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.
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.

The VSP Corporate Compliance Program is intended to demonstrate in the clearest possible terms the absolute commitment of VSP to the highest standards of ethics and compliance.
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, health care services for beneficiaries who elect to enroll in a MA plan.

Medicare Advantage Organizations (MAOs) and First-tier Downstream Related entities, require persons who contract with them for administrative or health care services, to receive training about compliance with CMS program rules within the first 90 days after hire and annually thereafter.
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.

Remember: The Power of Three – Compliance, HIPAA, Fraud/Waste/Abuse training must all be completed for New Hire and Annual Compliance Training.
When you complete this course, you should correctly:

- Understand the VSP commitment to ethical business behavior
- Recognize how a compliance program operates
- Recognize how compliance program violations should be reported
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:

1. Articulate and demonstrate the VSP commitment to legal and ethical conduct
2. Provide guidance on how to handle compliance questions and concerns
3. Provide guidance on how to identify and report compliance violations
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 Code 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.
SEVEN CORE COMPLIANCE REQUIREMENTS

**Requirement #1: 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.

**Requirement #2: 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.

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

The **Chief Corporate Compliance officer** is:
Dan Schauer, Senior Vice President of VSP Vision Care

The **Compliance Officer** is:
Alejandra Clyde, Sr. Manager of Compliance
Requirement #3: Effective Training and Education
This covers the elements of the compliance plan as well as prevention, detection and reporting of FWA. Tailor this training and education to the different responsibilities and job functions in each business area.

Requirement #4: 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.

Requirement #5: Well Publicized Disciplinary Standards (Employee Handbook)
VSP will enforce standards through well-publicized disciplinary guidelines.
Requirement #6: **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.

Requirement #7: **Procedures and System for Prompt Response to Compliance Issues**

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

**NOTE:** All FDR’s (VSP) who perform delegated administrative or health care service functions concerning Medicare Part C plans must comply with Medicare Program requirements.
As part of the VSP program, you must conduct yourself in an ethical and legal manner. It is about doing the right thing!

- Comply with all applicable laws and regulations
- Act Fairly and Honestly
- Adhere to high ethical standards in all that you do
- Report suspected violations

ETHICS – DO THE RIGHT THING!
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?

- The VSP Code of Conduct states our expectations and the operational principles and values. An organizational Code of Conduct can vary. The organization should tailor the Code of Conduct content to their individual organizations culture and business operations.

- Reporting Code of Conduct violations and suspected non-compliance is everyone’s responsibility.

- The VSP Code of Conduct, on Globalview under Policies and Procedures identifies the obligation to report suspected non-compliance.
Non-compliance is conduct that does not conform to the law, Federal health care program requirements, or to VSP ethical and business policies. CMS identified the following Medicare Part C & D high risk areas:

All areas are affected by Regulatory Compliance Requirements.
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
VSP has disciplinary standards for non-compliant behavior. Those who engage in non-compliant behavior may be subject to any of the following:

- Mandatory trainings or re-training
- Disciplinary action
- Termination
Without programs to prevent, detect, and correct non-compliance, we all risk ...

<table>
<thead>
<tr>
<th>Delayed services</th>
<th>Denial of benefits</th>
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<tbody>
<tr>
<td></td>
<td><strong>Harm to beneficiaries:</strong></td>
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<td>Difficulty in using providers of choice</td>
<td>and Other hurdles to care</td>
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<th>Higher Premiums</th>
<th>High insurance copays</th>
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<td></td>
<td><strong>Less money for everyone:</strong></td>
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<tr>
<td>Lower benefits for individuals and employers</td>
<td>Lower Star ratings and Lower profit</td>
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</table>
HOW TO REPORT POTENTIAL NON-COMPLIANCE

VSP Employees, Governing Body, Vendors, Contractors, and Suppliers

• Talk to your Supervisor or Manager
• Call the confidential toll-free Ethics Reporting Hotline at 1-877-349-7494
• Contact the VSP Compliance Officer or Sr. Manager of Compliance, Alejandra Clyde @ 916-858-5760
The False Claims/Whistleblower Policy enforces **NO retaliation** against you for reporting suspected non-compliance in good faith.

VSP reporting methods that are:
After non-compliance has been detected...

It must be investigated immediately...

And promptly corrected.

Internal Monitoring ensures:

- Protected Enrollees
- No recurrence of the same non-compliance issue
- Efficient and effective internal controls
- Ongoing CMS requirement compliance
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.
Compliance is Everyone’s responsibility!

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

DETECT & 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, 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 the VSP Code 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.
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?

A. Contact law enforcement
B. Nothing
C. Contact the 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

Answer: C
A sales agent employed by a VSP Broker (i.e., First-Tier or Downstream 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?

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 enrollee’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

Answer: D
Last month, while reviewing a CMS monthly report for the Health Plan, you identified multiple individuals not enrolled 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?

A. Decide not to worry about it as your supervisor instructed – you notified him last month and now its his responsibility

B. 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

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 the client to reconcile its records – if they are, then you’ll say something to your supervisor again

D. Contact law enforcement and CMS to report the discrepancy

E. Ask your supervisor about the discrepancy again

Answer: B
Time for post-assessment. You will be asked 10 questions about the VSP Compliance Program
Compliance is the responsibility of the VSP Compliance Officer, Compliance Committee and Upper Management only.

A. False
B. True

Answer: False
Ways to report a compliance issue include:

A. Telephone hotlines
B. Report on the VSP website
C. In-person reporting to the compliance department/supervisor
D. All of the above

Answer: D
What is the policy of non-retaliation?

A. Allows VSP 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

Answer: C
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.

A. True
B. False

Answer: True
Once a corrective action plan begins addressing non-compliance or Fraud, Waste, and Abuse committed by a VSP employee, contractor, vendor or a VSP First-Tier, Downstream, or Related Entity’s (FDR’s) employee; ongoing monitoring of the corrective action is not necessary.

A. True
B. False

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

A. True
B. False

Answer: False
At a minimum, an effective compliance program includes four core requirements.

A. True
B. False

Answer: False
The Code of Conduct is the same for every Medicare Part C Plan and FDR.

A. True
B. False

Answer: False
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

Answer: A
What are some of the consequences for non-compliance, fraudulent, or unethical behavior?

A. Disciplinary Action  
B. Termination of employment  
C. Exclusion from participation in all Federal health care programs  
D. All of the above

Answer: D
WHO IS THE VSP CHIEF CORPORATE COMPLIANCE OFFICER?

A. Kate Renwick-Espinosa
B. Kathy Rodine
C. Mike Guyette
D. Dan Schauer

Answer: D
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 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 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.
➢ 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

➢ OIG’s Provider Self-Disclosure Protocol

➢ Physician Self-Referral
   https://www.cms.gov/Medicare/Fraud-and-Abuse/PhysicianSelfReferral

➢ Avoiding Medicare Fraud and Abuse: A Roadmap for Physicians
   https://oig.hhs.gov/compliance/physician-education

➢ Safe Harbor Regulations
   https://oig.hhs.gov/compliance/safe-harbor-regulations
Congratulations you just completed Compliance Training!

✓ If you haven’t already completed the Fraud Waste & Abuse training, remember to take it to be compliant!

Add ACKNOWLEDGMENT HERE W/LINK TO HR LMS SYSTEM!!

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