



Melissa Cannon

VSP COMPLIANCE TRAINING PROGRAM

This training module is to ensure that VSP® is satisfying the general compliance training requirements as outlined by the Office of Inspector General and the Centers for Medicare and Medicaid Services.

The training program satisfies the general compliance training requirements in the regulatory and sub-regulatory guidance at 42 C.F.R. 422.503(b)(4)(vi)(C) & 42 C.F.R. 423.504(b)(4)(vi)(C), Section 50.3 of the Compliance Program Guidelines, Chapter 21 of the Medicare Managed Care Manual.



Training Course Content



Medicare/Medicaid Compliance Requirements




What Is An Effective Compliance Program?



What's Expected From You: Ethics



What is Non-Compliance?

 **High-Risk areas of Non-Compliance**

 **What Are Internal Monitoring and Audits?**


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CHECK YOUR UNDERSTANDING



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CASE SUMMARY AND RESOURCES

 **Summary and Resources**

Training Course Content



Welcome To VSP's Compliance Training!

This course consists of general compliance program training, a post-assessment, and a course evaluation.

Employees must satisfy general Compliance and FWA training requirements by completing this course to satisfy general compliance training requirements.

This course should take approximately 20 minutes to complete.

Successfully completing the course requires completing the entire lesson and course evaluation.

After completing this course, you should be able to correctly:

- Recognize how a compliance program operates.
- Understand how your responsibilities in reporting actual or suspected non-compliance.
- Understand how to ask questions, report suspected or detected non-compliance.

Recognize the disciplinary guidelines for non-compliant and/or fraudulent behavior.

Understand non-retaliation and discrimination policies.



Lesson 2 of 10

Medicare/Medicaid Compliance Requirements

 Melissa Cannon



What Is Medicaid and Medicare?

Medicaid provides coverage for those with limited income and resources. Medicaid is regulated by the states.

Medicare Part C, Medicare Advantage (MA), is a health plan choice available to Medicare beneficiaries. MA is a program run by Medicare-approved private insurance companies. These companies arrange for, or directly provide, healthcare services for beneficiaries who elect to enroll in a MA plan.

Medicare Advantage Organizations (MAOs) and First-Tier, Downstream, or Related Entities (FDR), require persons who contract with them for administrative or healthcare services, to receive training about compliance rules within the first 90 days after hire and annually thereafter.

Program Requirements

The Centers for Medicare and Medicaid Services (CMS) requires implementation and maintenance of an effective compliance program for its Medicare Part C & D plans.

An effective compliance program must:

- articulate and demonstrate the VSP 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.
- ensure compliance program audits are performed by individuals independent of fiscal or administrative management.
- include Standards of Conduct (or Code of Conduct).

What Is An Effective Compliance Program?



An effective Compliance Program fosters a culture of compliance within an organization.

An effective Compliance Program:

- prevents, detects, and corrects non-compliance.
- promotes the organization's Code of Conduct.
- is fully implemented and is tailored to an organization's unique operations and circumstances.
- establishes clear lines of communication for reporting non-compliance.
- has adequate resources.
- builds a firm non-retaliation policy and culture to support reporting of non-compliance without fear of retribution.

An effective compliance program is essential to prevent, detect, and correct

Medicare non-compliance as well as Fraud, Waste, and Abuse (FWA).

An effective compliance program must include these 7 Core Compliance Program Requirements:

Written Policies, Procedures, and Standards of Conduct —

These articulate the VSP commitment to comply with all applicable Federal and State standards and describe compliance expectations according to the Standards of Conduct.

Compliance Officer, Compliance Committee, and High-Level Oversight —

VSP has a designated compliance officer and a compliance committee that is accountable and responsible for the activities and status of the compliance program, including issues identified, investigated, and resolved by the compliance program. Our Chief Compliance Officer is Felicia Jackson, Director of Regulatory Compliance.

The VSP senior management and governing body are engaged and exercise reasonable oversight of the compliance program.

Effective Training and Education —

This covers the elements of the compliance plan as well as prevention, detection, and reporting of FWA. Employees should apply this training to their specific responsibilities and job functions in each business area.

Effective Lines of Communication —

Make effective lines of communication accessible to all, ensure confidentiality, and provide methods for anonymous and good faith reporting of compliance issues at VSP and First-Tier, Downstream, or Related Entity (FDR) levels.

Well-Publicized Disciplinary Standards —

VSP will enforce standards through well-publicized disciplinary guidelines, which can be found in the Employee Handbook.

Effective System for Routine Monitoring, Auditing, and Identification of Compliance Risks —

Conduct routine monitoring and auditing of VSP and the FDR operations to evaluate compliance with CMS requirements as well as overall effectiveness of the compliance program.

Procedures and Systems for Prompt Response to Compliance Issues —

VSP must use effective measures to respond promptly to non-compliance and undertake appropriate corrective action.

NOTE: All FDRs (VSP) who perform delegated administrative or healthcare service functions concerning Medicaid or Medicare Part C plans must comply with CMS requirements.



What's Expected From You: Ethics



Ethics at VSP

As a part of the VSP program, you must conduct yourself in an ethical and legal manner.

When we make ethical decisions and commit to doing the right thing, we build trust with our members/enrollees, providers, stakeholders, and regulators.

We must:

- act fairly and honestly.
- comply with all applicable laws, regulations, and CMS and DMHC requirements.
- adhere to high ethical standards in all we do.
- report suspected violations.
- act with integrity, transparency, and accountability.
- do the right thing.

Ethical standards, expectations, operational principles, and values are outlined in the VSP Code of Conduct.

- The VSP Code of Conduct states the organization's compliance expectations and our operational principles and values.
- Reporting the VSP Code of Conduct violations and suspected non-compliance is everyone's responsibility.
- The VSP Code of Conduct Policies and Procedures identifies the obligation and tells you how to report suspected non-compliance.

What is Non-Compliance?



Non-compliance is conduct that does not conform to law, State or Federal healthcare program requirements, Code of Conduct/Ethics, and business policies.

Example of non-compliance

"My friend is one of our members, and I am concerned about her vision. I look at her records periodically to make sure she is doing okay."

Explanation

Accessing a member's record when it is not related to your job is both unethical and illegal.

Sometimes good intentions can lead to non-compliance. The key is to always act with integrity—always do what is right even when it is hard or when no one is looking.

Examples of non-compliance

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

"One member wanted

Explanation

Covering up unethical behavior is wrong. While you intended to protect your coworker, you allowed harm to occur to the member.

Knowingly entering inaccurate information in a record to ensure

High-Risk areas of Non-Compliance



The following are examples of high-risk areas:

- Agent/broker/delegate misrepresentation
- Appeals and grievance review (e.g., coverage and organization determinations)
- Vision Benefit Statements
- Conflicts of interest
- Claims processing
- Credentialing and provider networks
- Documentation and timeliness requirements
- FDR oversight and monitoring
- Ethics
- Health Insurance Portability and Accountability Act (HIPAA)

- Marketing and enrollment
- Benefit administration
- Quality of care
- IT system access and safeguards
- Claims documentation manipulation

Examples of high-risk areas of non-compliance

Documentation and Timeliness Requirements

Examples of non-compliance

"We received a request from a member to access their member records. Our co-worker who handles these requests is out on medical leave for at least two more months. Due to our shortage of staff, these types of requests wait until our co-worker returns."

Explanation

No. It is the law that member records must be provided within 30 days of the request.

Examples of non-compliance

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

Explanation

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

Claims Documentation Manipulation

Example of non-compliance

"Our member wants a type of contact lens not covered by his insurance as it is not considered medically necessary. A Provider knows the procedure would be covered by insurance for treatment

Explanation

Knowingly entering inaccurate information in a record to ensure compensation is fraud and is a crime under the Federal False Claims Act.

If you know or suspect fraud is occurring, you must report it immediately to

Conflicts of Interest

Examples of non-compliance

“A client has given our office tickets to a highly coveted sporting event in appreciation of all the business that we do with them. We know these are expensive and hard to come by—we take the tickets anyway.”

Explanation

No. This would be a conflict of interest and may create the perception that business is only conducted with those pharmaceutical companies that provide perks, and not those in the best interest of the member/enrollee.

Consequences of Non-Compliance

Failure to follow ethical standards, contractual obligations, legal, and regulatory guidance can lead to serious consequences for the individual and VSP, including:

- Contract termination
- Criminal penalties
- Exclusion from participating in all Federal healthcare programs
- Civil monetary penalties

Additionally, VSP has 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

Non-compliance affects everybody

Without programs to prevent, detect, and correct non-compliance, we all risk harm to our enrollees/members and to everyone.

RISK HARM TO ENROLLEES/MEMBERS OVERALL IMPACT AFFECTING EVERYONE

- | | |
|--|---|
| •Delayed treatment/services | •High insurance copayments |
| •Denial of benefits | •Higher premiums |
| •Increased member financial liability | •Lower benefits for individuals and employers |
| •Difficulty in using providers of choice | •Regulatory/legal penalties and fines |
| •Other barriers to care | •Lower star ratings for health plan clients |
| | •Lower profits |

Reporting Non-Compliance

You have a responsibility to report Code of Conduct violations and suspected compliance issues (Privacy, FWA, or non-compliance). This is everyone's responsibility.

The Standards of Conduct and Policies and Procedures by VSP will tell you how to report suspected non-compliance. At a minimum, you can report to your management or to Compliance.

Methods of Reporting

- Sending an email or mail to your Supervisor or the Chief Compliance Officer
- Confidential Toll-Free Ethics Reporting Hotline
1.877.349.7494

Reports of suspected non-compliance may be made anonymously and are kept confidential to the extent allowed by law.

A whistleblower is a person who exposes information or activity that is deemed illegal, dishonest, or violates professional or clinical standards.

Whistleblowers and persons who report, in good faith, any suspected violations or issues are protected from retaliation and intimidation.

Example of non-compliance

“After I reported irregularities in my department, my manager began excluding me from meetings and moved me to an undesirable location in the office.”

Explanation

Retaliation or intimidation is not tolerated. The manager's behavior is unacceptable and should be reported to management or to Compliance.

Anonymity vs. Confidentiality

Remaining anonymous means that your identity will not be known and will not be attempted to be known.

Reports made anonymously should include as much detail as possible, including any examples, so that investigations can be made thoroughly.

Regardless if you choose to remain anonymous, information shared will be kept confidential.

This means that the information about the person who made the report (if not anonymous), and any details about the situation/issue will only be shared with persons on a need-to-know basis and only to the extent allowed by law.

What happens after non-compliance is detected?

Non-compliance must be investigated immediately and corrected promptly. Internal monitoring and auditing should ensure:

No recurrence of the same non-compliance

Efficient and effective internal controls

Ongoing federal and state compliance requirements

Protected enrollees

What Are Internal Monitoring and Audits?



Internal Monitoring activities include regular reviews confirming ongoing compliance and taking effective corrective actions.

Internal Auditing is a formal review of compliance with a particular set of standards (e.g., policies and procedures, laws and regulations) used as base measures.

LESSON SUMMARY



Compliance is EVERYONE'S responsibility!

PREVENT

Operate within the VSP
ethical expectations to
prevent non-compliance!

DETECT AND REPORT

Report detected potential
non-compliance!

CORRECT

Correct non-compliance to
protect beneficiaries/enrollees
and save money!

Organizations must create and maintain compliance programs that meet the seven core requirements.
An effective compliance program fosters a culture of compliance.

To help ensure compliance, behave ethically and follow the VSP Code of Conduct. Watch out 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 9 of 10

Compliance Post-Assessment Quiz



Time for post-assessment. You will be asked 12 questions about the VSP Compliance Program.

**You must achieve a passing score of 80% to pass this course.*

Question

01/12

You discover an unattended email address or fax machine in your office that receives enrollee appeals requests. You suspect that no one is processing the appeals. What should you do?



-
- Contact law enforcement
 - Contact the compliance department (via compliance hotline or other mechanism)
 - Wait to confirm someone is processing the appeals before taking



further action



Contact your supervisor

Question

02/12

A sales agent employed by a VSP Broker (i.e., FDR Entity) 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 enrollee.

What should you do?



- Refuse to change the date or waive the premiums, but decide not to mention the request to a supervisor or the compliance department
- Make the requested changes because the sales agent determines the
-

enrollee's start date and monthly premiums

- 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

- Process the application properly (without the requested revisions)—inform your supervisor and the compliance officer about the sales agent's request

Question

03/12

Last month, while reviewing a CMS monthly report for the health plan, you identified multiple individuals not enrolled in VSP but for whom VSP is being paid. You spoke to your supervisor who said not to worry about it. This month you identified the same individuals on the report again.

What should you do?



- Decide not to worry about it as your supervisor instructed—you notified him last month and now it's his responsibility
- Although you have seen notices about the VSP non-retaliation policy, you are still nervous about reporting—to be safe, you submit a report

through your compliance department's anonymous tip line so you cannot be identified

Wait until the next month to see if the same enrollees appear on the report again, figuring it may take a few months for the client to reconcile its records—if they are, then you'll say something to your supervisor again

Contact law enforcement and CMS to report the discrepancy

Ask your supervisor about the discrepancy again

Question

04/12

Compliance is the responsibility of the VSP Compliance Officer, Compliance Committee, and Upper Management only.



True

False

Question

05/12

These are examples of issues that can be reported to a Compliance Department: suspected Fraud, Waste, and Abuse, a potential health privacy violation and unethical behavior, or employee misconduct.



False

True

Question

06/12

Ways to report a compliance issue include:



- Telephone hotlines
- Report on the VSP website
- In-person reporting to the compliance department/officer
- All

Question

07/12

VSP, as a Medicare Part C FDR, is not required to have a compliance program.

```
isVideo = { type: "video" } || {}
isUrl = { source: "url" } || {}
isElement = { type: "element" } || {}
isObject = { type: "object" } || {}

// Check if boxer is already active, return null
if ($("#boxer").length > 0 || !isImage || !isVideo)
  return;
}

// Kill event
_killEvent(e);

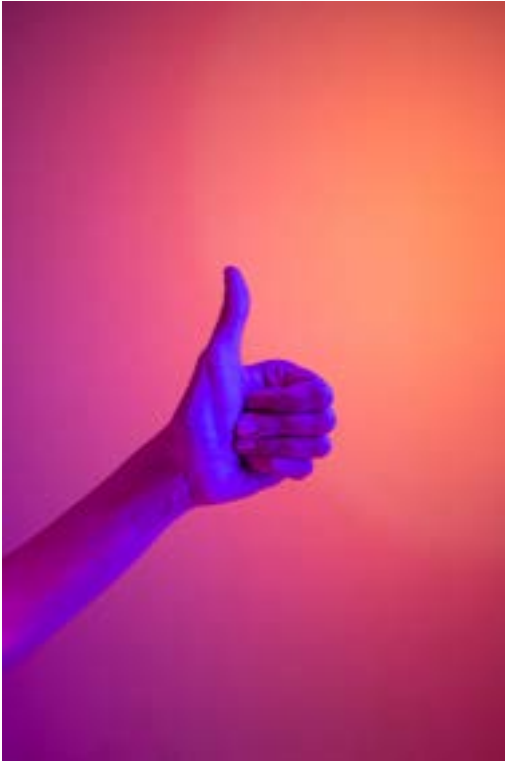
// Cache internal data
data = $.extend({}, {
  $window: $(window),
  $body: $("body"),
  $target: $target,
  $object: $object,
  visible: false,
  resizeTimer: null,
  touchTimer: null,
  gallery: {
    active: false
  }
});
```

- True
- False

Question

08/12

What is the policy of non-retaliation?



-
- Allows VSP to discipline employees who violate the Code of Conduct
 - Prohibits management and supervisor from harassing employees for misconduct
 - Protects employees who, in good faith, report suspected non-compliance



Prevents fights between employees

Question

09/12

Once a corrective action plan begins addressing non-compliance or Fraud, Waste, and Abuse committed by a VSP employee, contractor, vendor, or a VSP FDR entity's employee, ongoing monitoring of the corrective action is not necessary.



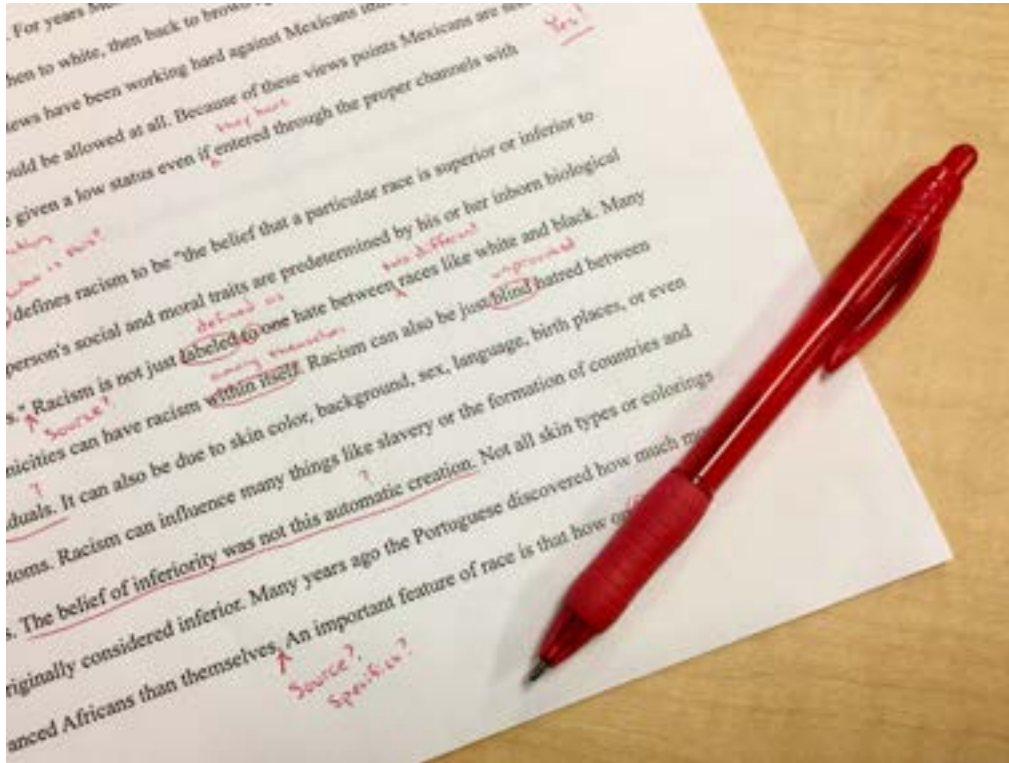
False

True

Question

10/12

Correcting non-compliance _____.



- protects enrollees, avoids recurrence of the same non-compliance, and promotes efficiency
- ensures bonuses for all employees
- Both

Question

11/12

What are some of the consequences for non-compliance, fraudulence, or unethical behavior?



- Disciplinary Action
- Termination of employment
- Exclusion from participation in all Federal healthcare programs
- All of the above

Question

12/12

Who is the VSP Chief Compliance Officer?



- Chis Warren
- Felicia Jackson
- Stuart Thompson
- Earnie Franklin

Summary and Resources



CMS requires that an effective compliance program must include

7 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 that will 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 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 that FDRs performing delegated administrative or healthcare 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.

Resources

1

[COMPLIANCE EDUCATION MATERIALS: COMPLIANCE 101](#)

2

[HEALTHCARE FRAUD PREVENTION AND ENFORCEMENT ACTION TEAM PROVIDER COMPLIANCE TRAINING](#)

3

[OIG'S PROVIDER SELF-DISCLOSURE PROTOCOL](#)

4

[PHYSICIAN SELF-REFERRAL](#)

5

[AVOIDING MEDICARE FRAUD AND ABUSE: A ROADMAP FOR PHYSICIANS](#)

6

[SAFE HARBOR REGULATIONS](#)