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

Content File

January 2019
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**ACRONYMS**

**Acronyms** identified in the following table that need title text added with the full “spelled out” version of the abbreviated phrase are designated by a **dotted black underline and highlighted**. The acronyms on the finished page will only have the dotted underline. For instance, “CMS” would include the title text “Centers for Medicare & Medicaid Services”.

<table>
<thead>
<tr>
<th>ACRONYM</th>
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<tr>
<td>CFR</td>
<td>Code of Federal Regulations</td>
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<tr>
<td>CMS</td>
<td>Centers for Medicare &amp; Medicaid Services</td>
</tr>
<tr>
<td>FDR</td>
<td>First-tier, Downstream, and Related Entity</td>
</tr>
<tr>
<td>FWA</td>
<td>Fraud, Waste, and Abuse</td>
</tr>
<tr>
<td>HHS</td>
<td>U.S. Department of Health &amp; Human Services</td>
</tr>
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<td>MA</td>
<td>Medicare Advantage</td>
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<tr>
<td>MAO</td>
<td>Medicare Advantage Organization</td>
</tr>
<tr>
<td>MA-PD</td>
<td>MA Prescription Drug</td>
</tr>
<tr>
<td>MLN</td>
<td>Medicare Learning Network®</td>
</tr>
<tr>
<td>OIG</td>
<td>Office of Inspector General</td>
</tr>
<tr>
<td>PDP</td>
<td>Prescription Drug Plan</td>
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*End of Acronyms*
## Main Menu

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<td><img src="image" alt="Post-Assessment Page Map" /></td>
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*End of Programming Instructions*
**End of Title Page**
INTRODUCTION
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**

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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.

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End of Page
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.

LINKED TEXT/IMAGE: Medicare Parts C and D compliance trainings and answers to common questions
LINK TYPE: External Hyperlink
TARGET: New Window
TITLE TEXT: N/A

When the learner selects the “Learn more about Medicare Part C” button, the following text appears:

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.

When the learner selects the “Learn more about Medicare Part D” button, the following text appears:

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.

End of Page
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.

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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.

End of Page
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.”

End of Introduction
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.

End of Page
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.

---

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.

End of Page
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.

When the learner selects the “Know the Consequences of Non-Compliance” button, the following text appears:

Failure to follow Medicare Program requirements and CMS guidance can lead to serious consequences, including:

- Contract termination
LESSON

- 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
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:
  - Higher premiums
  - Lower Star ratings
  - Lower profits

The text only version will be presented as:

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

*End of Page*
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

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

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
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.

End of Page
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.

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.

End of Page
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

Correct Feedback: Correct! Select the “NEXT” button to continue.

Incorrect Feedback: Incorrect. The correct answer is C. Select the “NEXT” button to continue.
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

SUBMIT ANSWER

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End of Page
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

SUBMIT ANSWER

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End of Page
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

SUBMIT ANSWER

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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.

End of Lesson
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

SUBMIT ANSWER

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End of Page
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

Submit Answer

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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

CORRECT ANSWER | SCORE | CORRECT FEEDBACK | INCORRECT FEEDBACK
---|---|---|---
C | 1 | Correct! You have answered X out of 10 questions correctly. Select the “NEXT” button to continue. | Incorrect. The correct answer is C. You have answered X out of 10 questions correctly. Select the “NEXT” button to continue.

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

CORRECT ANSWER | SCORE | CORRECT FEEDBACK | INCORRECT FEEDBACK
---|---|---|---
A | 1 | Correct! You have answered X out of 10 questions correctly. Select the “NEXT” button to continue. | Incorrect. The correct answer is A. You have answered X out of 10 questions correctly. Select the “NEXT” button to continue.
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

SUBMIT ANSWER

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<td>Incorrect. The correct answer is B. You have answered X out of 10 questions correctly. Select the “NEXT” button to continue.</td>
</tr>
</tbody>
</table>

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

SUBMIT ANSWER

<table>
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<th>CORRECT ANSWER</th>
<th>SCORE</th>
<th>CORRECT FEEDBACK</th>
<th>INCORRECT FEEDBACK</th>
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<td>Incorrect. The correct answer is B. You have answered X out of 10 questions correctly. Select the “NEXT” button to continue.</td>
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End of Page
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

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<td>Incorrect. The correct answer is B. You have answered X out of 10 questions correctly. Select the “NEXT” button to continue.</td>
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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

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<td>Incorrect. The correct answer is B. You have answered X out of 10 questions correctly. Select the “NEXT” button to continue.</td>
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</tbody>
</table>

End of Page
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.

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<th>INCORRECT FEEDBACK</th>
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<td>Incorrect. The correct answer is A. You have answered X out of 10 questions correctly. Select the “NEXT” button to continue.</td>
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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

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<td>Incorrect. The correct answer is D. You have answered X out of 10 questions correctly. Select on the “QUIZ SUMMARY” button to continue.</td>
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</table>
POST-ASSESSMENT PAGE 12

Post-Assessment Results

SUCCESSFUL ATTEMPT message:
Congratulations! You scored “final score” percent on the Post-Assessment. This course is now complete, and you can print your certificate. Your certificate will be available for download or print through your Medicare Learning Network® (MLN) transcript. Select the “CERTIFICATE INSTRUCTIONS” button for instructions on how to print your certificate.

Select the links below to see your answers.

OR UNSUCCESSFUL ATTEMPT message:
Good try. You scored “final score” percent on the Post-Assessment. The course is now complete. You have not received credit for passing. Select the “CLOSE COURSE” button to review the course material and retake the Post-Assessment.

Select the links below to see your answers.

Assessment question answers appear here when “INCORRECT” or “CORRECT” link is selected. See PROGRAMMING NOTES for more info.

1: “INCORRECT” or “CORRECT”
2: “INCORRECT” or “CORRECT”
3: “INCORRECT” or “CORRECT”
4: “INCORRECT” or “CORRECT”
5: "INCORRECT" or "CORRECT"
6: "INCORRECT" or "CORRECT"
7: "INCORRECT" or "CORRECT"
8: "INCORRECT" or "CORRECT"
9: "INCORRECT" or "CORRECT"
10: "INCORRECT" or "CORRECT"

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End of Post-Assessment
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.

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End of Page
Job Aids

The job aids provide additional information relating to this course.

Job Aid A: Seven Core Compliance Program Requirements
Job Aid B: Resources

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JOB AID A: Seven Core Compliance Program Requirements

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.

---

End of Page
JOB AID B: Resources

Compliance Education Materials: Compliance 101

Health Care Fraud Prevention and Enforcement Action Team Provider Compliance Training

Office of Inspector General’s (OIG’s) Provider Self-Disclosure Protocol

Part C and Part D Compliance and Audits - Overview

Physician Self-Referral

Avoiding Medicare Fraud & Abuse: A Roadmap for Physicians

Safe Harbor Regulations

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End of Appendix A
APPENDIX B: HELP

PAGE LAYOUT / CONTENT

Acronyms
Throughout this course, some acronyms are dash underlined so you can see the acronym definition after the acronym was defined. You can hold your mouse over acronyms for a reminder of what the acronym means.

Glossary
Close this window, then select “RESOURCES” at the top of the screen for a link to the Centers for Medicare & Medicaid Services (CMS) Glossary webpage.

Hyperlinks
Certain words in the course are hyperlinks you may select to connect to a webpage or a document. Hyperlinked words appear blue and underlined.

Navigation
The course navigation is located in the bottom area of the course window. The “BACK” and “NEXT” buttons help navigate a lesson one page at a time. Use these buttons to move forward and backward through a lesson (the “BACK” button is not available in the Post-Assessment).

Use the “MAIN MENU” button in any lesson to save your progress and exit the course. If you need to exit the course prior to completion, always use the “MAIN MENU” button rather than the “X” button in the upper right-hand (Microsoft® Windows®) or left-hand (Apple® OS®) corner of the window. There is no “MAIN MENU” button available in the assessment. If you exit the assessment, you’ll lose your progress.

The course also contains buttons that open pages outside of the current lesson. The “RESOURCES” button will open a new browser window that includes resources for more information.

Use the “SUBMIT ANSWER” button to submit your answer to the assessment questions. After submitting the answer to the last question, select the “QUIZ SUMMARY” button to move to the assessment results.

Pop-Up Windows
Pop-up windows appear throughout this course as new browser windows when you select a hyperlink. To close a pop-up window, select the “X” button in the upper right-hand (Microsoft® Windows®) or left-hand (Apple® OS®) corner of the pop-up window.

Printing
At any point in this course, you may print the current page by pressing CTRL-P or print the current page, lesson, or entire course by selecting the “PRINT” button on each page.

**Printing Your Certificate**

To print your certificate, you must pass the Post-Assessment and complete the course evaluation. Follow the [certificate instructions](https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNEdWebGuide/Downloads/MLN-certificate-instructions) for steps on how to access and/or print your certificate.

**Using Your Mouse**

Selecting buttons, hyperlinks, and answer choices activates them. Selecting refers to moving the mouse cursor over the object and pressing the left button on your mouse. Moving the mouse cursor over an underlined text hyperlink will highlight the hyperlink.

Hyperlinks in the navigation bar at the top of the page will highlight when you move your mouse over them. When you move the mouse cursor over any hyperlink on the page, the arrow changes to a hand.

You can also access all navigation, hyperlinks, and controls by using the tab key.

**Screen Zoom and Resolution**

**Zoom**

If you have trouble viewing the course, you may adjust the magnification (zoom) on the page.

- To zoom in, increasing the size of the content, press and hold Ctrl/Command while pressing the + key.
- To zoom out, decreasing the size of the content, press and hold Ctrl/Command while pressing the - key.

**Resolution**

If you are still experiencing problems, you may adjust your screen settings. Follow the instructions in the hyperlinks below to adjust your screen settings.

- Windows XP®
- Windows 7®
- Windows 8®
- Windows 10®

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### APPENDIX B

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*End of Online Help*