



2021 Compliance Program and Training Requirements for Contracted Healthcare Professionals FAQs

Compliance Requirements

Notable changes to this document

This overview lists the key points of notable changes and clarifications, along with the questions/answers in which they are detailed.

Q2: Two clarifications were made in the answer to this question: The training that must occur and its frequency is not optional. However, CarePlus suggests initial training be conducted within 30 days of contract or hire.

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 plans.

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 Third Parties (compliance policy) as well as Ethics Every Day for Contracted Healthcare Providers and Third Parties (standards of conduct). Review of these two documents, or materially similar material, is required of healthcare providers and those supporting their contracts with CarePlus so that sufficient awareness is gained of the compliance requirements.

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 compliance policy.

Fraud, Waste and Abuse (FWA) training and its tracking also is 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, but can integrate related content from the above-listed Humana documents in what is provided to those who must be trained. The educational requirements outlined above occur must occur upon contract or hire, and annually thereafter. CarePlus suggests the initial training be within 30 days of contract or hire.

Please note that CarePlus is a wholly owned subsidiary of Humana. As such, you will see references to Humana throughout the documents listed above.

3. Q: What is a first tier, downstream or related entity?

A: A first tier, downstream or related entity (FDR) is a CMS term adopted by CarePlus, and this guidance document is for CarePlus FDRs. An FDR is any third 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, delegated and non-delegated contracted healthcare professionals, 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.

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 each calendar year:

- 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 use materially similar content.
 - Hard copies can be requested at any time by contacting your assigned provider services executive or the CarePlus Provider Operations inquiry line at 1-866-220-5448, Monday through Friday, from 8 a.m. to 5 p.m. Eastern time.
 - Conduct this review upon employment/contract and at least annually thereafter, understanding that requirements and content could change.
- 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 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 communicate these requirements and tracking requirements distribution for my organization?

A: A person or team 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 who render or may render healthcare services this calendar year for a member of CarePlus Medicare Advantage plan.

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

A: No, these are not one-time requirements. CMS requires that the training materials be reviewed upon hire or contract, and annually thereafter. CarePlus provides an annual notification as a reminder that all CarePlus-participating Medicare practitioners who may deliver 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 Third Parties
- Ethics Every Day for Contracted Healthcare Providers and Third Parties

10. 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 use the compliance policy and standards of conduct made available by CarePlus to communicate the compliance requirements outlined in the documents. However, the Humana documents are a good reference to assess the training content used by your organization. CarePlus reserves the right to request documentation (e.g., policies and tracking records) that demonstrate that an effective compliance program incorporating the CMS requirements is in place.

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

A: Requirements for plan sponsors, such as CarePlus and its 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](#)

Additional Clarifications

12. 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. Any related deficiency(ies) for your organization that are identified by CarePlus could result in disciplinary action up to termination of your agreement or contract.

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

A: Additional questions about these requirements can be directed to CarePlus' Provider Operations inquiry line at 1-866-220-5448 (toll free), Monday through Friday, from 8 a.m. to 5 p.m. Eastern time.