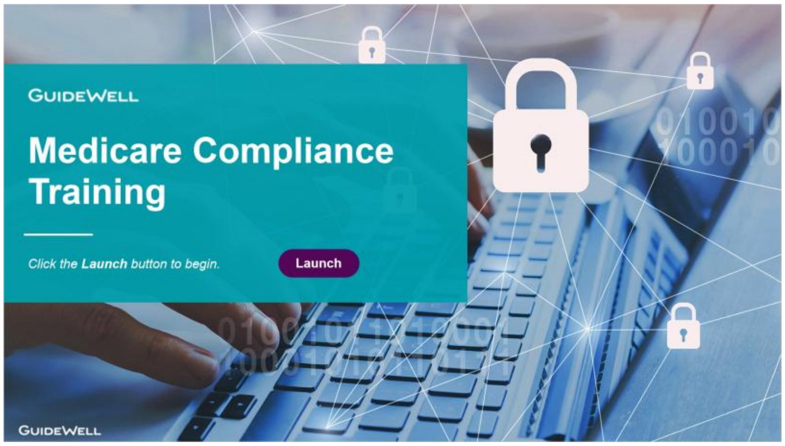
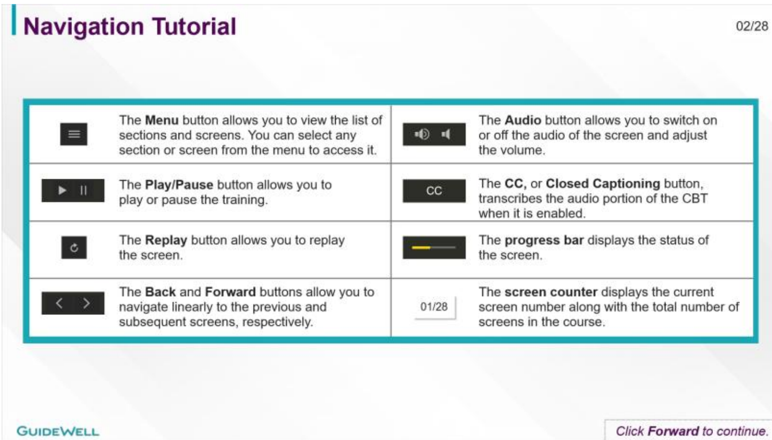


Notes:

Welcome to the Medicare Compliance training.

Click the **Launch** button to begin.



Notes:

Please take a moment to review the navigation instructions displayed on your screen.

Please ensure that you are using the Chrome browser to view this course. If not, please exit and restart in the Chrome browser. It’s also important to close other applications while taking this course.

Click Forward when you’re ready to continue.

Notes:

GuideWell is a Medicare Plan Sponsor contracted by the Centers for Medicare and Medicaid Services (CMS) to provide Medicare coverage to our members. As such, we are required to ensure that all our employees, leaders, and partners - including our first-tier, downstream, and related entities (FDRs) - receive training on the rules and regulations that govern our work, as mandated by CMS. This includes training on how to prevent and report instances of non-compliance.

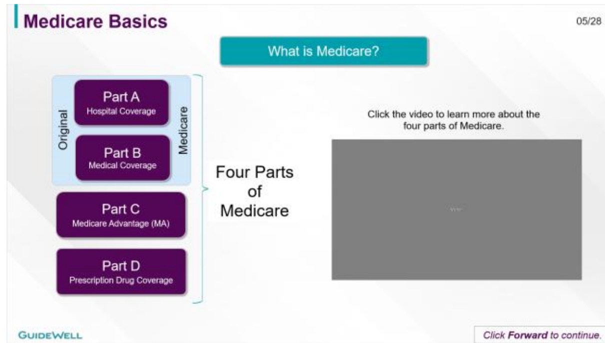
This training is assigned to all GuideWell employees, even if your specific role or department does not allocate directly to a Medicare line of business.

This training is designed to help you understand how our Compliance program works and how you can play a role in preventing and reporting any non-compliance. By the end of this training, you will have a better understanding of what is expected of you.

To successfully complete this training, you will need to view every page and pass a final assessment with a score of 100%. This will ensure that you have a thorough understanding of the material and can apply it to your work.

Notes:

After completing this course, you will be able to describe the Medicare program and its four parts; understand how our compliance program operates; know how to report potential compliance violations; and recognize how to correct non-compliance.



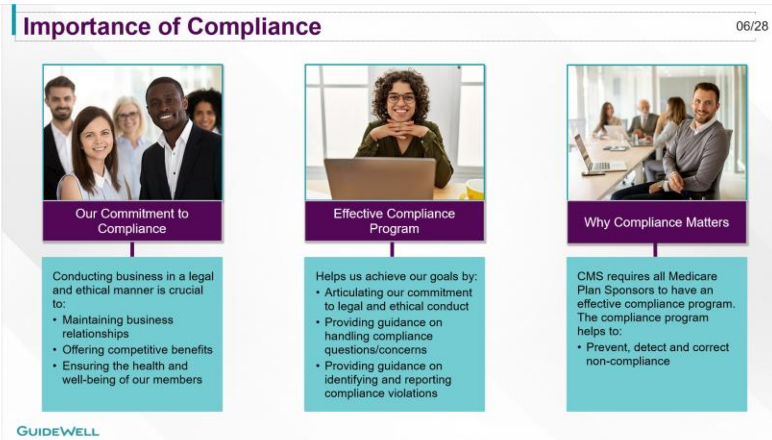
Notes:

Medicare is a federal health insurance program that is part of the Social Security Act and is strictly regulated by CMS. The Medicare program covers medical services for individuals who are of age 65 and older, individuals under age 65 with certain disabilities that would qualify the individual for social security, and individuals of any age with End-Stage Renal Disease (ESRD).

Medicare consists of four parts: A, B, C, and D. As a Medicare Advantage (MA) Plan Sponsor, GuideWell offers Part C and Part D plans which are approved by CMS.

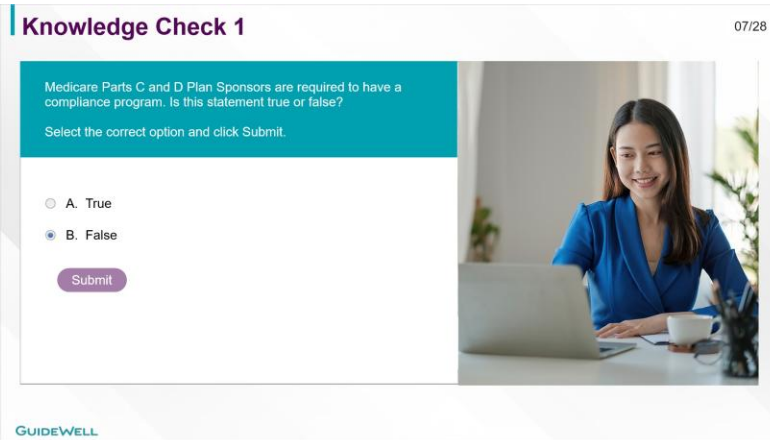
Click the video on your screen to learn more about the four parts of Medicare.

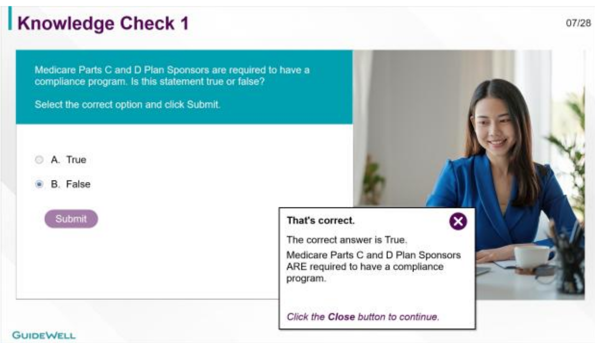
When finished, click Forward to continue.

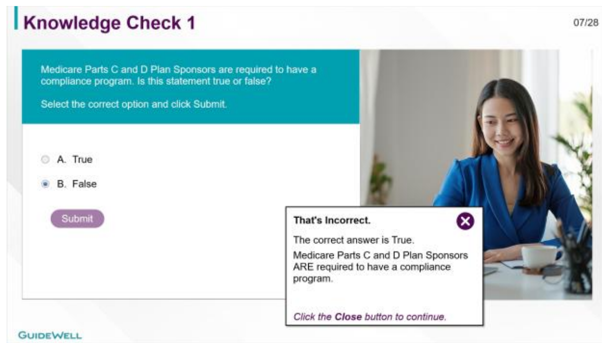


Notes:

At GuideWell, we are dedicated to conducting business in a legal and ethical manner. This commitment is crucial to maintaining our business contracts, offering competitive benefits to our members, and ensuring the health and well-being of those we serve. An effective compliance program is essential to achieving this goal, as it articulates and demonstrates our organization's commitment to legal and ethical conduct, provides guidance on how to handle compliance questions and concerns, and provides guidance on how to identify and report compliance violations. In fact, CMS requires all Medicare Part C & D Plan Sponsors to have an effective compliance program in place, which helps prevent, detect, and correct non-compliance by promoting ethical conduct and adherence to CMS regulations.







Notes:

Let’s take a moment to test what you’ve learned so far.

Medicare Parts C and D Plan Sponsors are required to have a compliance program. Is this statement true or false?

A. True

B. False

Select the correct option and click submit.

That’s correct.

The correct answer is True.

Medicare Parts C and D Plan Sponsors ARE required to have a compliance program.

Click the **Close** button to continue.

That’s Incorrect.

The correct answer is True.

Medicare Parts C and D Plan Sponsors ARE required to have a compliance program.

Click the **Close** button to continue.

Notes:

Now that we've reviewed the importance of compliance, you may be wondering what exactly is non-compliance and what are the penalties for this type of behavior?

Non-compliance occurs when an individual or organization fails to follow laws, federal healthcare program requirements, or our organization's ethics and business policies. Without a compliance program, we risk harming our members and our business.

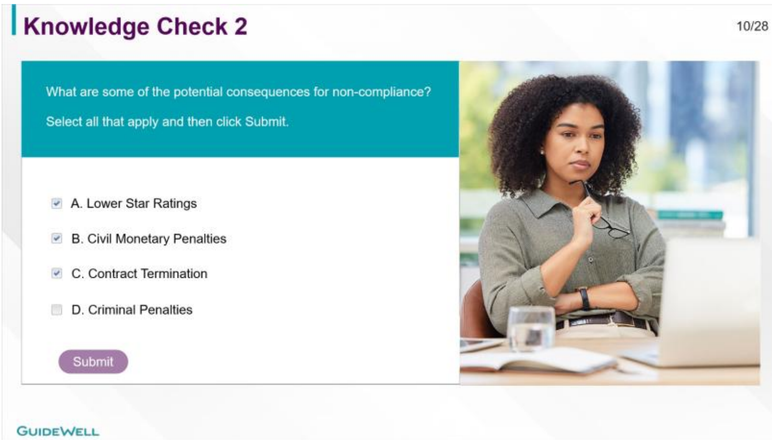
Remember: Non-compliance affects everyone. Without programs to prevent, detect, and correct non-compliance, we are all at risk.

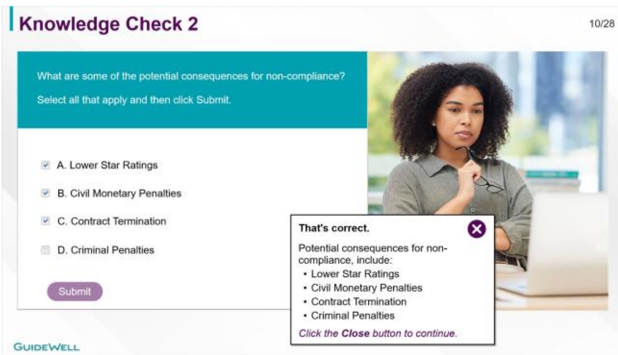
Notes:

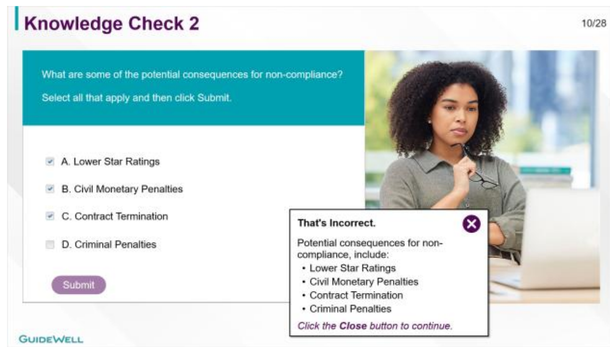
Non-compliance harms our Medicare members by causing delayed services, denial of benefits, difficulty in using providers of choice, and other hurdles to care.

Financially, non-compliance means higher insurance copayments, higher premiums, fewer benefits for individuals and employers, lower Star Ratings, and lower profits.

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, and civil monetary penalties.







Notes:

What are some of the potential consequences for non-compliance?

Select all that apply and then click submit.

A. Lower Star Ratings

B. Civil Monetary Penalties

C. Contract Termination

D. Criminal Penalties

That's correct.

The potential consequences for non-compliance include lower Star ratings, civil monetary penalties, contract termination, and criminal penalties.

Click the Close button to continue.

That's Incorrect.

The potential consequences for non-compliance include lower Star ratings, civil monetary penalties, contract termination, and criminal penalties.

Click the Close button to continue.

Notes:

Now that we've reviewed the basics, how do you know what is expected of you in a specific situation? At GuideWell, our Standards of Conduct, referred to as our Compass Code of Ethical Business Conduct, serves as our guide for making decisions and taking actions that align with our values and principles.

Our Compass Code covers essential topics, including: our commitment to legal and ethical conduct; guidance on handling compliance questions and concerns; fostering a culture of compliance within our organization; and establishing clear lines of communication for reporting non-compliance.

If you would like to learn more about our Compass Program, you can access the Code through the following channels: for GuideWell employees, visit the GuideWell Insider page, locate the waffle menu, and click on the Compass Program link under References; for external employees, visit FloridaBlue.com and click on the About Us link.

By following the principles outlined in our Compass Code, we can ensure that our organization operates with integrity and adheres to the highest standards of ethics and compliance.

Next, click Forward to explore the seven elements of an effective Compliance program and how we apply those principles at GuideWell.

Notes:

CMS requires that an effective compliance program include seven core requirements.

The first element is Written Policies, Procedures, and Standards of Conduct.

These articulate our commitment to comply with all applicable federal and state standards and describe compliance expectations according to the Standards of Conduct.

The second element is a Compliance Officer, Compliance Committee and High Level Oversight.

As a Plan Sponsor, we must designate a compliance officer and a compliance committee who are accountable for the activities and status of the compliance program, including issues identified, investigated, and resolved by the compliance program. Our senior management and governing body must be engaged and exercise reasonable oversight of the compliance program.

The third element is Effective Training and Education.

This covers the elements of the compliance program as well as preventing, detecting, and reporting FWA. This Medicare Compliance training course and the separate Fraud, Waste, and Abuse training are both CMS requirements which must be completed within 90 days of hire and then on an annual basis.

The fourth element is Effective Lines of Communication.

We must make effective lines of communication accessible to all, ensure confidentiality, and provide methods for anonymous and good-faith reporting of compliance issues at the Sponsor and FDR levels.

Notes:

The fifth element is Well-Publicized Disciplinary Standards.

Sponsors must enforce standards through well-publicized disciplinary guidelines.

The sixth element is an Effective System for Routine Monitoring and Identification of Compliance Risks.

We must conduct routine monitoring and auditing of both our Sponsor and FDR operations to evaluate compliance with CMS requirements as well as the overall effectiveness of the compliance program. Sponsors must ensure the FDRs performing delegated administrative or health care service functions concerning the Sponsor's Medicare Parts C and D program comply with Medicare Program requirements.

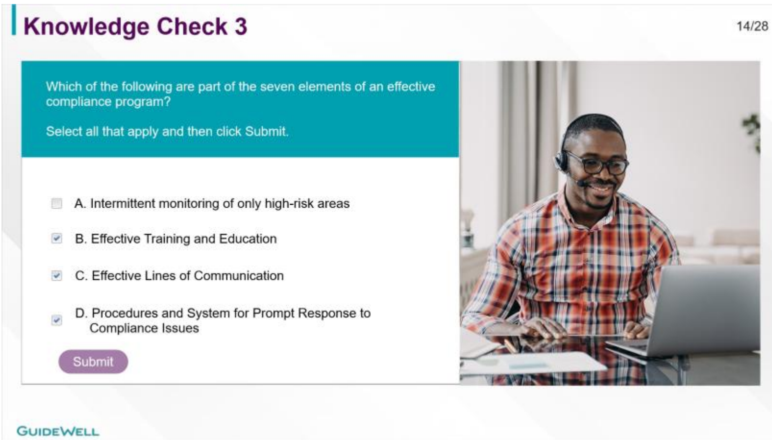
And the seventh element is Procedures and System for Prompt Response to Compliance Issues.

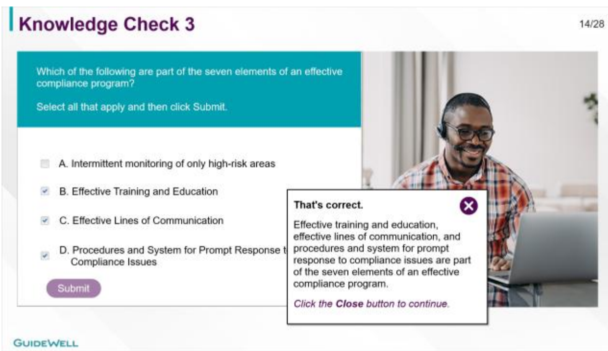
As the Sponsor, we must use effective measures to respond promptly to non-compliance and undertake appropriate corrective action.

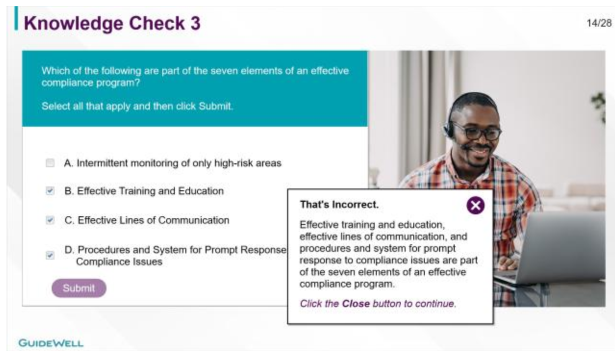
For more details on our compliance program, you can locate our Compliance Program Description from the Compass Home Page on the left-hand menu, or by clicking the link on your screen.

And remember, compliance is everyone's responsibility. You are part of the solution!

Click Forward to continue.







Notes:

Which of the following are part of the seven elements of an effective compliance program?

Select all that apply and then click submit.

A. Intermittent monitoring of only high-risk areas

B. Effective Training and Education

C. Effective Lines of Communication

D. Procedures and System for Prompt Response to Compliance Issues

That’s correct.

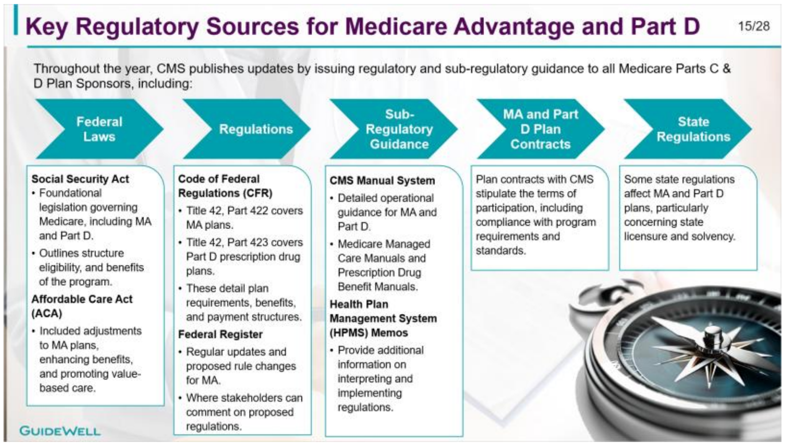
Effective training and education, effective lines of communication, and procedures and system for prompt response to compliance issues are part of the seven elements of an effective compliance program.

Click the **Close** button to continue.

That’s Incorrect.

Effective training and education, effective lines of communication, and procedures and system for prompt response to compliance issues are part of the seven elements of an effective compliance program.

Click the **Close** button to continue.



Notes:

As a Medicare Advantage Plan sponsor, it's crucial that we stay current with the latest CMS regulations and guidance to ensure our continued compliance. Throughout the year, CMS publishes updates by issuing regulatory and sub-regulatory guidance to all Medicare Parts C & D Plan Sponsors through the following channels:

Federal Laws

The Social Security Act is the foundational legislation governing Medicare, including Medicare Advantage and Part D. It outlines the structure, eligibility, and benefits of the program.

And the Affordable Care Act (ACA) enacted in 2010. The ACA made significant changes to Medicare, including adjustments to Medicare Advantage plans, enhancing benefits, and promoting value-based care.

Regulations

The Code of Federal Regulations (CFR), specifically, Title 42, Part 422 covers Medicare Advantage plans and Title 42, Part 423 covers Medicare Part D prescription drug plans. These include details on plan requirements, benefits, and payment structures.

And the Federal Register, which publishes regular updates and proposed rule changes concerning Medicare Advantage. This is where stakeholders can comment on proposed regulations (i.e., Calendar Year Policy and Technical Changes).

Sub-Regulatory Guidance

The CMS Manual System provides detailed operational guidance for both Medicare Advantage and Part D (i.e., Medicare Managed Care Manuals and Prescription Drug Benefit Manuals).

And the Health Plan Management System (HPMS) is the system by which CMS issues memoranda (memos) and bulletins that provide additional information on interpreting and implementing regulations.

Medicare Advantage and Part D Plan Contracts

Additionally, plans must enter into contracts with CMS, which stipulate the terms of participation, including compliance with program requirements and standards.

State Regulations

And finally, while Medicare is a federal program, states have their own regulations that affect Medicare Advantage and Part D plans, particularly concerning state licensure and solvency.

Staying informed through these channels allows us to proactively address regulatory changes, ensuring our plan's continued compliance and ability to deliver high-quality services in a dynamic healthcare landscape.

Notes:

Now that you understand how our compliance program operates, you may be wondering, where do you fit in? Everyone must report suspected instances of non-compliance. The Compass Code of Conduct clearly states this obligation. When you report suspected non-compliance in good faith, GuideWell cannot retaliate against you. GuideWell offers reporting methods that are anonymous, confidential, and non-retaliatory.

If you are an FDR or a GuideWell employee, you need to report any potential concerns to your compliance department via one of the reporting methods displayed on your screen. GuideWell's compliance department will investigate and make the proper determination.

Click Forward to learn what happens after you report a compliance concern.

Notes:

Non-compliance must be investigated immediately and corrected promptly. Ask your compliance department about the development process for the corrective action plan. The actual plan will vary, depending on the specific circumstances.

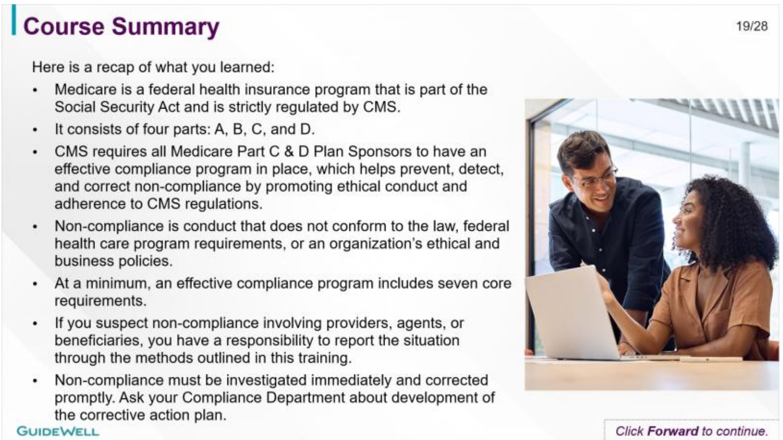
In general, the corrective action must be designed to correct the underlying problem to prevent future non-compliance. The corrective action should be tailored to address the particular problem or deficiency identified. Timeframes for specific actions must be included. Corrective actions addressing non-compliance committed by a Sponsor's employee or FDR's employee must be documented and should include consequences for failure to satisfactorily complete the corrective action.

Finally, corrective actions should be monitored continuously to ensure effectiveness. Monitoring should ensure no recurrence of the same non-compliance, ongoing compliance with CMS requirements, efficient and effective internal controls, and protected enrollees.

Notes:

You play a vital role in preventing, detecting, and reporting Medicare non-compliance.

Remember, you must: comply with all statutory, regulatory, and other Medicare Part C or Part D requirements; report any compliance concerns and suspected or actual violations of which you may be aware; follow your Compass Code of Ethical Business Conduct, which articulates your and GuideWell's commitment to our standards of conduct and ethical rules of behavior; and complete this annual Compliance training and all other assigned trainings.



Notes:

Here is a recap of what you learned:

Medicare is a federal health insurance program that is part of the Social Security Act and is strictly regulated by CMS. It consists of four parts, which are Parts A, B, C, and D.

CMS requires all Medicare Part C & D Plan Sponsors to have an effective compliance program in place, which helps prevent, detect, and correct non-compliance by promoting ethical conduct and adherence to CMS regulations.

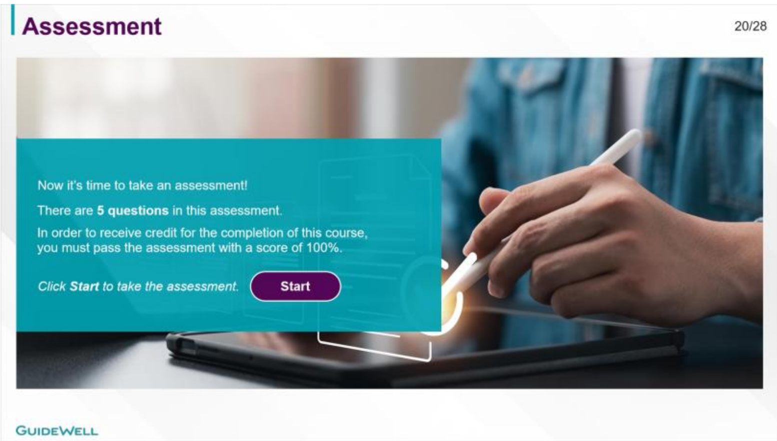
Non-compliance is conduct that does not conform to the law, federal health care program requirements, or an organization's ethical and business policies.

At a minimum, an effective compliance program includes seven core requirements.

If you suspect non-compliance involving providers, agents, or beneficiaries, you have a responsibility to report the situation through the methods outlined in this training.

Non-compliance must be investigated immediately and corrected promptly. Ask your Compliance Department about development of the corrective action plan.

Click Forward to continue to the assessment.

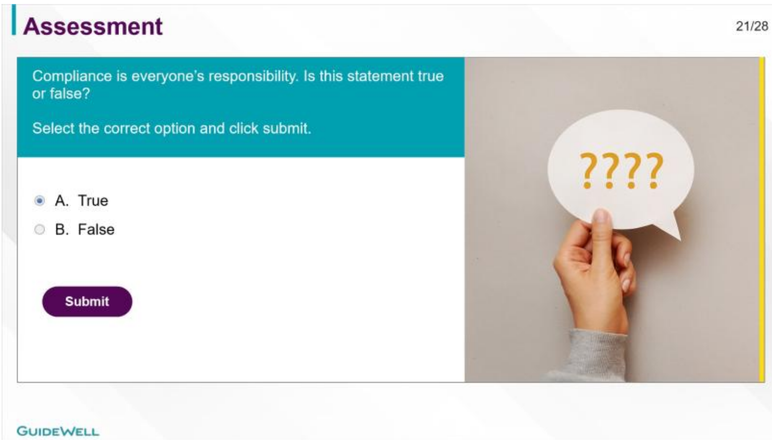


Notes:

Now it’s time to take an assessment.

There are 5 questions in this assessment. In order to receive credit for the completion of this course, you must pass the assessment with a score of 100%.

Click the Start button to take the assessment.



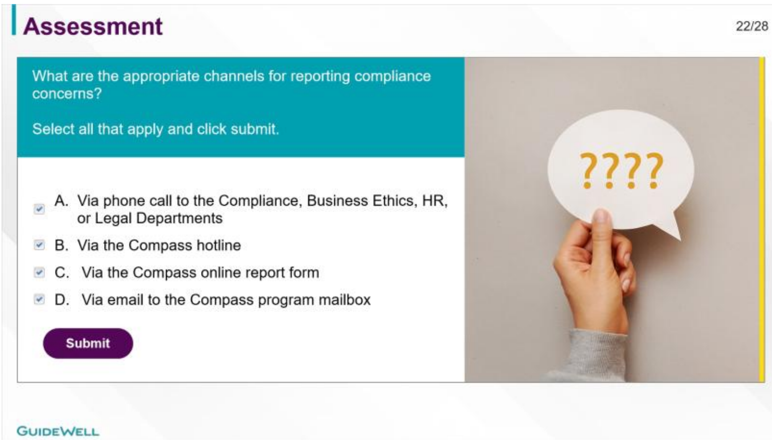
Notes:

Question 1. Compliance is everyone's responsibility. Is this statement true or false?

Select the correct option and click submit.

A. True

B. False



Notes:

Question 2: What are the appropriate channels for reporting compliance concerns?

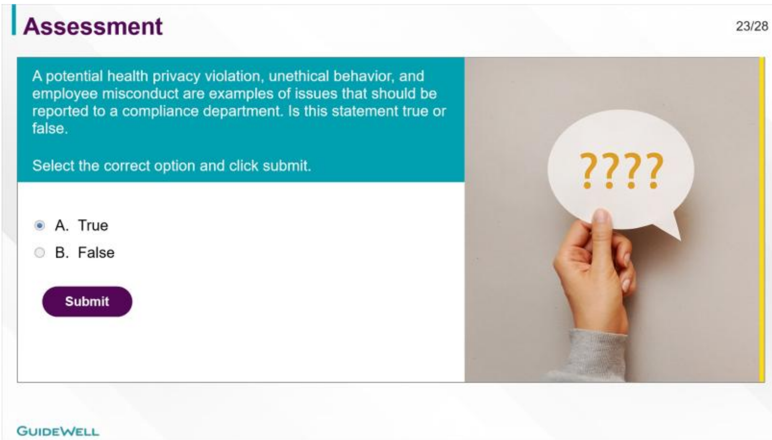
Select all that apply and click submit.

A. Via phone call to the Compliance, Business Ethics, HR, or Legal Departments

B. Via the Compass hotline

C. Via the Compass online report form

D. Via email to the Compass program mailbox



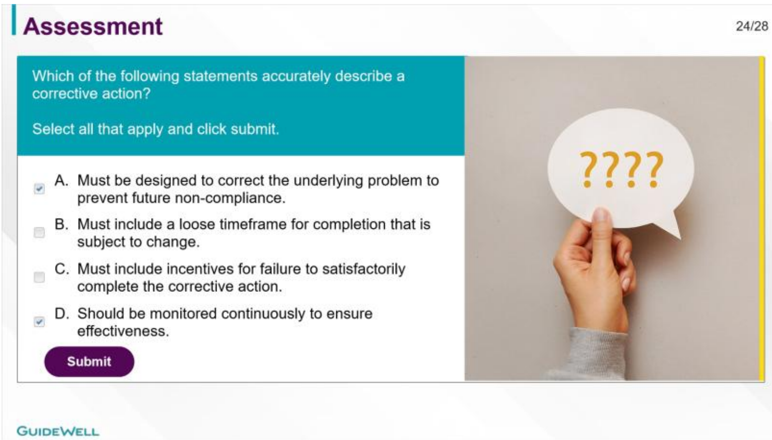
Notes:

Question 3. A potential health privacy violation, unethical behavior, and employee misconduct are examples of issues that should be reported to a compliance department. Is this statement true or false?

Select the correct option and click submit.

A. True

B. False



Notes:

Question 4: Which of the following statements accurately describe a corrective action?

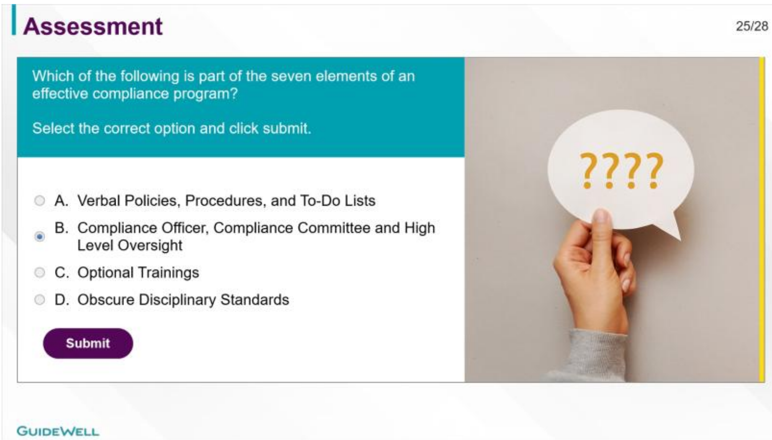
Select all that apply and click submit.

A. Must be designed to correct the underlying problem to prevent future non-compliance.

B. Must include a loose timeframe for completion that is subject to change.

C. Must include incentives for failure to satisfactorily complete the corrective action.

D. Should be monitored continuously to ensure effectiveness.



Notes:

Question 5: Which of the following is part of the seven elements of an effective compliance program?

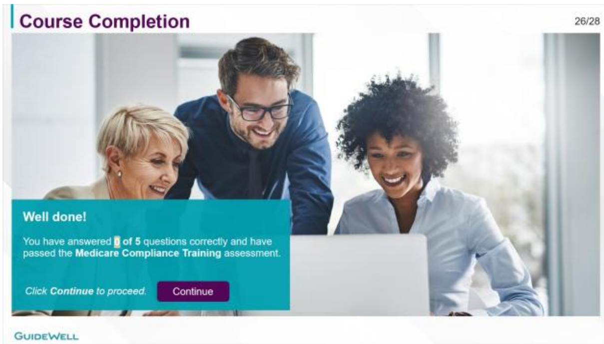
Select the correct option and click submit.

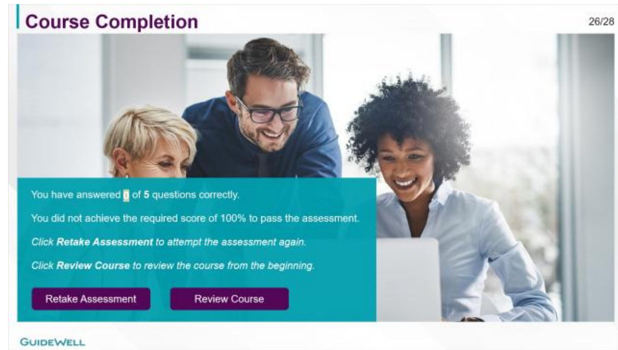
A. Verbal Policies, Procedures, and To-Do Lists

B. Compliance Officer, Compliance Committee and High Level Oversight

C. Optional Trainings

D. Obscure Disciplinary Standards





Notes:

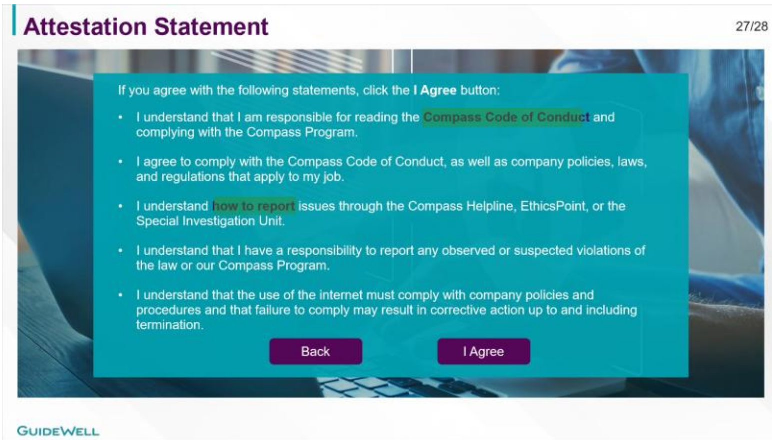
Well done!

You have passed the assessment.

Click Continue to proceed.

You did not achieve the required score of 100% to pass the assessment.

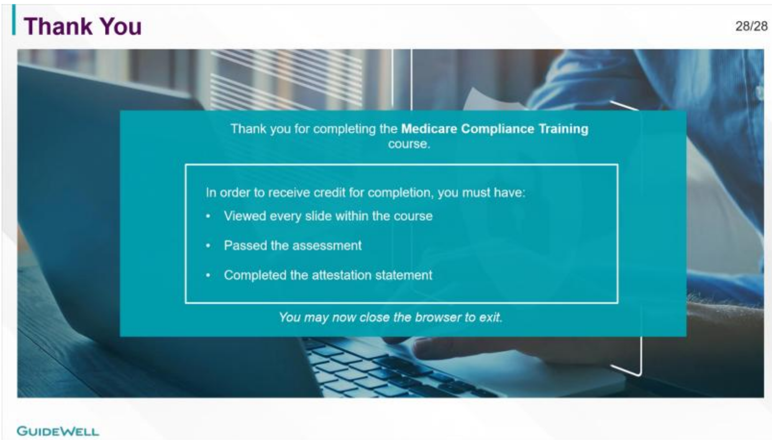
Click Retake Assessment to attempt the assessment again. Alternatively, click Review Course to review the course from the beginning and then retake the assessment.



Notes:

If you agree with the following statements, click the I Agree button.

I understand that I am responsible for reading the Compass Code of Conduct and complying with the Compass Program; I agree to comply with the Compass Code of Conduct, as well as with the company policies, laws, and regulations that apply to my job; I understand how to report issues through the Compass Helpline, EthicsPoint, or the Special Investigation Unit; I understand that I have a responsibility to report any observed or suspected violations of the law or the Compass Program; and I understand that the use of the Internet must comply with company policies and procedures, and that failure to comply may result in corrective action up to and including termination



Notes:

This completes the Medicare Compliance Training course.

In order to receive credit for completion, you must have: viewed every slide within the course; passed the assessment; and completed the Attestation Statement.

You may now close the browser to exit.