



Compliance Training

2024

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

Compliance Program Requirement

The Centers for Medicare & Medicaid Services (CMS) requires Leon Health Plans, Inc. 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

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.

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.
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.
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.
4. **Effective Lines of Communication** Make effective lines of communication accessible to all, ensure confidentiality, and provide methods for anonymous and goodfaith compliance issues reporting 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: Leon Health Plans, Inc. 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.

Compliance Training: Sponsors and Their FDRs

CMS expects all Leon Health Plans, Inc. 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

Ethics: Do the Right Thing!

As part of the Leon Health Plan, Inc., 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

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.

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

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 noncompliant 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 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

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

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

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 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 noncompliance 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 noncompliance!

Correct: Correct non-compliance to protect beneficiaries and save money

Compliance Hotline Location

- To have an effective compliance program the plan must provide to all its employees our compliance policies procedures and Standards of Conduct.
- Distribution must occur within 90 days of hire, when there are updates to the policies, and annually thereafter.
- Below please find the location of our Compliance Program, Policies and Procedures, and Standards of Conduct.

<https://leonhealth.sharepoint.com/sites/Compliance>


- The next slide shows how you can file a compliance or FWA concern through our compliance hotline.


Leon Health, Inc. Compliance Hotline

Leon Health prides itself on a culture of openness, trust, and integrity. Effective ethics is a team effort involving the participation and support of every employee. We will not tolerate any wrongdoing or impropriety at any time and management will take the appropriate measures and act quickly in addressing any issues or infractions of this policy. We will promote a trustworthy and honest work atmosphere and we will reinforce the vision of these ethics within the organization.


To support this culture Leon Health has contracted with Lighthouse to provide you with an easy and anonymous way to report code of conduct violations and non-compliance issues. Below are ways you may report violations or non-compliance issues:


- **Website:** <https://www.lighthouse-services.com/leonhealth>
- **Anonymous Reporting App: Keyword: leonhealth**
 - Detailed app instructions [here](#)
- **Toll-Free Telephone:**
 - **English speaking USA and Canada: 844-222-1593**
 - Spanish speaking USA and Canada: **800-216-1288**
 - Spanish speaking Mexico: **01-800-681-5340**
 - French speaking Canada: **855-725-0002**
 - Contact us if you need a toll-free # for North American callers speaking languages other than English, Spanish or French
- **E-mail:** reports@lighthouse-services.com (must include company name with report)
- **Fax:** 215-689-3885 (must include company name with report)


 Compliance Program, Compliance P&Ps and Standards of Conduct

 Non-Compliance and FWA Reporting Form


 2023 Blue Peak Documents


 Policy and Procedure Review Process

 Department Project Plans

 Department Auditing and Monitoring Activities

 Advance Directive Review

 Incident Report

 Sales Inquiry

Compliance Hotline Location

- Additionally, you can access our Compliance Hotline via our external website <https://www.leonhealth.com/> the hotline information can be found at the bottom of the website.

Medicare & Enrollment

Enrollment & Eligibility

Medicare Costs

Medicare Coverage

Medicare Explained

Plans & Benefits

Plan Comparison

LEON MediDual (HMO D-SNP)

LEON MediExtra (HMO)

LEON MediMore (HMO)

Member Resources

Provider & Pharmacy Directory

Over-the-Counter (OTC) Catalog

Over-the-Counter (OTC) Order

Form

En Español

For Providers

Careers

LEON Health, Inc. is an HMO plan with a Medicare contract. Enrollment in LEON Health, Inc. depends on contract renewal.

LEON Health, Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

To report suspected instances of FWA or any other non-compliance activity you can:

Call our Compliance Hotline at Toll-Free Telephone 1-844-222-1593 for English speaking USA and Canada, or 1-800-216-1288 for Spanish speaking USA and Canada, 1-800-681-5340 for Spanish speaking Mexico, or 855-725-002 for French speaking Canada.

You can file a report on our compliance hotline website www.lighthouse-services.com/leonhealth or Email a report to reports@lighthouse-services.com or Fax a report to 215-689-3886 (must include the company name on the email and fax).

IMPORTANT INFORMATION

- Our Medicare Compliance Officer Name is:

Mily Yzquierdo

Cell Phone Number: (305) 496-3156

Email Address: milagros.yzquierdo@Leonhealth.com

Address: 8600 NW 41st Street, Suite 210 , Doral, FL , 33166

- You may report compliance and/or FWA issues directly to the compliance officer.

Attestation

Please acknowledge review and understanding of this content by typing Yes below.

Student Response Area

Submit

Results

- Below you will find the completion status of the Compliance Training. When you are finished, click CLOSE to exit.

Result text will appear here.