

Medicare Compliance Training Policy

[COMP.OP.0012] 2026-01-01



PURPOSE

All Devoted Health staff are required to complete Compliance training.

Content includes, but is not limited to: General Compliance, Risk Management, Fraud, Waste and Abuse (FWA), Code of Conduct, Compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Special Needs Plan (SNP) Model of Care (MOC), Compliance with Section 1557 of the Affordable Care Act (ACA), and Cybersecurity essentials.

Additional, specialized or refresher training may be required based on the individual's job function. Training may be provided: upon appointment to a new job function; when requirements change; when employees are found to be noncompliant; as a corrective action to address a noncompliance issue.

APPLICABILITY

This policy applies to all individuals affiliated with Devoted Health: including Full and Part-Time Employees, Consultants and Contractors, Advisors, and Board Members.

POLICY

Trainings are required to be completed at hire and annually by the Centers for Medicare and Medicaid Services (CMS) and Accreditation Association for Ambulatory Health Care (AAAHC) regulations and guidelines. The training and education overview is made a part of first day orientation for all new staff and is required annually thereafter.

Trainings are required to be updated annually by the Centers for Medicare and Medicaid Services (CMS) and Accreditation Association for Ambulatory Health Care (AAAHC).

Devoted Health's Compliance team monitors completions of the initial and yearly training for all employees. In addition, Compliance leads oversight of training content updates on an, at minimum, annual basis.

Onboarding of new staff: New Hires are tasked to complete the training requirements within their first business week at Devoted Health. It is mandatory that all staff complete trainings within the 90-day regulatory guideline.

Annual training requirement: All employees are required to update training requirements annually. Employees that qualify for this annual update requirement include all employees hired prior to release of the current-year training (Generally released Annually on the 1st of the year.)

When an employee has failed to complete timely: After reminders, Compliance will escalate to the employee team manager/ relevant parties. If an employee fails to complete training within the required timeline, Compliance will escalate to the IT Team who will “lock system access” until completion - employees will not have access to Devoted systems until training updates are completed. Late completions will be recorded in employee records and will be included in employee annual reviews. Not completing training may be grounds for termination.

Upon training completion, completion records are made available by the Devoted Health’s Human Resources Team to the Compliance team and must be made available to CMS and auditors upon request.

Note on External Board Members: Training will be assigned to an appointed officer or director. Individuals will have 90-days to review required training content. Board of Director Members will complete training annually during regularly scheduled Board Meetings - dissemination will be included as part of Board-issued documents and review will be documented as part of meeting attendance. Absent Members will be required to review independently and attest completion of the review.

Training certificates and/or attestations of completion are stored and will be maintained for a minimum of 10 years as required by Centers for Medicare & Medicaid Services and HIPAA laws.

Formerly, ProTrainings, VanRein and/or Bridge, administered training on behalf of Devoted Health. Devoted Health maintains access to training records provided by ProTrainings, VanRein, and Bridge. This includes reporting of course completion dates of any training tests administered to individuals. Current platform for training dissemination: Workday

ACRONYMS AND DEFINITIONS

- FWA - Fraud, Waste and Abuse
- SNP- Special Needs Plan
- MOC - Model of Care
- HIPAA - The Health Insurance Portability and Accountability Act of 1996
- CMS - Centers for Medicare and Medicaid Services

- AAAHC - Accreditation Association for Ambulatory Health Care

RESPONSIBILITIES

The Compliance Team is responsible for, but not limited to, the following activities: Revisions, implementation, interpretation, and enforcement of this policy.

REGULATORY REFERENCE

- [100-16 Medicare Managed Care Manual \(Chapter 21 and Chapter 6\)](#)
- [AAAHC Handbook](#)

RELATED POLICIES, DOCUMENTS, AND CONTROLS

[Medicare Compliance Training Procedure](#)

REVIEW AND VERSION HISTORY

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2026-01-01	COMP.OP.0012	2.3
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Prior versions are available upon request