



2019 Compliance Program and Training Requirements for Contracted Healthcare Professionals Frequently Asked Questions and Answers

Compliance Requirements

1. Q: Do compliance requirements apply to my organization?

A: Yes. The Centers for Medicare & Medicaid Services (CMS) mandates that adherence with compliance requirements applies to all CarePlus-participating Medicare healthcare professionals and provider entities rendering healthcare services for CarePlus Medicare Advantage offerings.

2. Q: To what compliance information does CarePlus require adherence from participating healthcare professionals?

A: The compliance program requirements are outlined in two of our documents: Compliance Policy for Contracted Healthcare Providers and Business Partners (Compliance Policy), and Ethics Every Day for Contracted Healthcare Providers and Business Partners (Standards of Conduct). Review of these two documents, or materially similar material, is required of healthcare providers and those supporting their contract with CarePlus so sufficient awareness is gained of the compliance requirements.

FWA training and tracking of it is also required of those supporting a CarePlus-administered Medicare plan. Your organization is responsible for developing or adopting other content to meet the FWA training requirement, yet may integrate related content from Humana's documents in what is provided to those who must be trained. CarePlus suggests the educational requirements outlined above occur within 30 days of contract or hire and annually thereafter.

Please note that CarePlus is a wholly owned subsidiary of Humana. As such, you will see references to Humana throughout the above-listed documents. Therefore, each party directly contracted with CarePlus must have a compliance program with policies and procedures in support of the seven elements of an effective compliance program outlined in the requirements.

Notable changes to this document

This overview has been provided to list the key points of notable changes and clarifications, along with the questions/answers in which they are detailed.

Throughout: Compliance program requirements are established by the Centers for Medicare & Medicaid Services (CMS).

CarePlus removed language requiring the following:

- A compliance training attestation to be completed to provide assurance that corresponding training is conducted for those supporting a Medicare plan administered by CarePlus
- The use of CMS-published training on the topics of general compliance and fraud, waste and abuse (FWA)

This occurred because CMS removed the requirement for sponsors such as CarePlus to train its first-tier, downstream or related entities (FDRs) and track the training completion.

- This does not mean training on FWA and distribution of compliance policy(s) and standards of conduct documents are no longer required for those contracted to support a CarePlus-administered Medicare plan.
- CarePlus is still responsible for the compliance of contracted partners. Therefore, CarePlus still requires use of its corresponding compliance materials or ones that are materially similar for educating all individuals and entities supporting a CarePlus-administered Medicare plan on corresponding compliance requirements.
- Compliance requirements are not limited to training, but include the seven elements of an effective compliance program, as outlined by CMS.

Q2: Your organization must track FWA training and develop the material or adopt other content to meet the FWA training requirement. However, related content from Humana may be integrated into the training material. CarePlus suggests that compliance education occur within 30 days of contract or hire and annually thereafter.

Q10 & 13: The meaning of deeming status has changed.

Q11: CarePlus reserves the right to request documentation and evidence of your organization's compliance program.

Q12: Added web link to a federal register that outlined requirements changes for 2019.

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3. Q: What is a first-tier, downstream or related entity (FDR)?

A: FDR is a CMS term adopted by CarePlus, and this guidance document is for CarePlus FDRs. An FDR is essentially any party performing work on CarePlus' behalf in an administrative or healthcare services capacity in relation to Medicare-eligible individuals who are members of a corresponding Medicare Advantage plan administered by CarePlus. The term FDR includes, but is not limited to, contracted healthcare professionals who are delegated and nondelegated, pharmacies, delegated entities, delegated agents, suppliers and vendors.

First-tier Entity – A party that enters into a written arrangement with CarePlus to perform administrative services or provide healthcare services. *Example:* A healthcare services group contracted directly with CarePlus.

Downstream Entity – A party that: a) enters into a written arrangement to support a Medicare Advantage plan administered by CarePlus, and b) is below the level of the arrangement between CarePlus and a first-tier entity. This continues down to the level of the ultimate provider of a service or product. *Example:* While a healthcare services group contracted directly with CarePlus is a first-tier entity, the hospitals and healthcare professionals in the group are downstream entities. As an added example, the group may contract with another downstream entity to perform billing or claims functions.

Related Entity – Any entity that is related to CarePlus or Humana by common ownership or control and that meets one of the following criteria:

- Performs some of the health plan management functions under contract or delegation;
- Furnishes services, under an oral or written agreement, to Medicare-eligible beneficiaries who are members of a CarePlus-administered Medicare Advantage plan; or
- Leases real property or sells materials to Humana or CarePlus at a cost of more than \$2,500 during a contract period.

Within this scope are Humana subsidiaries, either wholly or partially owned, such as CarePlus, as well as joint ventures and companies in which Humana has an investment interest and which perform a plan function or provide healthcare services.

4. Q: What do I need to do to fulfill this requirement?

A: Follow these steps:

- a) Review the compliance materials posted on the CarePlus website at www.careplushealthplans.com/careplus-providers/compliance and either use them for educating those supporting a CarePlus-administered Medicare plan or have materially similar content in place.
 - Hard copies may be requested at any time by contacting your assigned provider services executive or the provider operations helpline at 1-866-220-5448, Monday through Friday, from 8 a.m. to 4 p.m. Eastern time.
 - Conduct this review upon contract and at least annually thereafter, understanding that requirements and content could change

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- b) Develop or adopt other content to meet the FWA training requirement and deploy it
Note: Related content from Humana's documents may be integrated in the FWA training.
- c) Be sure your organization tracks when all applicable parties were provided or accessed the material.

5. Q: Why is CarePlus requiring me to do this?

A: CMS requires that all those contracted to support a Medicare product, including CarePlus, adhere to compliance program requirements upon initial contract and as necessary thereafter. CarePlus is required by CMS to communicate these requirements to contracted parties supporting a CarePlus Medicare product.

6. Q: Who should be communicating these requirements and tracking requirements distribution for my organization?

A: Someone or area authorized to administer or support compliance on behalf of your organization.

7. Q: Which healthcare practitioners in our organization are required to review and adhere to the requirements outlined in the Compliance Policy and Standards of Conduct?

A: All healthcare practitioners rendering healthcare services for CarePlus Medicare Advantage offerings.

8. Q: Are the trainings a one-time requirement?

A: No, these are not one-time requirements. CMS requires that this information be completed upon hire or contract and annually thereafter. CarePlus will provide notification annually as a reminder that all CarePlus-participating Medicare practitioners delivering healthcare services to CarePlus' Medicare members must be provided with corresponding educational material.

9. Q: Is the material the same each year?

A: No, the material is not the same year after year. However, our commitment to compliance does not change; so, the bulk of the material is retained.

As clarifications are necessary or new requirements arise, CarePlus adds them to its documents. To simplify your review of compliance materials, there is a notable changes section in both of the following documents:

- Compliance Policy for Contracted Healthcare Providers and Business Partners
- Ethics Every Day for Contracted Healthcare Providers and Business Partners

10. Q: My organization is deemed for fraud, waste and abuse (FWA) training and education requirements. Why do I have to do this?

A: CMS revised its guidance for 2019 in a Federal Register that also addressed deemed status: Such status no longer also applies to meeting the FWA training requirement. A link to the federal register is provided in the response to Question 12.



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11. Q: My organization has its own similar documents and training or we already have completed similar training and education furnished by another organization. Do I still have to do this for CarePlus?

A: Your organization does not have to utilize the Compliance Policy and Standards of Conduct made available by CarePlus to meet the compliance requirements outlined in the documents. However, CarePlus reserves the right to request documentation (e.g., policies and tracking records) that an effective compliance program incorporating the CMS requirements is in place.

12. Q: Where can I get more information about the CMS requirements?

A: Requirements for plan sponsors such as CarePlus and their first-tier, downstream or related entities, which include contracted healthcare professionals, are outlined in federal regulations and two CMS manuals. All are publicly available online:

[42 C.F.R. § 422.503](#) (open in different browser if link will not work in Explorer)

[CMS Prescription Drug Benefit Manual, Chapter 9](#)

[CMS Medicare Managed Care Manual, Chapter 21](#)

[Federal Register - Medicare Program; Contract Year 2019 Policy and Technical Changes](#)

Additional Clarifications

13. Q: I am enrolled in the Medicare program as a participating provider or am accredited as a DMEPOS provider. Therefore, I have been deemed to have met the FWA training and education requirements. Why is CarePlus requiring me to review the Compliance Policy and Standards of Conduct?

A: CMS revised its guidance for 2019 in a Federal Register that also addressed deemed status: Such status no longer also applies to meeting the FWA training requirement and does not apply to the requirement to have in place and distribute compliance policy and standards of conduct documents. Those two documents outline compliance program requirements of both CMS and CarePlus. CarePlus reserves the right to request documentation showing how your organization meets these requirements.

14. Q: What will happen if I do not fulfill any compliance program requirements outlined in the Compliance Policy and Standards of Conduct?

A: If you do not fulfill one or more compliance program requirements, you will be out of compliance with CarePlus' requirements, which may result in disciplinary action up to termination of your agreement or contract.

15. Q: What if I have a question that is not addressed in this FAQ?

A: Additional questions about these requirements may be directed to CarePlus Provider Operations at 1-866-220-5448 (toll free), Monday through Friday, from 8 a.m. to 4 p.m.