



National Policy Library Document

Policy Name: Medicare Programs: Compliance
Element III Training and
Education

Policy No.: HR329-83615

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This Policy is applicable to the following:

Department(s): All Departments

Business Unit(s): HN Life, HNAZ, HNCA, HNCS, HNCSAZ, HNI, HNOR, HNPS, MHN

Products/LOB's: Medicare Advantage and Medicare Part D, Dual Eligible

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Policy Statement:

Health Net, Inc. follows the Centers for Medicare & Medicaid Services (CMS) requirements contained in the Medicare Compliance Program Guidelines as well as Parts 422 and 423 of Title 42 of the Code of Federal Regulations (CFR).

Note for purposes of this policy and procedure, the term “Medicare programs” includes the Medicare Advantage (“MA”), Part D Prescription Drug (“Part D”), and Medicare-Medicaid Plan (“MMP”) lines of business.

Mandatory Medicare Compliance Program Training for Associates, Temporary Employees, and Contractors

Health Net provides mandatory Medicare compliance training to associates at all levels of the company as well as temporary employees and contractors with a CID (a contractor ID number that allows the contractor access to Health Net's system). The mandatory Medicare Compliance Program training courses include: 1) CMS Fraud Waste and Abuse and General Compliance Training; and 2) Health Net Code of Business Conduct and Ethics.

The Medicare compliance training courses are mandatory for all associates, temporary employees, and contractors with a CID that allows them access to Health Net's system, and

must be completed within 60 days of employment, or within 60 days of the contract effective date or the date the Contractor is assigned to the Health Net account, and annually thereafter. Note: Health Net Federal Services employees are not required to take the CMS Fraud Waste and Abuse and General Compliance Training.

The mandatory Medicare compliance training courses (Fraud Waste and Abuse and General Compliance Training) are downloaded from the CMS Medicare Learning Network (MLN) and then accessed via Health Net's computerized Learning Management System (LMS), which tracks training completion rates to ensure all training programs are effective and consistently administered. The Health Net Code of Business Conduct and Ethics is developed and maintained by Health Net and reviewed and updated, if applicable, on an annual basis.

Associates are tested on their knowledge and understanding of the training material.

Completion of mandatory Medicare compliance training is tied to each associate's annual performance goals and Management Incentive Plan (MIP), as applicable. Associates receive regular reminders of their training obligations, including personalized email reminders of outstanding compliance training. Failure to comply subjects an associate to corrective action, up to and including termination of employment.

The Health Net Medicare Compliance Committee receives a report on a quarterly basis to review outliers related to associate completion of the mandatory Medicare compliance training courses. The report is reviewed by the Committee to ensure appropriate action is taken for timely completion of the training.

Board of Directors Compliance Training

Health Net, Inc., and subsidiary Board of Directors members who are not employed by Health Net receive training on the Code as well as general compliance and fraud, waste, and abuse ("FWA") training within 90 days of initial appointment and on an annual basis thereafter.

Mandatory Compliance Program Training for First Tier, Downstream, and Related Entities (FDR)

First tier, downstream, and related entities ("FDR"), and FDR employees who are in critical roles within an FDR (i.e., senior administrators or managers directly responsible for the FDR's contract, employees involved in decision making authority on behalf of Health Net, reviewers of member claims and services submitted for payment, employees responsible for establishing or administering Health Net's formulary and/or medical benefits coverage policies and procedure) are required to take Compliance Program training within 90 days of contracting and annually thereafter. The Compliance Program training is available to FDRs through the CMS Medicare Learning Network (MLN) at <https://learner.mlnlms.com>. Health Net accepts the certificates of completion of CMS training generated from the MLN course or an attestation.

The Compliance Program Training consists of two separate modules; 1) General Compliance Training; 2) Fraud, Waste, and Abuse Training (FWA). FDRs must take both modules in order to satisfy the entire training requirement.

FDRs who have met the FWA certification requirements through enrollment into the Medicare program or through accreditation as a supplier of Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) are deemed to have met the FWA training requirement. In the case of chains, such as chain pharmacies, each individual location must be enrolled into

Medicare Part A or B to be deemed. This does not exempt these FDRs from the general compliance training requirement.

First-tier entities are responsible for their downstream entities' completion of the training. First-tier entities must have documentation that the training was distributed and completed by all of its downstream entities. The documentation, such as an attestation, or certificate of completion, must be readily available for audit upon request from Health Net or CMS.

Health Net Code of Business Conduct and Ethics and Medicare Compliance Policies and Procedures Health Net distributes the Health Net Code of Business Conduct and Ethics and Medicare compliance policies and procedures to FDRs.

Health Net's Code of Business Conduct and Ethics is available through the Health Net provider website at www.healthnet.com/provider > Working with Health Net > Medicare Information > Code of Business Conduct and Ethics.

Health Net's Medicare compliance policies and procedures are available through the Health Net Provider website at www.healthnet.com/provider > Working with Health Net > Medicare Information > Medicare FWA, SNP Model of Care and Provider Marketing Training.

Specialized Compliance Training

Specialized compliance training is provided to Health Net associates, temporary employees, and contractors who work with the Medicare programs to ensure they are aware of Medicare requirements related to their job function as well as issues posing compliance and FWA risks based on their job functions.

Specialized compliance training may be developed by the Medicare Compliance department, by the Process Improvement, Analysis and Training department, by the SIU, or by the applicable business unit(s). Formal specialized compliance training may be conducted through interactive sessions led by expert facilitators, web-based tools, the LMS, live or videotaped presentations, written materials, or any combination of these techniques, or any other methods Health Net deems appropriate and effective.

FDRs are required to develop and administer specialized compliance training to their employees who work with the Medicare programs.

Tracking Mandatory Compliance Training

At Health Net, every level of management is responsible for ensuring their associates, temporary employees, consultants, and contractors complete all required Medicare compliance training by the required due date.

Associates, temporary employees, consultants, contractors, and their managers receive regular reminders of their training obligations, as well as personalized email reminders of outstanding compliance training requirements. Completion of mandatory compliance training courses is tied to each Associate's annual performance goals. Failure to complete required compliance training subjects associates, temporary employees, consultants, contractors, and their managers to performance actions, up to and including termination of employment or contract.

Health Net maintains records regarding the completion of Medicare compliance training by

associates, temporary employees, consultants, contractors, and non-employed Board members, for a period of 10 years.

Health Net requires that FDRs maintain thorough and accurate records of all completed Medicare compliance training for 10 years and present such records to Health Net upon request. Business Units are responsible for establishing effective mechanisms to ensure that FDRs under their purview fulfill the mandatory Medicare compliance training requirements

Policy Purpose:

To ensure Health Net provides effective training and education to associates, Directors, and FDRs involved in the Medicare programs.

Scope/Limitations:

This policy and procedure applies to all individuals employed, contracted, or otherwise representing Health Net, Inc., and its subsidiaries and those of any FDRs who participate in the administration of Health Net's Medicare programs.

Related Policies:

- Associate Policy: Corporate Compliance Programs and Other Required Training (MP910-9165)
- Associate Policy: Performance Improvement (MP829-74055)
- Corporate Compliance Program Training for Contractors (NK717-62544)
- Medicare Programs: Medicare Compliance Plan (HR328-1543)
- Medicare Programs: Medicare-Medicaid Plan Compliance Plan (PS69-115231)
- Special Professional Associate Policy: Corporate Compliance Programs and Other Required Training (SS1112-94318)
- Special Professional Associate Policy: Performance Improvement (NK1112-94845)
- HN West Customer Service: The Training Model (TRN-001)
- Special Professional Associate Policy: Designation of Chief Compliance Officers and Obligation of Associates to Support the Compliance Mission (SS1112-94822)

References:

Title 42 Code of Federal Regulations (CFR)
 42 CFR §422.503(b)(4)(vi)(C)
 42 CFR §423.504(b)(4)(vi)(C)

CMS Medicare Managed Care Manual
 Chapter 11 - Medicare Advantage Application Procedures and Contract Requirements – Section 20.1
 Chapter 21 – Medicare Compliance Program Guidelines – Section 50.3

Prescription Drug Benefit Manual
 Chapter 9 – Medicare Compliance Program Guidelines – Section 50.3

Health Net's Medicare Compliance Plan

Health Net's Medicare-Medicaid Plan Compliance Plan

Contract Between United States Department of Health and Human Services Centers for Medicare & Medicaid Services In Partnership with California Department of Health Care Services and Health Net Community Solutions, Inc. - §2.1.2

Definitions:

Abuse

Abuse may, directly or indirectly, result in unnecessary costs to the Medicare Program,

improper payment for services, which fail to meet professionally recognized standards of care, or that are medically unnecessary. Abuse involves payment for items or services when there is no legal entitlement to that payment and the provider has not knowingly and/or intentionally misrepresented facts to obtain payment.

Associate

For purposes of this policy and procedure, the term “associate” includes regular employees, temporary employees, volunteers, and interns.

Audit Committee

The Committee of the Health Net, Inc., Board of Directors directly responsible for, among other things, monitoring reports of compliance activities reported by the Chief Compliance Officer.

Centers for Medicare & Medicaid Services (CMS)

The Federal agency within the U.S. Department of Health and Human Services (HHS) that administers the Medicare and Medicaid programs.

Compliance Officer

A Health Net associate responsible, either directly or through delegation, for overseeing the company’s compliance program.

Compliance Plan

A written document that defines the specific manner in which the compliance program is implemented across the organization.

Compliance Program

A program that promotes regulatory compliance and legal conduct to provide guidance to prevent, detect and help resolve non-compliant and illegal conduct, including fraud, waste or abuse.

Downstream Entity

Any party that enters into a written arrangement, acceptable to CMS, below the level of the arrangement between Health Net and a first tier entity. These written arrangements continue down to the level of ultimate provider of health, pharmacy and/or administrative services to members.

First Tier Entity

Any party that enters into a written arrangement acceptable to CMS with Health Net to provide administrative services or health care or pharmacy services for a Medicare eligible individual under a MA or Part D Plan.

Health Net

The term Health Net for the purpose of this policy and procedure is applicable for Health Net, Inc. and its various subsidiaries. The term will also include delegates, such as providers, third party administrators, or other entities who have been delegated responsibility for activities defined in this policy. Health Net Inc. is the ultimate parent company of all Health Net subsidiaries.

Industry Collaborative Effort (ICE)

A volunteer, multi-disciplinary team of providers, health plans, associations, state and federal agencies and accrediting bodies working collaboratively to improve health care regulatory

compliance through education of the public.

Medicaid

A joint federal and state program that helps with medical costs for some people with low incomes and limited resources. Medicaid programs vary from state to state as each state manages its own program, and is able to set different requirements and other guidelines.

Medicare

The federal health insurance program for people 65 years of age or older, certain younger people with disabilities, and people with End Stage Renal Disease (ESRD).

Medicare Advantage (MA)

A program offered to Medicare beneficiaries by private companies that work in conjunction with Medicare and cover the full range of hospital and doctor services covered under Original Medicare. Also referred to as Medicare Part C.

Medicare-Medicaid Plan (MMP)

A managed care organization that enters into a three-way contract with CMS and the State to provide covered services and any chosen flexible benefits and be accountable for providing integrated care to Medicare-Medicaid enrollees. Also known as Capitated Financial Alignment.

Medicare Programs

For purposes of this policy and procedure, the term “Medicare programs” includes the Medicare Advantage, Part D Prescription Drug, and Medicare-Medicaid Plan lines of business.

Part D

Also referred to as Medicare prescription drug coverage, is a voluntary program offered to Medicare beneficiaries by private companies to subsidize the cost of prescription drugs.

Prescription Drug Plan (PDP)

Prescription drug coverage that is offered under a policy, contract, or plan that has been approved as specified in 42 C.F.R. 423.272 to offer qualified prescription drug coverage.

Related Entities

Any entity that is related to Health Net by common ownership or control and performs some of Health Net’s management functions under contract or delegation, and furnishes services to Medicare enrollees under an oral or written agreement.

Special Investigations Unit (SIU)

A department within Health Net that is responsible for detecting, investigating and deterring issues of possible Fraud, Waste and/or Abuse (FWA) in compliance with the laws, rules and regulations applicable to healthcare.

Subsidiaries

Legal entities that report to or are owned by a parent company.

U.S. Department of Health and Human Services (HHS)

The U.S. government’s principal agency for protecting the health of all Americans and providing essential human services, especially for those who are least able to help themselves. CMS is a federal agency within the HHS.

Policy/Procedure:

The Medicare Compliance department may develop specialized compliance training for use by Business Unit staff:

- As needs are identified through monitoring activities;
- When new or revised regulatory requirements are issued; or
- Upon request.

The Medicare Compliance department associate:

1. Determines the most appropriate method of delivery:
 - a. Computer based training via the LMS,
 - b. Business tools via the Medicare Compliance intranet site; and/or
 - c. In-person training.
2. Drafts the training material(s) using the most current regulatory requirements;
3. Ensures training is delivered appropriately based on format:
 - a. For computer based training via the LMS – works with the Leadership & Organization Development department to implement the training;
 - b. For business tools via the Medicare Compliance intranet site – works with the site administrator to ensure the tools are added to the site;
 - c. For in-person training – works with the applicable business compliance consultant(s) or other business area staff to schedule the training;
4. Ensures electronic copies of the training materials and sign-in sheets, as applicable, are saved to the Medicare Compliance shared drive.
 - a. Hardcopy documents that are not scanned into electronic format are saved in the Medicare Compliance library or at off-site storage.

FDRs are required to create an account on the CMS MLN website in order to access the Compliance Program Training Modules. The MLN login page is found at <https://learner.mlnlms.com>.

1. From the MLN login page, select the "create an account" link and follow the instructions to create an account.
2. To access the General Compliance Training, once logged in, search for "general compliance training" in the search engine. The most recent version of the training is called Medicare Parts C and D General Compliance Training (December 2015).
3. To access the Fraud, Waste, and Abuse Training, in the search engine, search for "fraud waste and abuse". The most recent version of the training is called "Combating Medicare Parts C and D Fraud, Waste, and Abuse (December 2015).
4. A certificate of completion can be generated upon passing a short test with a score of 70% or higher at the end of the training modules.

Disclaimer:**Deviations:****Approvers:**

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