

CMS  
Compliance  
Training

Access  Care

**A Global Medical Response Solution**

# Acronyms

The following acronyms are used throughout the course.


<b>ACRONYM</b>	<b>TITLE TEXT</b>
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



## 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.





# 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
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# What Is an Effective Compliance Program?

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

- Prevents, detects, and corrects non-compliance
- Is fully implemented and is tailored to an organization's unique operations and circumstances
- Has adequate resources
- Promotes the organization's Standards of Conduct
- Establishes clear lines of communication for reporting non-compliance

An effective compliance program is essential to prevent, detect, and correct Medicare non-compliance as well as fraud, waste, and abuse (FWA). It must, at a minimum, include the seven core compliance program requirements.

This includes Medicare Parts C and D plan and Sponsors.



# 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.

**Compliance training is required within 90 days of hire and annually.**

# 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?

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. Access2Care subcontractors follow GMR Code of Conduct.

**Access GMR Code of Conduct here:**

- <https://www.globalmedicalresponse.com/about/compliance>

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?

Know the Consequences of 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

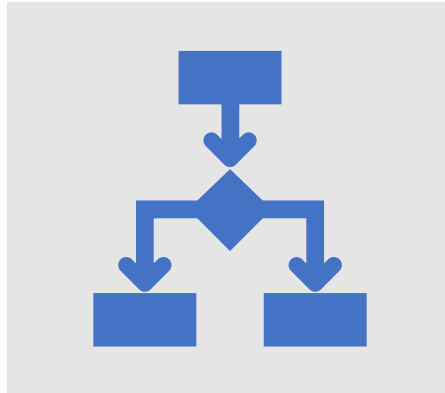
## Examples of Non- Compliance

Suspected fraud, waste, and  
abuse (FWA)

Potential health privacy  
violation (HIPAA)

Unethical behavior/employee  
misconduct

# 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

Report non-compliance to your Access2Care Network Specialist via phone or email.

# 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:



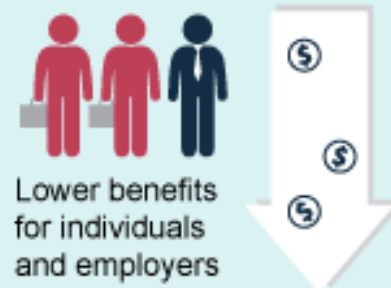
High insurance copayments



Higher premiums



Lower Star ratings



Lower benefits for individuals and employers



Lower profits

# How to Report Potential Non-Compliance

Providers and Drivers



## Employees of a Sponsor

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

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

- Telephone hotlines
- Report on the organization website
- Call or email your Access2Care Network Specialist

## Beneficiaries

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

# Non-Retaliation Policy

Contact your Access2Care Network Specialist to report non-compliance

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Access2Care has adopted a Non-Retaliation Policy to reinforce its commitment to prevent and protect employees and subcontractors from retaliation for reporting, in good faith, suspected wrongdoings and/or for assisting in an investigation.

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As outlined in the Code of Business Conduct and Ethics, it is policy to foster an environment of open communication so that all employees and subcontractors understand their obligations to report compliance concerns and understand that Access2Care will not tolerate retaliation against those who do so. In addition, reported concerns will be maintained confidentially, to the extent it is possible to do so.

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Code of Conduct can be found here:

<https://www.globalmedicalresponse.com/about/compliance>

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# What happens After Non-Compliance Is Detected?

Non-compliance must be investigated immediately and corrected promptly.

## Correcting Non-Compliance

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, procedures, laws, and regulations) used as base measures.



# Lesson Summary

## 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!

1

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.

2

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.

3

Know the consequences of non-compliance and help correct any non-compliance with a corrective action plan that includes ongoing monitoring and auditing.

# Compliance Assessment

Thank you for  
reviewing the training.  
Now click on the link  
below to take the test.



[https://amr-svwzg.formstack.com/forms/compliance\\_training](https://amr-svwzg.formstack.com/forms/compliance_training)