

Inter Valley Health Plan	Dept: Office of the President
POLICIES AND PROCEDURES	Effective Date: September 1999 Policy No: P200 Revised: September 2010, October 2011, December 2012, January 2014, September 2015, March 2017, March 2018, May 2019, May 2021, Sept 2021 Page 1 of 6
Subject: Corporate Compliance Program, Standards of Conduct, FWA and HIPAA - Training and Requirements	

Reviewed and Accepted By: (Committee or Department Head) _____ Corporate Compliance Committee _____ 	
Authorized Signature: _____	Date: 9-17-2021 _____

POLICY

To outline the training and education requirements for all staff, Board Members, volunteers, and interns that are conducted regarding Inter Valley Health Plan’s Corporate Compliance Program; Standards of Conduct; HIPAA privacy laws; Conflicts of Interest; federal healthcare statutes; and how to prevent, detect and mitigate instances of non-compliance and fraud, waste and abuse (FWA). Education will also occur should any policies and procedures be modified, as a result of changes in federal and state laws; operational improvements; risk identification, or as required when performance improvement or corrective actions are required from internal/external audits.

DEFINITIONS:

Abuse includes actions that may, directly or indirectly, resulting in: unnecessary costs to the Medicare Program, improper payment, payment for services that fail to meet professionally recognized standards of care, or services 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. Abuse cannot be differentiated categorically from fraud, because the distinction between “fraud” and “abuse” depends on specific facts and circumstances, intent and prior knowledge, and available evidence, among other factors.

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.

Employee(s) refers to those persons employed by Inter Valley Health Plan and its related entities who provide health or administrative services for an enrollee.

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Fraud is 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. 18 U.S.C. § 1347. FWA means fraud, waste and abuse.

Governing Body means that group of individuals at the highest level of governance of the sponsor, such as the Board of Directors or the Board of Trustees, who formulate policy and direct and control the sponsor in the best interest of the organization and its enrollees. As used in this chapter, governing body does not include C-level management such as the Chief Executive Officer, Chief Operations Officer, Chief Financial Officer, etc., unless persons in those management positions also serve as directors or trustees or otherwise at the highest level of governance of the sponsor.

Learning Management System – an online training system wherein various training applicable to compliance and specific jobs is utilized to ensure training is composed by industry professionals and compliant with the Medicare Advantage Prescription Drug Plan requirements and the associated Centers for Medicare & Medicaid Services Medicare Managed Care Manual and Claims processing guidance.

Monitoring Activities are regular reviews performed as part of normal operations to confirm ongoing compliance and to ensure that corrective actions are undertaken and effective.

Waste is the overutilization of services, or other practices that, directly or indirectly, result in unnecessary costs to the Medicare program. Waste is generally not considered to be caused by criminally negligent actions but rather the misuse of resources.

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PROCEDURE:

As part of the Plan’s onboarding process, part-time/full-time employees, interns, volunteers, temporaries, and governing body members re required to receive and review compliance program, related policies, standards of conduct, and participate in annual compliance, fraud, waste and abuse and HIPAA training.

The Compliance Officer working with the Compliance Committee will update the compliance program to be consistent with regulatory requirements. The program review will occur minimally on an annual basis: All policies and procedures related to training and the corporate compliance program will also be reviewed and/or updated at least annually. Awareness of the Corporate Compliance Program starts with the new hire process and is reinforced by annual training. The Compliance Officer and Compliance Committee maintain and communicate the existence, purpose, content, and expectations of the Compliance Program and supporting elements throughout the company.

Responsibilities of the Compliance Officer and Corporate Compliance Committee are outlined in policy “P201-Duties of the Compliance Officer and Corporate Compliance Committee”.

Required Training:

- Employee handbook containing the Standards of Conduct is reviewed and acknowledged by all employees upon hire and when updated or at annual refresher training. The Employee Handbook states that all employees are required to take annual training to remain employed with the health plan. All employees are trained and provided a copy of the company’s Corporate Compliance Program, standards of conduct, and associated policies initially during the new hire orientation process. Each new hire and employee annually is required to sign an acknowledgment form of the program and related policies which is then retained for a period of 10 years. Updates occur as program requirements change, and the overall program is reviewed annually, with changes incorporated into annual refresher training and updated copies of the Compliance Program and related policies distributed at that time.

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- Specialized departmental training occurs on department specific policies and procedures separate from the Corporate Compliance training. All training requires a sign-in sheet for attendees and a copy of the training documents to be sent to Compliance upon completion.

Evidence of Training:

All new hires, temporary staff, interns, part-time/full-time staff and board members at the conclusion of the onboarding and refresher annual training sessions, are required to sign a Statement of Understanding/Acknowledgment that they are aware of and will abide by the Corporate Compliance All employees, interns, and board members are required to review the Corporate Compliance Program, related policies and procedures, and complete online testing and acknowledgment to be considered fully trained from a corporate perspective. Individual training occurs at the department level and is job specific. For retraining, individuals will sign an attendance sheet at all training sessions and these forms will be maintained in by the Compliance Officer.

- Training is mandatory and is a requirement for employment with Inter Valley Health Plan as required by regulations. Delinquent or incomplete training is tracked by Human Resources and reported to Corporate Compliance Committee. . Participation in training sessions and satisfactory completion is mandatory and a condition of continued employment or continuation of board member term with the organization.
 Department heads are responsible for specialized training related to department specific policies, procedures and job functions and for tracking and monitoring related job performance and department specific process controls related to monitoring and oversight to help deter fraud, waste and abuse in the Medicare program and for department reporting tracked through the key indicators reporting. All department heads must provide sign-in sheet with training materials as proof of training.

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Topics to be included in compliance training are as follows:

- Description of the Compliance Program, mission statement, policies and procedures provided. Standards of conducts, ethics, disciplinary actions, and overall compliance with regulations.
- General Compliance
- Fraud/Waste/Abuse (FWA)
- HIPAA
- How to ask compliance questions and how to report Fraud, Waste, and Abuse without retaliation and anonymously via internal, hotline, mail, and web. Provide desk cards to all employees to reinforce knowledge.
- Requirement to report FWA and noncompliance,
- OIG/GSA Sanction List checks.
- Examples of required reportable non-compliance or FWA and non-retaliation policy
- Review of disciplinary guidelines
- Conflicts of interest
- Relevant compliance laws with description; example: stark, false claims, Anti-kickback, nominal value, beneficiary inducement; HIPAA/HITECH, etc.
- Overview of the monitoring and auditing process
- Review of laws that govern employee conduct in Medicare Program

MONITORING

In order to ensure that all individuals represented in the policy and procedures are trained as required, the Human Resources Department retains the Acknowledgment forms and online learning management system testing results.

Reports on compliance training activity and completion are provided to the Corporate Compliance Committee and Board Compliance Committee.

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V. REFERENCES

CMS Chapters 9 and 21

Inter Valley Health Plan Corporate Compliance Program

42 CFR 422.503(b)(4)(VI)(C), 423.504(b)(4)(vi)(C) Medicare Chapters 9 and 21.