



FAQ: 2023 Healthcare Provider Compliance Program Education and Training Requirements for First-tier, Downstream and Related Entities

Notable changes to this document for 2023

Humana has updated the document title as well as information in the answers to Questions 4, 5, 6, 10 and 11.

- **Document title:** Humana updated the title to clarify there are compliance program education expectations in addition to requirements for training on specific topics
- **Q4:** Humana clarified that if your organization also performs a delegated function, such as credentialing claims processing, or participates in a clinical health services program (such as disease management), we will require an annual Medicare training attestation to be completed. If so, Humana will notify your organization.
- **Q5:** Humana added that agencies requiring topic-specific training for Medicaid plans administered by Humana now also include agencies in Ohio and Louisiana.
- **Q6:** Humana clarified that all contracted providers and provider entities also are responsible for tracking those they: a) educate on compliance program expectations and b) train on specific topics like fraud, waste and abuse (FWA), etc.
- **Q10:** Humana clarified when Special Needs Plan (SNP) training is required for providers and where to look on Humana's website to make sure the training is not unnecessarily completed.
- **Q11:** Humana clarified that compliance program education requirements, in addition to related topic trainings, is not just a one-time endeavor. It must be conducted prior to hire/contract and annually thereafter.

General information about compliance requirements

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

A: If your organization is contracted as a participating Humana Medicare or Humana Medicaid provider (including Humana Healthy Horizons® in Kentucky, South Carolina and/or Florida) and/or dual Medicare-Medicaid (Illinois) 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 and dual Medicare-Medicaid contracts mandate that all Humana-contracted healthcare providers adhere to annual compliance program requirements. These requirements are outlined in two 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(s) with Humana are required to review these two documents, or materially similar content, to ensure sufficient awareness of the compliance requirements.

FWA training and tracking of its completion also are required of those supporting a Humana 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 SNPs and/or plans administered by Humana for Medicaid or dual-eligible Medicare-Medicaid 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 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. The guidance in this 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 dual-eligible Medicare-Medicaid beneficiaries. The term FDR includes, but is not limited to, healthcare providers who are delegated and nondelegated, pharmacies, delegated agents, suppliers or 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., a 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 (MA) 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. Examples:

- Hospitals and healthcare practitioners in a group contracted with Humana as a First-tier Entity
 - An entity contracted by the first-tier group to perform billing or claim functions
- Related Entity – Any entity 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 perform a plan function or provide healthcare services in which Humana has an investment interest.

4. Q: What do I need to do to fulfill my compliance requirements?

A: Follow these steps if your organization is contracted as a Humana-participating Medicare, Medicaid and/or dual-eligible Medicare-Medicaid provider:

- Assure your organization has a plan to deploy and track FWA training this calendar year for those supporting the organization's Humana contract.
- If supporting SNPs or Medicaid, sign into or register on [Availity.com/Essentials](https://www.availity.com/essentials).
- Once logged into Availity Essentials (formerly Availity Portal), select "Payer Spaces > Humana" on the top navigation bar.

- On the Humana Payer Spaces page, select the “Resources” tab and scroll to “Humana Compliance Events”. Select the link and select your organization to access Humana’s compliance website.
- Select the appropriate annual compliance training requirements, take the training and complete applicable organization-level attestation(s).

Note: If your organization also performs a delegated function, such as credentialing claims processing, or participates in a clinical health services program (such as disease management), Humana will require an annual Medicare training attestation to be completed. If so, Humana will notify your organization.

5. Q: Why is Humana requiring me to take this training?

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 (as shown in this table):

Agency	Plan Type
CMS	Medicare-related
	SNPs
State agencies overseeing Medicaid or Medicare-Medicaid plans	Humana Healthy Horizons (Medicaid) plans in Florida, Kentucky, Louisiana, Ohio and South Carolina and dual Medicare-Medicaid plans in Illinois

6. Q: Who from my organization should complete and submit training attestations to Humana?

A: Someone authorized to complete compliance attestations and acknowledgments on behalf of your organization should complete the applicable attestation(s). However, all organizations who must conduct training and education are required to track distribution of compliance policies, Standards of Conduct and training completion status for those supporting Humana Medicare and/or Medicaid business.

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 Humana Medicaid-specific training if your organization has a contract to render healthcare services for a patient with a Humana Healthy Horizons Medicaid plan in Florida, Kentucky, Louisiana, Ohio and South Carolina or a dual-Medicare-Medicaid plan in Illinois.

Organizations not contracted to perform Medicaid services in any of the above states do not have to complete the Medicaid training and attestation nor provide training to those supporting Humana.

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

A: All healthcare practitioners, employees and subcontractors of an entity contracted to support Humana Medicare, Medicaid and/or dual Medicare-Medicaid plans must review, understand and comply with the requirements outlined in applicable training materials. The corresponding attestation forms should be completed at the contract level.

Because practitioners could have more than one arrangement to support Humana, please note:

- If your organization has a group contract with Humana, coordinate within your organization to have one person responsible for compliance complete and submit applicable attestation forms to Humana.

- If any healthcare practitioner in your organization 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 directly.

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, per the materials' requirements.
- Keep records to confirm the training was completed.

9. Q: Do non-healthcare personnel have to take Medicaid compliance training?

A: Yes, but not on every topic.

- At least two Medicaid trainings apply to non-healthcare personnel supporting a Humana contract related to a Humana Medicaid plan. These are:
 - [2023 Health, Safety and Welfare Training](#)
 - [2023 Cultural Competency Training](#)
- Humana Medicaid training and orientation apply primarily to healthcare practitioners, but non-healthcare personnel may need to review the material to ensure sufficient understanding of matters applicable to related administrative responsibilities. Humana defers to your organization to determine when non-healthcare personnel need to be trained on content for the separate topics of "Medicaid Training" and "Orientation" based on duties they perform that pertains to Medicaid-eligible beneficiaries. That said, Humana acknowledges that your organization may, in turn, decide that only certain content for these other topics applies to these individuals and direct them accordingly.

10. Q: Do I have to complete the SNP training?

A: You must complete SNP training if you are serving a patient with a Humana MA health maintenance organization (HMO) or preferred provider organization (PPO) SNP.

To assure you do not unnecessarily complete SNP Training, please refer to [Humana.com/Provider/News/Provider-Compliance](https://www.humana.com/Provider/News/Provider-Compliance) for a list of where Humana offers the plan types mentioned above.

11. Q: Are these trainings and the corresponding attestation(s), along with review of the policies listed in response to question no. 2, a one-time requirement?

A: No, they are not one-time requirements.

- Training on combatting FWA, as well as a review of the policies in response to question no. 2, or materially-similar content, must be accomplished upon hire or contract and annually thereafter.
- Those supporting SNPs and/or Medicaid and/or dual Medicare-Medicaid beneficiaries in a Humana 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 clarification becomes necessary or new requirements arise, Humana modifies its documents. To simplify your review of compliance materials, each of these documents contains a section titled “Notable 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 provide a good means to assess the training content used. Additionally, Humana reserves the right to request documentation (e.g., policies and tracking records) showing that your organization has 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 FDRS that include healthcare providers, are outlined in federal regulations and two CMS manuals. All sources can be accessed by clicking the following link(s):

[42 C.F.R. § 422.503](#)

[CMS Prescription Drug Benefit Manual Chapter 9 CMS Medicare Managed Care Manual, Chapter 21](#)

Web Access

15. Q: What is the access point for providers who choose to attest online?

A: [Availity.com/Essentials](#)

16. Q: Do you have detailed instructions for registering on Availity.com/Essentials and assigning the compliance business function?

A: Yes, detailed instructions are available at [Humana.com/ProviderCompliance](#). You also can access them at [How to Complete Compliance Requirements on Availity.com](#).

17. Q: I am having difficulty registering or signing into Availity Essentials or resetting my password. Whom do I contact for help?

A: Availity customer service. Call toll free at **800-AVAILITY (282-4548)**.

18. Q: I am not able to register on Availity Essentials. 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 them to Humana as specified on the form(s).

19. Q: I am signed into Availity Essentials , 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 signed into Availity Essentials, select “My Account” in the My Account Dashboard on the right side of the Availity home page.
2. Select “Update Contact Information” in the “My Profile Information” section.
3. Select “Update Email Address.”
4. Enter and confirm your email address and Availity password, then click “Save.”
5. Sign out of your Availity account.
6. Check your email account for a validation email. Click the link in the email to validate.
7. Sign back into Availity Essentials and follow the steps to access the “Humana Compliance Event.” If the issue persists, call Availity at **800-AVAILITY (282-4548)**.

Additional Clarifications

20. Q: What will happen if I do not fulfill any compliance program requirement 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 not addressed in this FAQ?

A: Please call Humana Provider Relations at **800-626-2741**.