

<b>HEALTH PLAN POLICY</b>	
<b>Policy Title:</b> Compliance Training and Education	<b>Number:</b> AC01 <b>Revision:</b> I
<b>Department:</b> Administration	<b>Sub-Department:</b> Compliance
<b>Applicable Lines of Business:</b> <input type="checkbox"/> Children’s Health Insurance Plan <input checked="" type="checkbox"/> Medicare <input type="checkbox"/> Commercial Insured <input type="checkbox"/> Non Insured Business <input checked="" type="checkbox"/> Health Insurance Exchange <input checked="" type="checkbox"/> USFHP <input type="checkbox"/> Medicaid	
<b>Effective Date:</b> 10/06/2014	
<b>Revision Date(s):</b> 03/04/2016, 09/28/2017, 02/08/2018, 03/27/2019, 05/22/2019, 04/13/2020, 04/06/2021, 03/21/2022, 08/03/2023	

**PURPOSE:**

All CHRISTUS Health Plan (CHP) associates (including temporary workers and volunteers), senior administrators, managers, governing body members and the organization’s First Tier, Downstream and Related Entities (FDRs) will, at a minimum, receive general compliance training within 90 days of initial hiring, and annually thereafter.

**DEFINITIONS AND ACRONYMS:**

- **Centers for Medicare and Medicaid Services (CMS)** – The federal agency responsible for setting guidelines, regulations, and standards for healthcare providers as well as administering the Medicare and Medicaid programs.
- **CHRISUTS Health Plan (CHP)**
- **Defense Health Agency (DHA)** – A Department of Defense (DoD) agency that oversees TRICARE (and USFHP), including responsibilities for shared services, functions, and activities of the Military Health System (MHS) and other common clinical and business processes between the Army, Navy, Air Force, and Coast Guard.
- **First Tier, Downstream and Related Entities (FDRs)**
  - **First Tier Entity** – Any party that enters into a written arrangement, acceptable to CMS, with an MAO or Part D plan sponsor or applicant to provide administrative services or health care services to a Medicare eligible individual under the Medicare Advantage Program or Part D program.
  - **Downstream Entity** – Any party that enters into a written arrangement, acceptable to CMS, with persons or entities involved with the Medicare Advantage benefit or Part D benefit, below the level of the arrangement between a Medicare Advantage Organization (MAO) or applicant or a Part D plan sponsor or applicant and a first tier entity. These written arrangements continue down to the level of the ultimate provider of both health plan and administrative services.
  - **Related Entity** – Any entity that is related to an MAO or Part D sponsor by common ownership or control.
- **Fraud, Waste, and Abuse (FWA)**
  - **Fraud** – knowingly and willfully executing, or attempting to execute, a scheme or artifice to defraud any health care benefit program or to obtain, by means of false or fraudulent pretenses, representations, or promises, any of the money or property owned by, or under the custody or control of, any health care benefit program.

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- **Waste** - includes practices that, directly or indirectly, result in unnecessary costs to the Medicare Program, such as overusing services. Waste is generally not considered to be caused by criminally negligent actions but rather by the misuse of resources.
- **Abuse** - includes actions that may, directly or indirectly, result in unnecessary costs to the Medicare Program. Abuse involves paying for items or services when there is no legal entitlement to that payment, and the provider has not knowingly or intentionally misrepresented facts to obtain payment
- **Governing Board** – The group of individuals at the highest level of governance of the health plan, such as the CHRISTUS Health Board of Directors (BoD).
- **Health Plan Management System (HPMS)** – A software used by the Center for Medicare & Medicaid Services, covering the scope of the Medicare Advantage Part C and Part D business.
- **Health Insurance Portability and Accountability Act (HIPPA)** – A federal law that requires the creation on national standards to protect sensitive member health information from being disclosed without the member consent or knowledge. The Health Insurance Portability and Accountability is Public Law 104–191.
- **Medicare Advantage (MA)** – A type of health plan offered by a private company that contracts with Medicare to provide members with their Medicare Parts A and B benefits.
- **Personal Health Information (PHI)** – Individually identifiable health information that is transmitted or maintained by a covered entity or its business associate.
- **Uniformed Services Family Health Plan (USFHP)** – A contracted TRICARE program that provides health service benefits to eligible military beneficiaries who are active and non-active veterans.

### **POLICY:**

The CHP compliance training and education is designed to encourage ethical conduct and a commitment to compliance with the federal and state laws governing all the operations of the health plan. Compliance training and education will include an overview of the following topics at a minimum.

1. The Compliance Program Description, compliance policies and procedures, the CHRISTUS Health System’s Code of Ethics and the health plan’s commitment to business ethics and compliance with all laws and regulations;
2. Identification and reporting potential compliance risks, the requirements of reporting and escalating, if necessary, non-compliance issues and an overview of how to ask compliance questions;
3. Training will emphasize confidentiality, anonymity and non-retaliation for the good faith reporting of suspected or detected noncompliance or potential fraud, waste, or abuse (FWA);
4. Identification of issues posing FWA risks to the health plan, including associate responsibilities under the health plan’s compliance program;
5. A review of the disciplinary guidelines for non-compliant or fraudulent behavior, and all of the platforms to report potential FWA or non-compliance; and
6. The importance of maintaining confidentiality of personal health information.

### **A. Initial and Annual Compliance Training Requirements**

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1. The compliance officer, with input and direction from the compliance committee, shall oversee a general compliance and FWA training program in support of the health plan's compliance program.
2. Within 90 days of initial hiring or appointment, all health plan associates and governing board members shall receive compliance program training, compliance policy and procedure overview, and FWA training.
3. Associates and FDRs will be required to attest that they have received a copy of the Code of Ethics, understand the contents and agree to abide by its requirements. Additionally, the attestation for CHRISTUS Health Plan associates will serve as verification of completed annual CMS compliance training.
4. The compliance training and education program will be reviewed at least annually, and if necessary, updated whenever there are material changes in regulations, policy or guidance. The training will include processes for any need for escalation of potential compliance issues to the compliance committee or BOD.

The primary vehicles for administering compliance training will include, but not be limited to, classroom virtualTEAMS training and online training modules.

### **B. Notification of New Hires**

1. Health Plan's Finance Department will notify the Regulatory Affairs Department of any new associates and their starting dates.
2. Regulatory Affairs will ensure general compliance and FWA training for new associates and appointed board members within 90 days of hire or appointment.

### **C. Compliance Program Training Requirements** - Through its training program, the compliance department will take reasonable steps to communicate its standards and procedures, and other aspects of the compliance and ethics program to health plan associates.

1. Training Requirements for Employees working with Medicare Advantage (MA)
  - a. All associates who must have an understanding of the basic requirements in all functional areas. To ensure associates remain current with these basic requirements of the MA program, initial and annual training will include specialized MA training topics.
  - b. Specialized or refresher training may be provided on issues posing FWA risks based on an associate's job function, or in response to specific issues that arise. Examples where additional training may be provided include, but are not limited to:
    - 1) Upon transfer to a new position and/or department;
    - 2) Upon receipt of revisions or additions to federal and state laws and regulations;
    - 3) When an associate's behavior is found to be non-compliant;
    - 4) As part of a corrective action to address a noncompliance issue; and
    - 5) In areas where FWA risks are high.
2. Health Insurance Portability and Accountability Act (HIPAA) Privacy & Security Training
  - a. All associates will receive HIPAA Privacy and Security awareness training as part of their initial orientation to the health plan, and at least annually thereafter.
  - b. Training will cover state and federal law concerning PHI as it relates to the health plan's

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course of business, and each associate's scope of employment.

- c. Additional trainings will be provided when material changes are made to the health plan's privacy and security policies and procedures, or when privacy and security rules and/or regulations are revised.
- d. Training will include methods in which any potential HIPAA violations may have occurred, and the process in which they may be escalated to the compliance committee or BoD.

### 3. FWA Training

- a. All health plan associates, managers and governing board members, shall receive FWA training.
- b. All employees of FDRs shall receive approved FWA training, which may be provided by the FDR.
- c. All associates who have involvement in the administration or delivery of Medicare Parts C & D benefits are required to receive FWA training.
- d. Refer to the CHRISTUS Health Plan Fraud, Waste and Abuse Training policy.

### 4. Record Retention & Storage

- a. DHA Records Management Training (applicable to USFHP only).
- b. Upon hire, and at least annually, associates who have involvement in the administration or delivery of TRICARE benefits are required to receive records management training.
- c. Records management training will cover procedures applicable to the creation, maintenance, use, preservation and disposal of all records, in any storage medium, in compliance with the Department of Defense records management program.

## **D. Training and Education of FDRs** (applicable only to Medicare Advantage)

### 1. General Training Requirements

- a. All FDR associates, who have involvement in the administration or delivery of Medicare Parts C & D benefits, are required to receive FWA training within 90 days of initial hiring/contracting and annually thereafter. FDRs will attest to this training annually.
- b. For those FDRs who have developed their own compliance and FWA training, the FDR can submit their internal training programs to the compliance department for review and approval as a suitable alternative to the health plan's training programs.
- c. If the FDR does not have its own internal compliance and FWA training, or their internal training program is not approved, CHP will provide compliance and FWA training materials for the FDR to meet the training requirements.

### 2. Utilization of Approved CMS FWA Training Materials

- a. CMS will allow FDRs the option of completing its web-based training module, CMS' Medicare Learning Network (MLN), in order to satisfy the FWA training and education requirements.
- b. FDRs who are enrolled in Medicare Parts A or B, or through accreditation as a supplier of Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS), are deemed to have met the FWA training and education requirements. This deeming exception does not apply to the Medicare Parts C and D compliance training and education requirement.

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### REFERENCES:

- CHRISTUS Health Plan Compliance Program
- CHRISTUS Health Plan Policy on Fraud Waste and Abuse Training
- CMS Health Plan Management System (HPMS) Memorandum, “Fraud, Waste and Abuse Training and Education Guidance” February 27, 2013
- CMS Medicare Learning Network (MLN) Download “Combating Medicare Parts C and D Fraud, Waste, and Abuse” Web-Based Training Course
- CMS Medicare Managed Care Manual, Chapter 21, Compliance Program Guidelines
- DoD Directive 5015.02, “DoD Records Management Program,” March 6, 2000
- HIPAA Privacy Rule 45 C.F.R. Part 160 and Subparts A and E of Part 164
- 2010 Federal Sentencing Guidelines, Chapter 8, Part B (2): Effective Compliance and Ethics Program
- Texas House Bill 300, 82<sup>nd</sup> Legislative Session, 2011
- 42 C.F.R. Part 422 – Medicare Advantage Program, with specific subsections as noted throughout the policy.
- 42 C.F.R. Part 423 – Voluntary Medicare Prescription Drug Benefit, with specific subsections as noted throughout the policy.

### RELATED DOCUMENTS:

None

### REVISION HISTORY:

Revision	Date	Description of Change	Committee
New	10/06/2014	Initial release.	Board of Directors
A	03/04/2016	Yearly review. Updated to current template. Revised section B. Notification of New Hires.	Board of Directors
B	09/28/2017	Annual review. Changed signatory to reflect CEO. Typographical error in section A.	Quality Improvement Committee
C	02/08/2018	Annual review. Changed signatory. Simplified policy to refer reader to FWA/Training Master Policy	Executive Leadership
D	03/27/2019	Yearly review. Removed Medicaid and CHIP from lines of business. Updated Definitions and Acronyms. Updated training requirements throughout the document.	Executive Leadership
E	05/22/2019	Updated section 3.E.	Executive Leadership
F	04/13/2020	Yearly review. Updated Scope, References, and verbiage throughout the policy.	Executive Leadership

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G	04/06/2021	Yearly review. No change to policy content.	Executive Leadership
H	03/21/2022	Yearly review. No change to policy content.	Executive Leadership
I	08/03/2023	Annual review. Updated Definitions and References.	Executive Leadership