2020 Healthcare Provider Compliance Program and Training Requirements for First-tier, Downstream and Related Entities (FDRs)

Frequently Asked Questions and Answers

Notable changes to this document for 2020

Humana has updated this FAQ to include the following clarifications on existing requirements. Two core Humana Compliance Program documents have updated titles:

<table>
<thead>
<tr>
<th>New title</th>
<th>Previous title</th>
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<tbody>
<tr>
<td>Compliance Policy for Contracted Healthcare Providers and Third Parties</td>
<td>Compliance Policy for Contracted Healthcare Providers and Business Partners</td>
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<tr>
<td>Ethics Every Day for Contracted Healthcare Providers and Third Parties</td>
<td>Ethics Every Day for Contracted Healthcare Providers and Business Partners</td>
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Changes in questions:

Q7: Humana has added Kentucky as another Medicaid state where Medicaid compliance training requirements apply.

Two questions related to ‘deeming’ or ‘deeming status’ were removed, as that status no longer applies toward meeting any training requirement.
General information about compliance requirements

1. Q: Do these compliance requirements apply to my organization?
   A: If your organization is contracted as a Humana-participating Medicare, Medicaid and/or dual Medicare-Medicaid provider or provider entity, it must adhere to the applicable compliance requirements addressed in this document.

2. Q: What are the compliance requirements for Humana-participating healthcare providers?
   A: The Centers for Medicare & Medicaid Services (CMS) and Humana’s Medicaid contracts mandate that all Humana-contracted healthcare providers adhere to annual compliance program requirements. These requirements are outlined in two 2020 Humana documents:
   • Compliance Policy for Contracted Healthcare Providers and Third Parties (Compliance Policy)
   • Ethics Every Day for Contracted Healthcare Providers and Third Parties (Standards of Conduct)

   Healthcare providers and those supporting their contract with Humana are required to review these two documents, or materially similar content, to ensure sufficient awareness of the compliance requirements.

   Fraud, waste and abuse (FWA) training and tracking of its completion also are required of those supporting a Humana-administered plan. Organizations are responsible for implementing content to meet the FWA training requirement. In doing so, they may integrate related content from Humana documents.

   Other training requirements apply to those supporting special needs plans (SNP) and/or plans administered by Humana for Medicaid or dual Medicare-Medicaid-eligible beneficiaries.

   Humana suggests that educational requirements be completed within 30 days of contract or hire and annually thereafter.

   Confirmation of compliance with the applicable requirements outlined above helps healthcare providers’ meet their contractual obligation to comply with Centers for Medicare & Medicaid Services (CMS) requirements and Humana’s contracts with state Medicaid agencies.

3. Q: What is a first-tier, downstream or related entity (FDR)?
   A: FDR is a CMS term adopted by Humana. This guidance document is for Humana FDRs. An FDR is any contracted third party performing work on Humana’s behalf in an administrative or healthcare-services capacity for Humana Medicare, Medicaid and/or Medicare-Medicaid dual-eligible beneficiaries. The term FDR includes, but is not limited to, healthcare providers who are delegated and nondelegated, pharmacies, delegated agents, suppliers and vendors.

   First-tier Entity – A party that enters into a written arrangement with a Humana entity to provide administrative or healthcare services for beneficiaries with any of the above-named plans, e.g., healthcare services organization with hospitals and clinics that is contracted directly with Humana.
Downstream Entity – A party that:
- Enters into a written arrangement to support a Medicare Advantage plan, Medicare Prescription Drug Benefit plan or Medicaid plan administered by Humana and
- Is below the level of the arrangement between Humana and a first-tier entity.

Downstream-entity status continues down to the level of the ultimate provider of a service or product. Example: While a healthcare services group contracted directly with Humana is a first-tier entity, hospitals and healthcare practitioners 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 Humana by common ownership or control. Within this scope are Humana subsidiaries, either wholly or partially owned, as well as joint ventures and companies that are performing a plan function or providing healthcare services and in which Humana has an investment interest.

4. Q: What do I need to do to fulfill this requirement?
A: Follow these steps if your organization is contracted as a Humana-participating Medicare, Medicaid and/or dual Medicare-Medicaid provider:
- Assure your organization has a plan to deploy and track FWA training this calendar year for those supporting your organization’s contract with Humana
- If supporting SNPs or Medicaid, log in or register on www.availity.com.
- Once logged in to the Availity Portal, on the top navigation bar, click Payer Spaces | Humana.
- Select the Resources tab.
- Select Humana Compliance Events. This will take you to Humana’s compliance website, where you will be able to click on the appropriate annual compliance training requirements and complete applicable organization-level attestation(s).

5. Q: Why is Humana requiring me to do this?
A: Humana has contracts with government agencies that require its contracted third parties to adhere to compliance requirements, including training on specific topics per plan type:

<table>
<thead>
<tr>
<th>Agency</th>
<th>Plan Type</th>
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<tbody>
<tr>
<td>CMS</td>
<td>• Medicare-related</td>
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<tr>
<td></td>
<td>• SNP</td>
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<tr>
<td>State agencies overseeing programs for the plan type</td>
<td>Benefits for Medicaid and dual Medicare-Medicaid beneficiaries that are members of plans in Florida, Illinois or Kentucky</td>
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6. Q: Who from my organization should complete the training attestation(s) and submit them to Humana?
A: Someone authorized to complete compliance attestations and acknowledgments on behalf of your organization should complete the applicable attestations.

7. Q: My office supports Medicaid and dual Medicare-Medicaid patients. How do I know if I need to complete the Medicaid-specific training?
A: You are required to complete the Medicaid-specific training if your organization has a contract to
render healthcare services for a Medicaid-eligible beneficiary who is a member of a Humana-sponsored Medicaid plan in Florida, Illinois or Kentucky.

Organizations not contracted to perform services to support any of the above states do not have to take Medicaid training.

8. **Q: Which healthcare practitioners in our organization are required to complete the requirements and the attestation form(s)?**

   **A:** All healthcare practitioners, employees and subcontractors of a contracted entity supporting Humana Medicare, Medicaid and/or dual Medicare-Medicaid plans are required to review, understand and comply with the requirements outlined in the applicable training material. However, the corresponding attestation form(s) should be completed at the contract level. Given that practitioners could have more than one arrangement in support of Humana, please note:
   - If your organization’s relationship with Humana is via a group contract, coordinate within your organization to have one person responsible for compliance complete and submit applicable attestation form(s) to Humana.
   - If any healthcare practitioner in your organization also has a direct contract with Humana, that individual must submit a separate attestation form or forms to Humana for the plans he or she supports, as the other certifications apply to that other contract.

   Among the expectations outlined in the training material are that a contracted party:
   - Train its employees and subcontractors supporting Humana Medicare, Medicaid and/or dual Medicare-Medicaid products in accordance with the materials’ requirements
   - Keep records to confirm the training was done

9. **Q: Do non-healthcare practitioners have to take Medicaid training?**

   **A:** Yes, but not on every topic.
   - At least two Medicaid trainings apply to non-healthcare practitioners supporting a Humana contract. These are: 1) health, safety and welfare; and 2) cultural competency.
   - Humana Medicaid Training and Orientation apply primarily to healthcare practitioners, but non-healthcare practitioners may need to review the material to ensure sufficient understanding of matters applicable to related administrative responsibilities.

10. **Q: Do I have to complete the special needs plan (SNP) training?**

    **A:** You must complete the SNP training if you are a Humana-participating healthcare provider serving:
    - Humana Medicare preferred provider organization (PPO) members in Arkansas, Missouri, New York, North Carolina or West Virginia
    or
    - Humana Medicare health maintenance organization (HMO) members in any of the following locations: Alabama, Arkansas, California, Delaware, Florida, Georgia, Illinois, Indiana, Kentucky, Louisiana, Maine, Michigan, Mississippi, Missouri, Montana, Nebraska, Nevada, New York, North Carolina, Ohio, Pennsylvania, Puerto Rico, South Carolina, Tennessee, Texas, Virginia, Washington or West Virginia.
If none of your organization’s healthcare providers participate in a Humana Medicare PPO or HMO network in one of the above states or territories, SNP training is not required.

11. **Q:** Are these trainings and the corresponding attestation(s) a one-time requirement?
   **A:** No, they are not one-time requirements.
   - Training on combating fraud, waste and abuse must be provided upon hire or contract and annually thereafter.
   - Those supporting SNPs and/or Medicaid and/or dual Medicare-Medicaid beneficiaries in a Humana-administered plan must complete additional, related compliance training and attest annually.

Humana notifies all Humana-participating Medicare, Medicaid and/or dual Medicare-Medicaid providers at least annually that they must complete these requirements.

12. **Q:** Is the material the same each year after the initial requirement?
   **A:** No, the material is not the same year after year. However, Humana's commitment to compliance does not change, so the bulk of the material is retained.

As clarifications are necessary or new requirements arise, Humana adds them to its documents. To simplify your review of compliance materials, each of these documents contains a section titled “Notable changes” to highlight substantive changes.

13. **Q:** My organization has its own, similar documents and training, or we have already completed similar training furnished by another organization. Do I still have to do this?
   **A:** Your organization still must:
   - Adhere to the requirements outlined in Humana’s compliance policy and standards of conduct
   - Conduct and track applicable training and submit attestations where required by Humana to confirm compliance with the training and corresponding requirements outlined in the training

Your organization does not have to use Humana materials to meet the requirements. However, Humana documents are a good reference to assess the training content used. Additionally, Humana reserves the right to request documentation (e.g., policies and tracking records) showing that your organization does have an effective compliance program that incorporates the requirements.

14. **Q:** Where can I get more information about the CMS requirements?
   **A:** Requirements for plan sponsors, such as Humana and its first-tier, downstream and related entities that include healthcare providers, are outlined in federal regulations and two CMS manuals. All are publicly available on the Internet and can be accessed by clicking the link(s) below:

   - 42 C.F.R. § 422.503
   - CMS Prescription Drug Benefit Manual
   - Chapter 9 CMS Medicare Managed Care Manual, Chapter 21

   Your organization does not have to use Humana materials to meet the requirements.
Web Access

15. Q: What is the access point for those choosing to attest online?
   A: Availity.com

16. Q: Do you have detailed instructions for registering on Availity.com and assigning the compliance business function?
   A: Yes, detailed instructions are available at Humana.com/providercompliance. You also can access them directly by clicking here.

17. Q: I am having difficulty registering or logging in to Availity.com or resetting my password. Whom do I contact for help?
   A: Availity’s customer service team can help. You can reach them toll free at 1-800-AVAILITY (1-800-282-4548).

18. Q: I am not able to register on Availity.com. How can I complete this requirement?
   A: Humana provides links to the required documents. You can access a list of them at Humana.com/providercompliance. You also can print and complete the applicable attestation form(s) and send the form(s) to Humana as specified on the form(s).

19. Q: I am logged in to Availity.com, but there is no link under the “Resources” tab. Is there something wrong with the system?
   A: The problem might be that you don’t have a valid email address on file in your user profile.

   To update your email address on file, follow these steps:
   1. Once logged in to Availity.com, select “My Account” in the My Account Dashboard on the right side of the Availity home page.
   2. Select “My Info” in the “About Me” section.
   3. Select “Update Email Address.”
   4. Enter and confirm your email address and Availity password, then click “Save.”
   5. Log out of your Availity account.
   6. Check your email account for a validation email. Click the link in the email to validate.
   7. Log back in to Availity.com and follow the steps to access the “Humana Compliance Event.” If the issue persists, call Availity at 1-800-AVAILITY (1-800-282-4548).

Additional Clarifications

20. Q: What will happen if I do not fulfill any compliance program requirements addressed here and fully outlined in the compliance policy and standards of conduct documents?
   A: You will be noncompliant with Humana requirements, which may result in disciplinary action up to termination of your agreement or contract.

21. Q: What if I have a question that is not addressed in this FAQ?
   A: Please call Humana Provider Relations at 1-800-626-2741.