



Capital District Physicians' Health Plan, Inc.

2019 Medicare Compliance and Fraud, Waste, and Abuse Training Requirements

September 2019



Welcome to the CDPHP Provider, Practitioner, and Facility Medicare Compliance Training

By reviewing this material you will gain an understanding of:

- CMS regulations regarding your compliance training and education
- What is required of you as a CDPHP provider or facility
- The CDPHP Code of Conduct and our commitment to doing business as a Medicare Advantage Plan

- The Centers for Medicare & Medicaid Services (CMS) provides a standardized web-based provider training module through the Medicare Learning Network[®] (MLN) for both Medicare Parts C & D Fraud, Waste and Abuse* (FWA) training and General Compliance training.
- Providers, practitioners, and facilities are required to utilize this training to satisfy the regulatory requirements associated with FWA training and compliance training and education required under Medicare Parts C and D.
- The link to the training is provided later in this document. We have also provided a sample log that you may use to track training completion for applicable staff.

- The Centers for Medicare & Medicaid Services (CMS) issued final rules in the Federal Register for 42 CFR 422 and 423 of the Medicare Advantage program and prescription drug benefit program which require all Medicare Part C and Part D sponsors to adopt and implement an effective compliance program.
- For more information see Chapter 9 of the Prescription Drug Benefit Manual and/or Chapter 21 of the Medicare Managed Care Manual.

The 42 CFR 422 and 423 rules governing Medicare Parts C and D require CDPHP to establish and implement an effective training and educational compliance program for our:

- employees, managers, directors
- first tier entities
- downstream entities
- related entities

FDRs: Is this you?



- **First Tier:** Any entity that enters into a written arrangement acceptable to CMS with a Medicare Advantage Organization (MAO) or Prescription Drug Plan (PDP) that provides administrative or health care services to Medicare eligible individuals under the MA/Part D program.
- **Downstream Entities:** Any entity that enters into a written arrangement acceptable to CMS below the level of the arrangement between an MAO/PDP and a first tier entity. These written arrangements continue down to the level of the ultimate provider of both health and administrative services.
- **Related Entities:** Any entity that is related to the MAO/PDP by common ownership or control and 1.) performs some of the MAO/PDP'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 an MAO at a cost of more than \$2,500 during a contract period.

How does it impact you?



As a provider, practitioner, or facility providing administrative and/or health care services to a CDPHP Part C or D member, you are either a:

- **First Tier Entity:**

Examples — individual or group provider organizations, hospitals, and facilities

- **Downstream Entity:**

Examples — management services organizations (MSO), disease management organizations, claims processing organizations

What Are Your Responsibilities?



As a provider, practitioner, or facility that provides administrative and/or health care services, you must:

- Maintain a series of internal controls and measures to ensure compliance with all applicable laws and regulations that govern the program.
- Participate in general compliance training at least annually.
- Report compliance concerns and suspected or actual misconduct involving the Medicare Advantage or Part D programs to the CDPHP Medicare compliance officer.

What Does Your Office or Facility Need to Do?



- CMS regulations require that all training and education occur **within 90 days** of hiring and at least annually thereafter.
- In addition, all health care practitioners/providers or staff who render health care services to CDPHP members are required to meet annual compliance training.
- All entities are required to complete an Attestation of Training which must be signed by a representative of your office or organization.
- Organizations must maintain internal training logs and submit copies of the training logs along with required attestations upon request of CMS and/or CDPHP.
- As indicated in your respective participation agreement(s) with CDPHP, CMS requires all documentation be maintained for a minimum of 10 years.

CMS MA Provider Contractual Requirements



- **Record Retention** – All records and documentation must be maintained for a minimum of 10 years.
- **Privacy and Accuracy of Records** – Beneficiary privacy must be safeguarded and confidentiality maintained.
- **Hold Harmless** – Beneficiaries must be held harmless for payment of fees that are not their contractual obligation.
- **Compliance with CDPHP Contractual Obligations** – Any services or other activities performed by a first tier, downstream, or related entity must be performed in accordance with a contract or written agreement with CDPHP.
- **Prompt Payment** – A prompt payment requirement must be agreed to by CDPHP and contracted providers and suppliers.

Source: CMS Federal Regulations 42 CFR §§ 422.504, 422.520



- Delegated Activities

- **Selection of Providers:** If CDPHP delegates a selection of providers, written arrangements must state that CDPHP retains the right to approve, suspend, or terminate such arrangement.
- **Revocation:** The contract must provide for the revocation of any delegated activities and reporting requirements, or specify other remedies in the event CMS or CDPHP determines that the delegated entity has not performed satisfactorily.
- **List of Delegated Activities and Reporting Responsibilities:** The contract must clearly state the delegated activities and reporting responsibilities.
- **Monitoring:** The contract must provide for CDPHP to monitor the performance of the parties on an ongoing basis.

Source: CMS Federal Regulations 42 CFR §§ 422.504, 422.520



- Delegated Activities
 - **Credentialing:** The credentials of medical professionals affiliated with the parties to the provider contract will be reviewed by CDPHP, or the credentialing process will be reviewed and approved by CDPHP and CDPHP shall audit the credentialing process on an ongoing basis.

Source: CMS Federal Regulations 42 CFR §§ 422.504, 422.520



- **HIPAA** - The Health Insurance Portability and Accountability Act focused on the balance between the individual's right to privacy of protected health information (PHI) versus the business need to access the information.
 - Organizations are required to have policies and procedures regarding federal and state privacy and security laws and regulations.

Additional Resources and Contacts



- Prescription Drug Benefit Manual Chapter 9
<https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovContra/Downloads/Chapter9.pdf>
- The Centers for Medicare and Medicaid Services (CMS) –
www.cms.gov or 1-800-MEDICARE
- CDPHP Medicare Compliance Officer Dennis Schoonmaker
dennis.schoonmaker@cdphp.com or (518) 641- 5275

Next Step:



You are ready to proceed to the training!

The Centers for Medicare & Medicaid Services (CMS) standardized web-based provider training module is available through www.cms.gov as part of their Outreach and Education programs through the Medicare Learning Network[®] (MLN) at the following link:

<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNGenInfo/Index.html>

The Medicare Learning Network[®] (MLN) Web-Based Training Courses are found under the *MLN Product* link. Please proceed with the (CMS) standardized web-based provider training module through the Medicare Learning Network[®] (MLN) for both Medicare Parts C & D Fraud, Waste, and Abuse* (FWA) training and General Compliance training

Note: All parties completing the training, including FDRs that work for multiple sponsors, should maintain their respective certification or training completion as proof of completion.

