KOVA IPA CMS General Compliance & FWA Training Program Manual

Prepared for: KOVA IPA
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This manual fulfills CMS First Tier, Downstream, and Related Entity (FDR) requirements for General Compliance and Fraud, Waste, and Abuse (FWA) Training under Medicare Parts C & D. It is also aligned with HIPAA, HITECH, and OIG compliance program expectations.

Part I – Introduction & Purpose

The KOVA IPA CMS General Compliance & FWA Training Program provides education to ensure all employees, governing body members, contractors, and downstream entities understand their compliance obligations. This program fulfills CMS requirements that all FDRs maintain a compliance program and ensure their staff receive training within 90 days of hire and annually thereafter.

Training covers compliance policies, ethical standards, reporting mechanisms, confidentiality, and protections against retaliation. It also addresses HIPAA/HITECH privacy and security, monitoring and auditing, cultural competency, and Medicare program conduct laws.

Part II – Compliance Foundations

This section reviews KOVA IPA's compliance policies and procedures, the Standards of Conduct, and the organization's commitment to business ethics and full compliance with all Medicare program requirements. All personnel must adhere to these principles at all times.

Employees are required to understand the purpose and importance of compliance: to prevent violations, detect issues early, and correct them promptly. The Compliance Program supports transparency, accountability, and ethical operations throughout the organization.

Part III – Communication and Reporting

Employees and contractors are encouraged to ask compliance questions, request clarification, or report suspected or detected noncompliance. Reports can be made through a compliance hotline, designated email, or directly to a supervisor or Compliance Officer.

All reports are treated confidentially. Individuals may choose to remain anonymous. KOVA IPA strictly prohibits retaliation against any person who, in good faith, reports or assists in the investigation of a compliance concern.

Contractors are required to report to KOVA any actual or suspected Medicare program noncompliance or potential FWA. Reports must be timely, documented, and escalated through appropriate channels.

Part IV – Examples and Accountability

Examples of reportable noncompliance include:
- Submitting inaccurate or false claims.
- Disclosing protected health information (PHI) without authorization.
- Failing to report conflicts of interest.
- Altering documentation or backdating records.
- Ignoring known compliance risks or violations.

Disciplinary actions may include verbal or written warnings, mandatory retraining, suspension, or termination depending on the severity and frequency of the issue. Repeated or intentional violations may result in termination or referral to regulatory authorities.

Part V – Training & Cultural Competency

Attendance and participation in annual compliance and FWA training are mandatory for all employees and contractors. Training ensures everyone understands their responsibilities under CMS and organizational policy.

Compliance and FWA training are also part of new employee orientation and must be completed within 90 days of hire or contract execution.

KOVA IPA promotes cultural competency training, including trans-inclusive healthcare for individuals who identify as transgender, gender diverse, or intersex (TGI). This reinforces CMS's nondiscrimination standards and supports equitable care delivery.

Part VI – HIPAA/HITECH & CMS Data Use

KOVA IPA adheres to the HIPAA and HITECH Acts to ensure the confidentiality, integrity, and availability of Protected Health Information (PHI). Employees must protect PHI and personally identifiable information (PII) and only use it for authorized business purposes.

If applicable, the CMS Data Use Agreement (DUA) governs the appropriate handling of Medicare data. All personnel must understand and comply with data use requirements.

Part VII – Monitoring & Auditing

KOVA IPA conducts regular monitoring and auditing to identify compliance risks and ensure continuous improvement. Audits review key operational areas such as claims, credentialing, and data security. Findings are documented and corrective actions are tracked to completion.

The Compliance Committee reviews all monitoring outcomes, ensuring proper oversight and accountability.

Part VIII – Laws Governing Conduct

Employees must comply with all Federal and State laws governing Medicare operations, including:

- False Claims Act (prohibiting fraudulent claims submission).
- Anti-Kickback Statute (prohibiting improper financial inducements).
- Civil Monetary Penalties Law (establishing penalties for program violations).
- HIPAA Privacy and Security Rules (protecting patient data).

Violations of these laws can result in civil and criminal penalties, including fines and exclusion from Federal healthcare programs.

Part IX – CMS's Seven Elements of an Effective Compliance Program

1. Written Policies, Procedures, and Standards of Conduct.

2. Compliance Officer, Committee, and High-Level Oversight.

3. Effective Training and Education.

4. Effective Lines of Communication.

5. Enforcement and Disciplinary Standards.

6. Routine Monitoring and Auditing.

7. Prompt Response and Corrective Action.

Part X – Post-Training Knowledge Test (10 Questions)

1. What is the purpose of the KOVA IPA Compliance Program?

2. How often must compliance and FWA training be completed?

3. What should you do if you suspect noncompliance or FWA?

4. How does KOVA IPA ensure confidentiality when reporting issues?

5. What is one example of reportable noncompliance?

6. When must new employees complete compliance training?

7. What are the consequences of serious or repeated noncompliance?

8. Why is cultural competency training important?

9. What is the purpose of monitoring and auditing?

10. What laws govern employee conduct under the Medicare program?

Part XI – Answer Key

1. To promote ethical conduct and ensure compliance with all laws and CMS regulations.

2. Within 90 days of hire or contracting and annually thereafter.

3. Report it immediately through the hotline, email, or Compliance Officer.

4. Reports are kept confidential, and anonymity is protected; retaliation is prohibited.

5. Submitting false claims, privacy breaches, or ignoring known compliance issues.

6. Within 90 days of hire or contracting.

7. Disciplinary action, including termination or retraining.

8. To ensure equitable care and inclusion of all populations, including TGI individuals.

9. To identify risks, ensure compliance, and improve operations.

10. False Claims Act, Anti-Kickback Statute, Civil Monetary Penalties Law, HIPAA.