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Compliance training and education serves as an integral component of Nuvance Health's organizational culture of compliance and ethics. As part of our education efforts, each year we provide Nuvance Health workforce members, business affiliates, and agents with the Centers for Medicare and Medicaid Services ("CMS") Medicare Learning Network *Medicare Parts C and D General Compliance Training* course. The Medicare Parts C and D Training is available on [The Hub](#) as well as the [Nuvance Health website](#).

Background

CMS designed its Medicare Parts C and D training to assist enrolled providers in understanding general compliance program requirements. Nuvance Health is providing this information on its own behalf and on behalf of all Nuvance Health affiliated hospitals, practice groups, and medical staff.

Why Is This Training Important?

Your awareness of the materials highlighted in this training serves an important role in ensuring that you carry out your responsibilities, duties, and functions in a manner that is both legally compliant and in accordance with Nuvance Health standards of conduct. As such, you are expected to review and become familiar with the content of this training, which covers, among other important topics, compliance program core elements and compliance-related reporting obligations.

What Do I Need to Do?

Please review the Medicare C and D Training in its entirety. ***There are no further actions that you need to take once you have finished reviewing the training.***

If you have any difficulties engaging with this or any other required training in English, please contact the Nuvance Health Learning and Talent Development Team at learningandtalentdevelopment@nuvancehealth.org to identify alternatives in other languages.

Questions Regarding Medicare C and D Training

You may contact the Nuvance Health [Corporate Compliance Office](#) to seek guidance regarding this training or if you have a compliance concern to report.

- General Corporate Compliance Email Address – Compliance@nuvancehealth.org
- Corporate Compliance Main Office – 203-739-7110
- Or through our *Confidential and Anonymous* Compliance Helpline
 - www.nuvancehealth.ethicspoint.com
 - 1-844-YESWeComply (1-844-937-9326)

As we conclude another year of dedicated service to our patients and communities, I want to express my sincere appreciation for your unwavering commitment to upholding our ethical standards. Your diligence in maintaining the highest levels of integrity and patient care has been crucial to our success and the trust our patients place in all of us. The entire Corporate Compliance Team wishes you all a joyful holiday season and a healthy, thriving new year!

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

January 2019

Edits in RED denote Dec. 2024 Updated Nuvance Health Details

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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.

As described herein, CMS requires that seven core elements be met for a compliance program to be deemed effective. These are also enumerated in the U.S. Department of Health and Human Services Office of Inspector General ("OIG") *General Compliance Program Guidance* (10/23), the 2024 United States Sentencing Commission Guidelines Manual §8B2.1, the U.S. Department of Justice *Evaluation of Corporate Compliance Programs* (3/23), and New York Fraud, Waste, and Abuse Prevention Program regulations at 10 NYCRR Part 521.

Anti-Retaliation / Whistleblower Protection Program

Nuvance Health has established anti-retaliation / whistleblower protection requirements, incorporated into the Nuvance Health Compliance and Ethics Program. We are committed to protecting whistleblowers and strictly prohibit retribution, harassment, intimidation, or any other form of retaliation against anyone who, in good faith, makes a compliance report or complaint, engages in other protected activities, or otherwise participates in the Compliance and Ethics Program.

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.

Written policies and procedures must: (i) implement the program; (ii) identify how compliance issues should be reported; and (iii) describe how compliance issues are reviewed and addressed. Nuvance Health has established the following standards of conduct: (i) the *Nuvance Health Code of Conduct and Business Ethics*; and (ii) *The Nuvance Health Vendor Code 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.

The Chief Compliance, Audit, and Privacy Officer ("CCAPO") is responsible for the operations of the Compliance and Ethics Program. The CCAPO reports administratively to the President and CEO, and functionally to the Audit and Compliance Committee of the Nuvance Health Board of Directors. Furthermore, Nuvance Health has established an Executive Compliance Committee, chaired by the CCAPO, to provide advice and counsel to the CCAPO concerning implementation of the Compliance and Ethics 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.

All Covered Individuals must receive periodic training and education. This training must cover compliance issues, expectations, and compliance program operation. This training is provided in several ways, including, but not limited to New Hire Orientation, Mandatory Annual Training, annual Deficit Reduction Act of 2005 Training, and this annual Medicare C and D Training.

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.

Nuvance Health is committed to provide open avenues of communication to the CCAPO for all interested individuals, including providing the opportunity for anonymous reporting of potential compliance violations.

5. Well-Publicized Disciplinary Standards

Sponsor must enforce standards through well-publicized disciplinary guidelines.

Nuvance Health has established disciplinary policies to encourage good faith participation in the Compliance and Ethics Program, and to effectively deter those who would violate our standards of conduct, federal or state law, or facilitate non-compliant conduct. Discipline for violations of the Compliance and Ethics Program are equally and fairly enforced, regardless of title, rank, or other bias.

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.

Compliance risks shall be periodically identified and evaluated through internal and external audits and risk assessments to identify potential or actual non-compliance. Risk areas shall include, at a minimum, billing, payments, credentialing, medical necessity, quality of care, governance, mandatory reporting, contractors and vendors, ordered services, and other areas identified through our operational experience.

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.

All overpayments identified shall be promptly refunded to their respective payors. Policies and procedures shall be developed and implemented to address compliance issues and reduce the likelihood of recurrence.

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.

- Nuvance promotes the highest level of corporate responsibility and commitment to ethical conduct, including compliance with all applicable federal and state laws, federal and state healthcare programs and private payor requirements. Everyone must perform their work functions, duties and role in a manner that facilitates these commitments.

- All Covered Individuals are expected to become familiar with the standards of conduct, the *Nuvance Health Compliance and Ethics Charter*, and associated policies as they may be updated from time to time. (These may be found on Ellucid on The Hub or by contacting the Corporate Compliance Office).

- All Covered Individuals are required to promptly promote, support, cooperate and contribute in the resolution of potential, suspected, actual or imminent compliance issues by assisting Corporate Compliance staff during investigations.

- All Covered Individuals are required to adhere to HIPAA privacy and security requirements to safeguard patient information and all Nuvance IT Security policies and procedures to protect workforce member private data and confidential business information.

- All Covered Individuals are required to adhere to restrictions pursuant to the Stark Law, the Federal Anti-Kickback Statute, and the Civil Monetary Penalties Law.

- All Covered Individuals shall avoid any activity or conduct that may constitute a violation of the U.S. Foreign Corrupt Practices Act or U.S. Export Controls and Sanctions Laws.

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

Anyone may confidentially report actual or potential compliance issues and concerns as follows:

Address:

Nuvance Health Corporate Compliance Office
100 Reserve Road
Danbury, CT 06810

General Email Address:

Compliance@nuvancehealth.org

Office Phone:

203-739-7110

24 Hour Confidential AND Anonymous Compliance Helpline:

1-844-YESWeComply (1-844-937-9326)
or via the web at www.nuvancehealth.ethicspoint.com

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.

PLEASE NOTE - All questions set forth in this section are originally reproduced from the Medicare Parts C and D Web-Based Training Course, with the Following exceptions:

- a) **Question #1 is an original Nuvance Health Question.**
- b) **Question #4 was modified to add "retaliatory conduct".**
- c) **Question #7 was modified to reflect New York State Fraud, Waste, and Abuse Prevention Program Requirements.**
- d) **And the answer key on Page 43 was reflected to accurately reflect the changes to Questions 1, 4, and 7.**

POST-ASSESSMENT PAGE 2

Question 1 of 10

Select the correct answer.

Compliance is everyone's responsibility. All Nuvance Health Covered Individuals must carry out their respective duties, functions, and role in an ethical and legal manner. Remember, ethical conduct most effectively supports our patients, providers, and the communities we serve!

Which of the following are examples of ethical conduct?

- I. Acting fairly and honestly
- II. Adhering to high ethical standards in your work at Nuvance
- III. Complying with all applicable laws, regulations, and other governmental requirements
- IV. Reporting suspected compliance violations to the Nuvance Health Corporate Compliance Office

- A. I & III
- B. II Only
- C. I, II, and IV
- D. All of the above

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, retaliatory conduct, 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, the Nuvance Health Compliance and Ethics Program must include seven core elements to be deemed effective.

- ☐ 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

ANSWER KEY

- 1. D
- 2. D
- 3. C
- 4. A
- 5. B
- 6. B
- 7. A
- 8. B
- 9. A
- 10. D

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.

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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