KS Plan Administrators, LLC	Compliance Policy Manual	POLICY NO: CP 4
SUBJECT: Training and Education		**Date**: September 2012 **Last Revised:** March 2023 **Last Reviewed:** June 2025
Distribution: KSPA		**Functional Areas**: All Departments
Supersedes Policy: N/A		**Reference/Attachment:** Medicare Managed Care Manual Chapter 21- Compliance Program Guidelines
Prepared By: Shelly Garcia **Revised by**: Shelly Garcia		**Date Approved:** June 2025

I. Goal

KS Plan Administrators, LLC d/b/a KelseyCare Advantage ("KCA") must establish, implement, and provide effective training and education for its employees, governing body members, and the organization's first tier, downstream and related (FDR) entities (See: 42 C.F.R. §§ 422.503(b)(4)(vi)(C), 423.504(b)(4)(vi)(C)). As an affiliate company of United Health Group (UHG), KCA leverages compliance trainings provided by UHG that is deployed through the human resources learning system, an online learning management system. Kelsey-Seybold Management Services (KSMS), an affiliate company of KCA monitors the completion of required training.

II. Definitions

Abuse: actions that may, directly or indirectly, result in unnecessary costs to the Medicare Program, improper payment, payment for services that fail to meet professionally recognized standards of care, or services that are medically unnecessary. Abuse involves payment for items or services when there is no legal entitlement to that payment and the provider has not knowingly and/or intentionally misrepresented facts to obtain payment. Abuse cannot be differentiated categorically from fraud because the distinction between "fraud" and "abuse" depends on specific facts and circumstances, intent and prior knowledge, and available evidence, among other factors.

Centers for Medicare & Medicaid Services (CMS): means an agency within the U.S. Department of Health and Human Services responsible for the administration of the Medicare program.

Employee(s): means those persons employed by the sponsor or a First Tier, Downstream or Related Entity (FDR) who provide health or administrative services for an enrollee.

Downstream Entity: means any party that enters into a written arrangement, acceptable to CMS, with persons or entities involved with the MA benefit or Part D benefit, below the level of the arrangement between an MAO or applicant or a Part D plan sponsor or applicant and a first tier entity. These written arrangements continue down to the level of the ultimate provider of both health and administrative services. (See, 42 C.F.R. §, 423.501).

FDR: means First Tier, Downstream or Related Entity.

First Tier Entity: means any party that enters into a written arrangement, acceptable to CMS, with an MAO or Part D plan sponsor or applicant to provide administrative services or health care services to a Medicare eligible individual under the MA program or Part D

program. (See, 42 C.F.R. § 423.501).

Fraud: means knowingly and willfully executing, or attempting to execute, a scheme or artifice to defraud any health care benefit program or to obtain (by means of false or fraudulent pretenses, representations, or promises) any of the money or property owned by, or under the custody or control of, any health care benefit program. 18 U.S.C. § 1347.

Governing Body: means that group of individuals at the highest level of governance of the sponsor, such as the Board of Directors or the Board of Trustees, who formulate policy and direct and control the sponsor in the best interest of the organization and its enrollees. As used in this chapter, governing body does not include C-level management such as the Chief Executive Officer, Chief Operations Officer, Chief Financial Officer, etc., unless persons in those management positions also serve as directors or trustees or otherwise at the highest level of governance of the sponsor.

Related Entity: means any entity that is related to an MAO or Part D sponsor by common ownership or control and

(1) Performs some of the MAO or Part D plan sponsor's management functions under contract or delegation;

(2) Furnishes services to Medicare enrollees under an oral or written agreement; or

(3) Leases real property or sells materials to the MAO or Part D plan sponsor at a cost of more than $2,500 during a contract period. (See, 42 C.F.R. §423.501).

Waste: means the overutilization of services, or other practices that, directly or indirectly, result in unnecessary costs to the Medicare program. Waste is generally not considered to be caused by criminally negligent actions but rather the misuse of resources.

III. Policy

KCA's affiliate, KSMS provides effective training and education within 90 days of hire and annually thereafter to ensure its employees, including governing body members (e.g., KSPA Operating Committee ("Local Board) possess the requisite knowledge and skills to: (a) Comply with all applicable laws, regulations, and company policies; (b) Adhere to appropriate ethical standards, and (c) Prevent and detect fraud, waste, and abuse (FWA). The intent of the education is to promote a culture of compliance and ethical conduct. Attendance and participation in training is a condition of continued employment.

IV. Procedure

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1. KCA's employees and governing body members (Local Board), must, at a minimum, receive Medicare Parts C & D General Compliance and Combatting Medicare Part C & D Fraud, Waste, and Abuse training within 90 days of initial hiring, and annually thereafter. UHG Human Resources Department leverages Kelsey University to administer and track the completion of initial and annual training.

2. KCA must be able to demonstrate that its employees and governing body members have fulfilled these training requirements by documenting completion dates in the Compliance Program Effectiveness spreadsheet.

3. KCA must ensure that general compliance information is communicated to its FDRs. The KCA Compliance Department communicates compliance expectations through the annual distribution of the Code of Conduct, compliance policies, and the FDR Compliance Guide.

4. KCA required training includes general compliance courses including: UHG Code of Conduct, UHG Fraud, Waste, and Abuse, UHG Safe &Secure (HIPAA), UHG Conflict of Interest, UHG Anti-Trust, UHG Prevention of Workplace Violence.

5. KCA Compliance provides, deploys, and monitors specialized department training (i.e., Medicare Advantage Part C Appeals and Grievances, Customer Service, Enrollment and Disenrollment, Sale and Marketing) for new hires in designated roles, and upon appointment to a new job function. Ad hoc training may be administered when CMS or company policy requirements change, when employees are found to be noncompliant, and as a corrective action to address a noncompliance issue. The specialized training are housed in an online learning management system, Compliancewire.

6. KCA is accountable for maintaining training records for a period of 10 years of the time, attendance, topic, certificates of completion (if applicable), and scores (if applicable) of any tests administered to their employees and governing body members. FDRs attest annually their organization conducts education and training to comply with all statutes, regulations, and CMS program specific requirements and maintains training records for its employees, including temporary workers and volunteers for ten (10) years (See: 42 C.F.R. §§ 422.503(b)(4)(vi)(C), 423.504(b)(4)(vi)(C)).