



Compliance, Privacy & Code of Conduct Training

Including Compliance Plan, Incident Management, and Confidentiality

Agenda



Course Objectives

After completing this course, you should:

- ▶ Renew your commitment to the highest standards of professional and ethical conduct
- ▶ Know where to find the Code of Conduct, Compliance Plan, and Compliance Policies & Procedures
- ▶ Understand your responsibilities in reporting actual or suspected non-compliance
- ▶ Recognize disciplinary guidelines for non-compliant and/or fraudulent behavior
- ▶ Understand non-retaliation and discrimination policies
- ▶ Understand what constitutes as a conflict of interest and how to disclose
- ▶ Understand your responsibilities under HIPAA privacy and security regulations



LIBERTY Risk Governance



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Chief Compliance
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Security Officer



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Privacy Officer



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Risk Officer



Did you know?

LIBERTY is regulated by federal & state regulations, and contract requirements.

Our policies, trainings, and processes are frequently audited to ensure compliance.

Your participation in LIBERTY's compliance program is essential to providing exceptional care to our members and stakeholders.

LIBERTY's Risk Governance team is a **dedicated resource to ensure compliance** with federal, state, and contractual requirements for all LIBERTY's markets and lines of business.

Compliance is everyone's responsibility

- ▶ LIBERTY has a formal and documented program in place to prevent, detect, and correct non-compliance, fraud, waste, & abuse, and privacy concerns.
- ▶ **If you suspect potential non-compliance, you must immediately report it!**
- ▶ You are **protected from retaliation and intimidation** for participating in the compliance program and reporting concerns in good faith.

Commitment to Compliance

LIBERTY Dental Plan is committed to the highest standards of professional and ethical conduct, and to full compliance with all federal and state laws/regulations, contractual requirements, and ethical standards.

When we act ethically and commit to doing the right thing, we build trust with our members, providers, stakeholders, and regulators. We must:

- ▶ Act fairly and honestly
- ▶ Adhere to high ethical standards
- ▶ Act with integrity, transparency, and accountability
- ▶ Comply with all applicable regulations and requirements
- ▶ Report suspected non-compliance or violations of any law or regulation
- ▶ Do the right thing!

Commitment to Compliance

Compliance is everyone's responsibility

Prevent – operate within ethical expectations to prevent non-compliance.

Detect – if you see it, report it. It is your responsibility to report any potential non-compliance.

Correct – correcting non-compliance to prevent reoccurrence.

Failure to follow federal, state, local requirements can lead to serious consequences, including:

- ▶ Contract termination
- ▶ Criminal penalties for both organization and offending individual
- ▶ Exclusions from participating in all federal health care programs
- ▶ Civil monetary penalties for both organization and offending individual

Commitment to Compliance

LIBERTY is committed to compliance with all federal and state laws and regulations, contractual requirements, and ethical standards.

2024 - 2025

Code of
Conduct



2024 – 2025

Compliance Plan



Compliance
Policies &
Procedures



LIBERTY's Code of Conduct is the foundation of LIBERTY's Compliance Program, which is designed to prevent and detect non-compliance, including privacy violations and Fraud Waste and Abuse; and to ensure that LIBERTY operates in accordance with the highest ethical, business, and legal standards.

LIBERTY's Compliance Plan and Policies & Procedures articulate our commitment to comply with all applicable Federal and State standards and describe compliance expectations outlined in the Code of Conduct.

You receive LIBERTY's Code of Conduct, Compliance Plan, and policies and procedures upon new hire/contracting and annually thereafter. You can also access them any time at:

- Compliance & Privacy Policies (internet) - [Compass > Forms & references > Policy & Procedures](#)
- Code of Conduct & Compliance Plan - [Compliance intranet](#) & [LIBERTY website > Provider Resource Library](#)

LIBERTY's Board of Directors provides oversight over the compliance program.

Marzena Fercz is LIBERTY's Chief Compliance Officer who ensures its implementation.



Marzena Fercz
LIBERTY Dental Plan
Chief Compliance Officer

Compliance in Action

How do we act ethically and within the boundaries of the law, regulation, and contractual requirements?



- ☒ Knowing and following the expectations outlined in LIBERTY's Code of Conduct.
- ☒ Reporting violations of non-compliance to your supervisor and/or Compliance.
- ☒ Adhering to LIBERTY's policies and procedures and complying with all laws and regulations.
- ☒ Acting with integrity, transparency, accountability, fairness, and honesty.
- ☒ Asking questions if unclear about any requirements.

LIBERTY's Code of Conduct, policies and procedures, and trainings are in place to help you know how to act ethically and in accordance with federal, state, and contractual requirements.

Compliance in Action

If you are confronted with a situation that you are unsure how to handle, use these questions to guide your actions:

- ▶ Am I following approved company policies?
- ▶ Can I defend my actions to my leader, co-worker, stakeholders, and public?
- ▶ Will my actions give the appearance of being illegal or unethical?
- ▶ Am I appropriately protecting information about the company from disclosure to external or internal parties?
- ▶ Am I living up to my personal code of behavior?

Phrases that may signal a problem

- ▶ Nobody will ever know
- ▶ Everyone does it
- ▶ Don't contact compliance
- ▶ It doesn't matter how it gets done as long as it gets done
- ▶ If they don't ask, don't tell

Identifying Non-Compliance

Non-compliance is any conduct that does not conform with State and Federal law, program requirements, contract requirements, LIBERTY's Code of Conduct, and/or business policies.

Areas of risk include (but are not limited to):

- ▶ Billings
- ▶ Payments
- ▶ Ordered services
- ▶ Medical necessity
- ▶ Quality of Care
- ▶ Governance
- ▶ Mandatory reporting
- ▶ Claims processing
- ▶ Credentialing & network adequacy
- ▶ Provider and contractor oversight
- ▶ Contract compliance
- ▶ Cost reporting
- ▶ Underutilization
- ▶ Marketing
- ▶ Member notices
- ▶ Medically necessary services



Call to Action!

If you see a potential compliance risk in your area of business, report it to your supervisor, and/or to Compliance at compliancehotline@libertydentalplan.com.

Compliance will work with you and/or your team to evaluate and assess what action we can take towards resolution!

Identifying Non-Compliance

Example

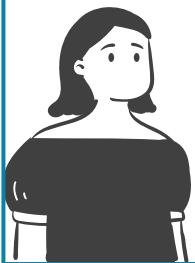


"A member wants to receive a procedure not medically necessary or covered by the insurance. A Dentist Assistant knows the procedure would be covered by the insurance for treatment of a specific diagnosis and adds this diagnosis to the insurance claim to ensure the procedure is covered."



Explanation

Knowingly entering inaccurate information in a record to ensure compensation is fraud and is a crime under the Federal False Claims Act. If you know or suspect fraud is occurring, you must report it immediately to management or Compliance.



"The mailroom where we send out denial letters has been having issues. We have not told anyone, even though outgoing mail has been delayed for at least 2 days. This should not be an issue, right?"



This is an issue because denial letters have sensitive timelines. Delays in mailing should be reported immediately.

Identifying Non-Compliance

Example



“My co-worker changed a date on an authorization request to avoid getting in trouble for being late. I know this is wrong, but it only happened once, so I won’t say anything.”

Explanation



Covering up unethical behavior is wrong. While you intended to protect your coworker, you allowed harm to occur to the member and are violating the Code of Conduct.



“A member needed a dentist’s office visit on December 29th, but his insurance would not be effective until January 1st. My co-worker wanted to help the patient and changed the date of service in the medical record to January 2nd to ensure the patient’s insurance covers the visit.”



Knowingly entering inaccurate information in a record to ensure compensation is fraud and is a crime under the Federal False Claims Act. If you know or suspect fraud is occurring, you must report it immediately to management or Compliance.

Identifying Non-Compliance

Did you know that changing documents without approval could be non-compliance? At LIBERTY, every external-facing document has an intended purpose. Understanding that purpose is critical for all employees before making any revisions to a finalized document or data set.

Why is Document Integrity Important?

LIBERTY's ability to function as a company is dependent upon the integrity of all business areas. Our relationships with clients, providers, and members are all based on the credibility we have established over time. This credibility shows that we operate with high levels of accuracy, transparency, and reliability.

Obtaining approval from Senior Leadership to ensure the changes are:

- necessary
- aligned with the expectations of internal and external stakeholders, and
- consistent with the overall purpose of the document.

Unauthorized revisions can negatively affect LIBERTY but can also have consequences for employees and their supervisors. Consequences can include disciplinary actions up to, and including, termination.

How Do I Retain Document Integrity?

Reporting Non-Compliance

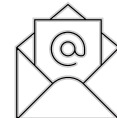
Reports of suspected non-compliance, fraud, waste, and abuse and privacy concerns may be made anonymously and are kept confidential to the extent allowed by law.



Compliance Hotline

888-704-9833

Available 24 hours, 7 days a week



Compliance Email

compliancehotline@libertydentalplan.com

Available 24 hours, 7 days a week



Compliance Fax

714-389-3529

Available 24 hours, 7 days a week



Compliance Web Inquiry

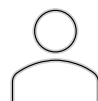
www.libertydentalplan.com/About-Liberty/Compliance

Available 24 hours, 7 days a week



Mail

LIBERTY Dental Plan, Attn: Compliance Officer
1730 Flight Way, Suite 125, Tustin, CA 92782



Report Directly

Make a report directly with your supervisor, Human Capital, SIU (siu@libertydentalplan.com), Compliance, Privacy (privacy@libertydentalplan.com) or Chief Compliance Officer

All persons who report compliance issues and who participate in the compliance program in good faith are protected against intimidation and retaliation.



Reporting Non-Compliance

Reports related to **privacy violations** or **concerns** can also be reported directly through LIBERTY's Incident Management System (IMS); or directly to LIBERTY's Privacy Officer.

[Compass > Forms & references > HIPAA incident management system \(IMS\)](#)



Call to Action!

LIBERTY has strict reporting requirements for privacy violations – as soon as you discover a suspected or actual privacy concern – you must immediately report it!

Reporting is not optional – it is everyone's responsibility; and failure to report suspected or actual privacy incidents, including PHI breaches, can result in disciplinary action, including termination.

Guidelines for Reporting

- ▶ Provide detailed information about your concern, including what member information was impacted, if any.
- ▶ Submit any supporting documentation.
- ▶ If you know, share why the incident occurred.
- ▶ Share your contact, so we can follow-up for more information.

Examples of What to Report



Confidential information sent to the wrong recipient or shared with an unauthorized person.



Lost or stolen laptop or data.



Inappropriate access to or disposal of confidential data.

If you are not sure if you need to report, ask your manager or Privacy Officer (privacy@libertydentalplan.com).

Whistleblower & Non-Retaliation Policy

If you seek advice, raise a concern, or report misconduct, you are doing the right thing!

LIBERTY will not tolerate any form of retaliation against anyone who, in good faith, raises a concern, reports an actual or potential violation of law, the Code or LIBERTY policy, or who participates in an investigation.

Anyone who violates LIBERTY's non-retaliation and non-intimidation policy is subject to disciplinary action, up to and including termination.



Call to Action!

If you are retaliated against or see retaliation is occurring, report it to your supervisor, Human Capital, and/or to Compliance at compliancehotline@libertydentalplan.com.

All persons who report compliance issues are protected against intimidation and retaliation.

Disciplinary Procedures

LIBERTY has established disciplinary standards and implemented procedures to 1) address potential violations, and 2) encourage good-faith participation in the Compliance Program.

Disciplinary Standards may be imposed for:

- Failure to comply with LIBERTY's policies and procedures, Code of Conduct, or state and federal laws, rules & regulations, including those related to privacy and security laws and regulations.
- Failure to correct foreseeable compliance violations.
- Failure to report suspected problems or violations.
- Encouraging, directing, or facilitating/permitting, non-compliant behavior.
- Refusing to participate in an investigation.
- Intimidation or retaliation against anyone who reports a violation or participates in an investigation.
- Intentionally making false compliance reports or bad faith reports.



Disciplinary Actions could include, but not limited to:

- Mandatory training or retraining
- Written or verbal counseling
- Termination
- Criminal penalties
- Exclusion from participating in all Federal health care programs
- Civil monetary penalties

Correcting & Preventing Non-Compliance

LIBERTY promptly responds to compliance issues as they are raised by immediately investigating and correcting the issue.

In addition, LIBERTY conducts a variety of activities to prevent the recurrence of issues, and to evaluate and ensure compliance with requirements, including:

- ✓ Conducting an annual risk assessment and work plan.
- ✓ Ongoing auditing and monitoring.
- ✓ Maintaining a Special Investigation Unit (SIU) to detect and investigate fraud, waste, and abuse.
- ✓ Providing delegated third-party oversight.
- ✓ Effectuating a New Requirements program to ensure appropriate review and implementation.

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.

Conflicts of Interest

A conflict of interest is any interest or activity that could compromise the professional & ethical impartiality of a LIBERTY employee or representative by influencing their ability to make decisions and conduct business free from influence or obligation.

Conflicts of Time

Do your commitments outside of LIBERTY compete with your job responsibilities at LIBERTY?

Example: holding a secondary job that affects your primary role at LIBERTY.

Personal/Familial

Do you have personal relationships that could potentially influence your decision-making at LIBERTY?

Example: contracting with a vendor only because of familial ties/spouse works at the company.

Types of Conflicts of Interest

Professional

Do you have any professional obligations that could potentially influence your decisions or actions with or at LIBERTY?

Example: engaging in secondary/freelance work for a direct competitor.

Financial

Could your personal or financial interest(s) benefit from decisions you make at LIBERTY?

Example: a dentist recommending treatments based on what makes them more money, instead of what is best for the member.

LIBERTY employees and those conducting business on LIBERTY's behalf must disclose any potential conflicts of interest to LIBERTY at compliancehotline@libertydentalplan.com when those conflicts are discovered and renew annually.

Confidentiality and Privacy

As an employee, provider, or contractor of LIBERTY, you are responsible for safeguarding member protected health information (PHI) in accordance with law, regulations, and contractual requirements.

PHI refers to any information that relates to an individual's health or dental status, medical history, or treatment.



Regulation

HIPAA requires the **protection of PHI** and the implementation of proper safeguards as this plays a critical role in member care & healthcare operations.



H
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Privacy Rule



Security Rule



Breach Notification Rule



Omnibus Rule



Enforcement Rule



HITECH Act

Confidentiality and Privacy

Health Insurance Portability Accountability Act

HIPAA is a federal law enacted to:

Protect the privacy and security of a member's personal and health information;

Provide for the physical and electronic security of personal health information;

Simplify billing and other transactions with Standardized Code Sets and Transactions; and

Specify rights of members to approve access/use of their medical information.

Confidentiality and Privacy

Health Information Technology for Economic and Clinical Health

The HITECH Act acts as an addendum HIPAA, giving the U.S. Department of Health and Human Services (HHS) broader jurisdiction to penalize medical practices for not securely handling personal health information (PHI).

- ▶ Applies to all electronic "unsecured PHI"
- ▶ Increased enforcement & fines for breaches
- ▶ Establishes criminal penalties for individuals or employees of a covered entity



Breach Notification Requirements

HITECH requires LIBERTY to provide notification of breaches:

- **Immediately** to the Federal Government if more than 500 individuals affected
- **Annual** notification if less than 500 individuals are affected
- **Timely** to major media outlets, as applicable
- **Timely** listing on a public website, as applicable
- **Timely** individual notification to members

Confidentiality and Privacy

PHI refers to any information that relates to an individual's health or dental status, medical history, or treatment.

1. **Names**
2. **Address** (including subdivisions smaller than state, e.g.: street address, city, county, precinct, zip code, and geocodes)
3. **Dates** (other than year) directly related to an individual, including birth date, admission or discharge date, date of death
4. **Phone numbers**
5. **Fax numbers**
6. **E-mail addresses**
7. **Social Security numbers**
8. **Medical record numbers**
9. **Health plan beneficiary numbers**
10. **Account or Member numbers**
11. **Certificate/license numbers**
12. **Vehicle identifiers and serial numbers**, including license plate numbers
13. **Device identifiers and serial numbers**
14. **Web Uniform Resource Locators (URLs)**
15. **Internet Protocol (IP) address numbers**
16. **Biometric identifiers**, including finger, retinal and voice prints
17. **Full face photographic images** and any comparable images e.g., X-rays
18. **Any other unique identifying numbers, characteristics, or codes**

Confidentiality and Privacy

HIPAA gives members rights over their health information and use of their PHI.

Members have the right to:

- ▶ Right to Privacy
- ▶ Make a complaint
- ▶ Receive an accounting of any external releases
- ▶ Obtain a paper copy of the Notice of Privacy Practices on request
- ▶ Request restrictions on release of their PHI
- ▶ Receive confidential communications
- ▶ Inspect and copy medical records (access)
- ▶ Request amendment to medical records



Regulation

LIBERTY must adhere to:

- Minimum Necessary
- Appropriate Disclosure
- Secure Transmission
- Best Practices

Note: see next slides for additional information on each

Confidentiality and Privacy

Minimum Necessary Standard

Protected health information **should not be used or be disclosed when it is not necessary** to satisfy a particular purpose or to carry out a function.

Never put (or leave) PHI in the subject line of an email.

If sender includes member ID in subject line, remove before responding.

Only provide what is necessary to fulfill a specific request or purpose.

Don't provide the entire medical record if only dates are requested.

Keep distribution of PHI to only those who need to know.

Don't include PHI on emails or correspondence w/large distribution groups (many people copied).

Redact PHI when not necessary to fulfill requests.

If department needs a copy of claim to validate amount billed, redact all PHI not related to request (e.g., DOB, diagnosis, etc.).

Confidentiality and Privacy

Use or Disclosure of Health Information

Acceptable



To the **individual**; or **written authorization** is required to release health information



Dentists may share information with a referring dentist regarding "members in common" without an authorization



All emergency requests for health information should be documented in the member's medical record

Unacceptable



Impermissible Use or Disclosure**



Theft or Loss of Member Data (e.g., identify theft, stolen/lost laptop, incorrect disposal)



Misuse of Data (e.g., misdirected mail, email, or fax; providing more information than needed; inappropriate access)

**Impermissible Use or Disclosure means the acquisition, access, use, or disclosure of confidential information or PHI in a manner not permitted under HIPAA (or other applicable confidentiality law) that may or may not compromise the security or privacy of the confidential information or PHI.

45 CFR 164.502, 45 CFR 164.506, 45 CFR 164.508, 45 CFR 164.510, 45 CFR 164.512, 45 CFR 164.514, 45 CFR 164.530, 42 CFR 457.1110, 45 CFR 160 Subpart C

Confidentiality and Privacy

Verifying Member and Authorized Representative

Before releasing PHI to a caller, LIBERTY staff members **must validate all required elements + 2 alternate elements.**

Identifying Element	Member/ Primary	Family Member /Dependent	Personal Representative/ POA*
Caller's Name	R	R	R
Member's Name	R	R	R
Date of Birth	A	A	A
Member Number/ID	A	A	A
Phone Number	A	A	A
Social Security Number	A	A	A

R = Required
A = Alternate

*Before releasing any information to a family member or personal representative, **always check:***

- *Is there a notation in the system indicating to not release information to anyone other than the member? If so, do not release information.*
- *Are we authorized to release to the caller? (i.e., legal/appointed guardian of a minor or authorization on file)*

Please DO NOT provide PHI to a caller FIRST and ask if it is correct. Always authenticate first. Always authenticate first.

Confidentiality and Privacy

Electronic Transmission of PHI

Under HIPAA, PHI may be shared electronically (ePHI), but only if transmission is adequately protected.

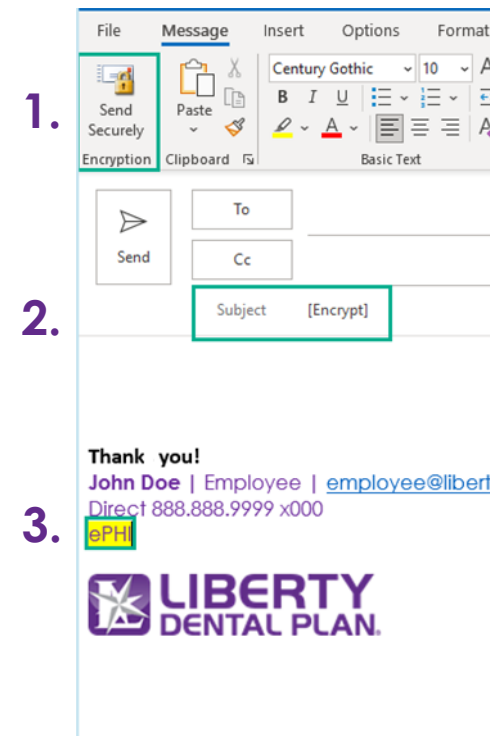
One way PHI can be transmitted is through e-mail. LIBERTY uses encryption to protect PHI and requires that all emails containing ePHI be encrypted before transmission to any external sources.

When sending emails containing PHI, double check that:

- You selected the **appropriate and accurate recipients** (keep your point of contact information up to date)
- The word **“encrypt”** is **spelled correctly** in the subject line of the email.
- If you are sending PHI in a password protected e-mail, **send the password separately from the document.**

3 Ways to Email Securely

1. Use the **“Send Securely”** button in your e-mail to encrypt before sending.
2. Use the word **“[Encrypt]”** in the subject line of your e-mail.
3. Place the word **“ePHI”** in your signature.



Confidentiality and Privacy

Best practices to protect PHI!



Keep PHI out of plain view



Refrain from discussing PHI within earshot of others who do not need to know



Do not print or save PHI to your desktop



Communicate when you no longer have a business need to access sensitive or confidential information



Do not click on suspicious links



Include Minimum Necessary PHI needed to answer requests or to fulfill a task



Do not include PHI in file name, subject line, or body of email



Follow security safeguards



Be mindful of who can see your screen - adjust so that others will not see any PHI



Lock screen when not in use



Before replying all, confirm contents and recipients **BEFORE** sending to ensure accuracy



Encrypt emails containing PHI



Destroy PHI properly (e.g., shredding (not in a trashcan!))



Use strong passwords and change routinely

Confidentiality and Privacy

Verbal Awareness & Incident Disclosures

Members may perceive normal operations as violating their privacy – when instead, these may be considered as incidental disclosures under HIPAA.

Potential Member Concerns:

- ▶ Being asked to **state out loud** certain types of **confidential or personal information**
- ▶ **Overhearing** conversations about PHI by staff performing their job duties
- ▶ **Being asked about their private information** in a "loud voice" in public areas

Protecting Privacy: Verbal Exchanges

Be mindful of how you communicate and share confidential information with those that have a need to know the information or when conducting business.

Ask yourself: *"What if it was my information being discussed in this place or in this manner?"*

Incidental disclosures and HIPAA

Incidental disclosures are permitted if there are reasonable safeguards in place and disclosure cannot be reasonably prevented. This may be commonly misunderstood by members!

"Incidental": a use or disclosure that cannot reasonably be prevented, is limited in nature and occurs as a by-product of an otherwise permitted use or disclosure. §164.502(c)(1)(iii)

Key Takeaways

Thank you for completing LIBERTY's General Compliance, Privacy & Code of Conduct training!

Compliance is everyone's responsibility

Prevent – operate within ethical expectations to prevent non-compliance.

Detect – if you see it, report it. It is your responsibility to report any potential non-compliance.

Correct – correcting non-compliance to prevent reoccurrence.

Compliance Program

- ▶ LIBERTY has a formal and documented program in place to prevent, detect, and correct non-compliance.
- ▶ You can find these documents on the intranet and on LIBERTY's website (Providers).
- ▶ Marzena Fercz is LIBERTY's Chief Compliance Officer.

Report Non-Compliance

- ▶ Report issues or concerns or potential conflicts of interest to your supervisor or Compliance at compliancehotline@libertydentalplan.com or at 888-704-9833.
- ▶ You are protected from retaliation or intimidation when reporting concerns in good faith.

- ▶ [Title XVIII of the Social Security Act](#)
- ▶ Medicare regulations governing Parts C and D found at [42 C.F.R. §§ 422](#) and [423](#) respectively
- ▶ Patient Protection and Affordable Care Act ([Pub. L. No. 111-148, 124 Stat. 119](#))
- ▶ Health Insurance Portability and Accountability Act (HIPAA) ([Public Law 104- 191](#))
- ▶ False Claims Acts ([31 U.S.C. §§ 3729-3733](#))
- ▶ Federal Criminal False Claims Statutes ([18 U.S.C. §§ 287](#))
- ▶ Anti-Kickback Statute ([42 U.S.C. § 1320a-7b\(b\)](#))
- ▶ The Beneficiary Inducement Statute ([42 U.S.C. § 1320a-7a\(a\)\(5\)](#))
- ▶ Civil monetary penalties of the Social Security Act ([42 U.S.C. § 1395w-27 \(g\)](#))
- ▶ Physician Self-Referral (“Stark”) Statute ([42 U.S.C. § 1395nn](#))
- ▶ Fraud and Abuse, Privacy and Security Provisions of the Health Insurance Portability and Accountability Act, as modified by [HITECH Act](#)
- ▶ Prohibitions against employing or contracting with persons or entities that have been excluded from doing business with the Federal Government ([42 U.S.C. §1395w-27\(g\)\(1\)\(G\)](#))
- ▶ [Fraud Enforcement and Recovery Act of 2009](#)
- ▶ All sub-regulatory guidance produced by [CMS](#) and [HHS](#) such as manuals, training materials, HPMS memos, and guides.

LIBERTY Dental Plan

Medicare Part C & D General Compliance

Web-Based Training Course*

*Note: LIBERTY downloaded this training module directly from CMS' Medicare Learning Network. This training has been incorporated into LIBERTY's Compliance Training program without being altered by LIBERTY.

LIBERTY is utilizing the last updated version (January 2019) of the CMS Medicare Part C and D General Compliance training in its Compliance Training program.

Medicare Parts C and D General Compliance Training Web-Based Training Course

January 2019

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ACRONYMS

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

TITLE

TITLE PAGE



INTRODUCTION

INTRODUCTION PAGE 1

**The Medicare Parts C and D General Compliance Training
course is brought to you by the Medicare Learning Network®**



INTRODUCTION PAGE 2

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.

- [Publications & Multimedia](#)
- [Events & Training](#)
- [Newsletters & Social Media](#)
- [Continuing Education](#)



HYPERLINK URL	LINKED TEXT/IMAGE
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 PAGE 3

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.

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 PAGE 4

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 PAGE 5

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.

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.

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.

HYPERLINK URL	LINKED TEXT/IMAGE
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

INTRODUCTION PAGE 6

Navigating and Completing This Course

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.

This course consists of one lesson and a Post-Assessment. Successfully completing the course requires completing the lesson and scoring 70 percent or higher on the Post-Assessment. After successfully completing the Post-Assessment, you'll get instructions to print your certificate. If you do not successfully complete the course, you can review the course material and retake the Post-Assessment.

This course uses cues at various times to provide additional information and functionality. For more information on using these cues, adjusting your screen resolution, and suggested browser settings, select "HELP".

You do not have to complete this course in one session; however, you must complete the lesson before exiting the course. You can complete the entire course in about 25 minutes. After you successfully complete this course, you receive instructions on how to print your certificate.

Visit the [Resources](#) page for disclaimers, a glossary, and frequently asked questions (FAQs). You may find this information useful as you proceed through this course.

INTRODUCTION PAGE 7

Course Objectives

After completing this course, you should correctly:

- Recognize how a compliance program operates
- Recognize how compliance program violations should be reported

Select the “MAIN MENU” button to return to the Main Menu. Then, select “Lesson: Compliance Program Training.”

LESSON: COMPLIANCE PROGRAM TRAINING

LESSON PAGE 1

Introduction and Learning Objectives

This lesson outlines effective compliance programs. It should take about 15 minutes to complete.

After completing this lesson, you should correctly:

- Recognize how a compliance program operates
- Recognize how compliance program violations should be reported

LESSON PAGE 2

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

LESSON PAGE 3

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.

LESSON PAGE 4

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 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.

LESSON PAGE 5

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 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.

LESSON PAGE 6

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.

LESSON PAGE 7

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

LESSON PAGE 8

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.

LESSON PAGE 9

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

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

LESSON PAGE 10

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

LESSON PAGE 11

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

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

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

LESSON PAGE 12

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

LESSON PAGE 13

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 PAGE 14

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 PAGE 15

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.

LESSON PAGE 16

Knowledge Check

Select the correct answer.

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

**CORRECT
ANSWER**

C

LESSON PAGE 17

Knowledge Check

Select the correct answer.

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

**CORRECT
ANSWER**

D

LESSON PAGE 18

Knowledge Check

Select the correct answer.

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

**CORRECT
ANSWER**

B

LESSON PAGE 19

Knowledge Check

Select the correct answer.

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

**CORRECT
ANSWER**

E

LESSON PAGE 20

You've completed the lesson!

Now that you have learned about compliance programs, it's time to assess your knowledge. Select the "MAIN MENU" button to return to the course Main Menu. Then, select "Post-Assessment" to begin and complete the course.

POST-ASSESSMENT

POST-ASSESSMENT PAGE 1

Post-Assessment

This brief Post-Assessment asks 10 questions and should take about 10 minutes.

Choose an answer for each question by selecting the button next to your answer. You must select an answer before advancing to the next question. You can only move forward in the Post-Assessment, and you can only try each question once. You may change your answer for a question until you select the “SUBMIT ANSWER” button. After you submit your answer, feedback for the question and the “NEXT” button will appear. Select the “NEXT” button to continue. Do not select the “X” button in the right-hand corner of the window as this will cause you to exit the course without recording your progress.

You may print your score when you finish the Post-Assessment. After successfully completing the course, you can print a certificate. Successfully completing the course includes finishing all lessons, scoring 70 percent or higher on the Post-Assessment, and completing the course evaluation. Instructions on printing your certificate are available after you pass the Post-Assessment.

Select the “NEXT” button to begin the Post-Assessment.

POST-ASSESSMENT PAGE 2

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

POST-ASSESSMENT PAGE 3

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 PAGE 4

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

POST-ASSESSMENT PAGE 5

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 PAGE 6

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

POST-ASSESSMENT PAGE 7

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 PAGE 8

Question 7 of 10

Select the correct answer.

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

- ☐ A. True
- ☐ B. False

POST-ASSESSMENT PAGE 9

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 PAGE 10

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.

POST-ASSESSMENT PAGE 11

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

APPENDIX A: RESOURCES

RESOURCES PAGE 1 OF 1

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 course for your reference.

This 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.

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Glossary

For glossary terms, visit the [Centers for Medicare & Medicaid Services Glossary](https://www.cms.gov/apps/glossary).

HYPERLINK URL	LINKED TEXT/IMAGE
https://www.cms.gov/apps/glossary	Centers for Medicare & Medicaid Services Glossary

APPENDIX B: JOB AIDS

Job Aid A: Seven Core Compliance Program Requirements

The Centers for Medicare & Medicaid Services (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 to 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 fraud, waste, and abuse (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.

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 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.

Job Aid B: Resources

[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)

[Office of Inspector General's \(OIG's\) Provider Self-Disclosure Protocol](https://oig.hhs.gov/compliance/self-disclosure-info/protocol.asp)

[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)

HYPERLINK URL	LINKED TEXT/IMAGE
https://oig.hhs.gov/compliance/101	Compliance Education Materials: Compliance 101
https://oig.hhs.gov/compliance/provider-compliance-training	Health Care Fraud Prevention and Enforcement Action Team Provider Compliance Training
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://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/CMS1254524.html	Avoiding Medicare Fraud & Abuse: A Roadmap for Physicians
https://oig.hhs.gov/compliance/safe-harbor-regulations	Safe Harbor Regulations