Checklist for
Medicare General Compliance and Fraud, Waste and Abuse Training

You may use this checklist as a guideline to review your training materials to determine equivalency to CMS' training/requirements, or the materials of your downstream entities.

Required CMS General Compliance Training Content

☐ Culture of Compliance - compliance is everyone's responsibility (including those that provide health or administrative service for Medicare enrollees)

☐ Commitment to standards of conduct and high ethical business behavior

☐ Overview description of Compliance program, including compliance policies, Standards/Code of Conduct, and duty to follow the organization's Code of Conduct

☐ Overview of Compliance Program Requirements (7 elements), such as effective lines of communication and monitoring/auditing activities

☐ Define what is non-compliance and its impact

☐ Duty and expectation to report, including evidence of published disciplinary standards.

☐ Reporting mechanism for non-compliance that emphasizes anonymous, confidential, and non-retaliatory reporting

☐ Describe what happens after non-compliance is reported (i.e., investigation and correction)

☐ Review of disciplinary guidelines/standards for non-compliant or fraudulent behavior or failure to complete training programs. Review should describe what occurs when such behaviors are serious or repeated or when knowledge of a violation is not reported, including mandatory training or retraining, disciplinary action, or termination of employment

☐ Examples of reportable non-compliance

☐ Commitment to comply with all laws, rules and regulations and CMS instructions/guidance applicable to the Parts C and D programs, including, for example, HIPAA (for confidentiality of personal health information), laws addressing gifts and gratuities for Government employees, and laws that govern employee conduct in the Medicare program.

NOTE: General Compliance Training can be communicated through distribution of the Standards of Conduct and/or compliance policies and procedures.

Required CMS Fraud, Waste and Abuse Training Content

☐ Entity is exempt from FWA training since they are "Deemed". *A deemed entity is not required to complete initial or annual FWA training as the entity has met the FWA certification requirements through enrollment in Original Medicare (Medicare Parts A or B) or accredited as a Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS).* Please *s*kip the below FWA portion of the checklist, if deemed.

☐ Obligation of everyone to detect, prevent, and correct FWA and to follow the organization's related policies and procedures

☐ Duty to report FWA, how to report, and must have anonymous option for reporting with a non-retaliation policy for anyone that does report

☐ Information on laws pertaining to FWA, such as Civil False Claims Act, Anti-Kickback Statute, Stark Statute (Physician Self -Referral Law), OIG Exclusions, HIPAA, etc.

☐ Evidence employees are checked against the OIG/GSA exclusion lists.

☐ Commitment to comply with the organization's Standards/Code of Conduct and all laws, rules and regulations and, CMS instructions/guidance that are applicable to the Parts C and D programs

☐ How to prevent and detect FWA, including definition of FWA, differences between FWA, signs to recognize and examples

☐ Process to correct FWA, including developing a plan of action

☐ Consequences of committing FWA,(e.g., potential penalties, prosecution, imprisonment, etc.)