaries**

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

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**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; and
- Non-retaliatory.
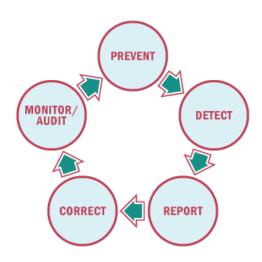
# What Happens After Non-Compliance Is Detected?

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

# 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 and 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.

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**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!

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# Appendix A: Resources

**Disclaimers**

This Web-Based Training (WBT) course was current at the time it was published or uploaded onto the web. Medicare policy changes frequently so links to the source documents have been provided within the document for your reference.

This WBT course was prepared as a service to the public and is not intended to grant rights or impose obligations. This course may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.

# Appendix A: Resources

**The Medicare Learning Network® (MLN)**

The Medicare Learning Network®, MLN Connects®, and MLN Matters® are registered trademarks of the U.S. Department of Health and Human Services (HHS).

**Glossary**

For the Centers for Medicare & Medicaid Services (CMS) Glossary, visit https://www.cms.gov/apps/glossary on the CMS website.

| ACRONYM | TITLE TEXT |
|---------|------------|
| CMS | Centers for Medicare & Medicaid Services |
| MLN | Medicare Learning Network® |

# Appendix B: Job Aids

## Job Aid A: 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.

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.

# Appendix B: Job Aids

**Job Aid A: Seven Core Compliance Program Requirements** (continued)

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.

| Acronym | Title Text |
|---------|------------|
| FDR | First-Tier, Downstream, or Related Entity |

# Appendix B: Resources

**Job Aid B: Resources**

| Resource | Website |
|---|---|
| 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-d-compliance-and-audits |
| Physician Self-Referral | https://www.cms.gov/Medicare/Fraud-and-Abuse/PhysicianSelfReferral |
| Avoiding Medicare Fraud & Abuse: A Roadmap for Physicians | https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/CMS1254524.html |
| Safe Harbor Regulations | https://oig.hhs.gov/compliance/safe-harbor-regulations |

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**Please click the link below to start the test.**

[General Compliance and Code of Conduct](#)