



2023 Compliance Program and Training Requirements FAQs for Contracted Healthcare Entities and Those Who Support Them

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.

Title of this document: Modified it to clarify that compliance program and training requirements apply to contracted healthcare entities who, in turn, are responsible for educating and training all who support their obligations to CarePlus.

Q2 & Q4: One clarification was made in the answer to both these questions: To clarify that compliance requirements also encompass the annual SNP provider training.

Q4: One other clarification was made in the answer to this question: Your organization may be required to complete an annual Medicare training attestation (i.e., delegated entities). If so, CarePlus or Humana will notify your organization.

Q8: This question was added and it clarifies that the SNP training is an annual requirement for all providers.

Q9: One clarification was added: If a Medicare Training attestation is required from an organization, it is annual.

Q10: This question was added and it clarifies who should complete any required attestation(s,) submit the attestation(s) to Humana and when.

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

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, as well as administrative staff supporting their obligations to CarePlus.

2. Q: To what compliance information does CarePlus require adherence?

A: The compliance program requirements are outlined in two of our documents: Compliance Policy for Contracted Healthcare Providers and Third Parties (compliance policy) and 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 you can integrate related content from the above-listed Humana documents in what is provided to those who require training.

Other training requirements apply to support Special Needs Plans (SNPs) administered by CarePlus for dual-eligible Medicare-Medicaid beneficiaries.

The educational requirements outlined above must occur upon contract or hire, and annually thereafter. CarePlus suggests the initial training be accomplished within 30 days of contract or hire.

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

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 (MA) 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 an MA 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 claim functions.

Related entity – Any entity that is related to CarePlus or Humana by common ownership or control.

Within the FDR 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 that perform a plan function or provide healthcare services.

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

A: Follow these steps each calendar year:

1. Review the compliance materials posted on the CarePlus website at 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 calling your assigned provider services executive or the CarePlus Provider Operations inquiry line at 1-866-220-5448, Monday – Friday, 8 a.m. – 5 p.m., Eastern time.
 - Conduct this review upon employment/contract and at least annually thereafter, understanding that requirements and content could change.
2. 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.
 3. Be sure your organization tracks when all applicable parties were provided or accessed the material.
 4. To complete the required SNP provider training, please visit [Special Needs Plans \(SNP\) | CarePlus Health Plans](#) or contact your designated provider services executive to coordinate a face-to-face/virtual training.
 5. Your organization may be required to complete an annual Medicare training attestation (i.e., delegated entities). If so, CarePlus or Humana will notify your organization.

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

A: CMS requires all those supporting a plan for Medicare-eligible beneficiaries, including CarePlus, to adhere to compliance program requirements upon initial contract and as necessary thereafter. CMS requires CarePlus to communicate these requirements to contracted parties supporting a CarePlus Medicare product.

6. Q: Who should communicate these requirements and track 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 with a CarePlus MA plan.

8. Q: Do I have to complete the Special Needs Plan (SNP) training?

A: Yes, all CarePlus providers must complete SNP training annually. Please visit [Special Needs Plans \(SNP\) | CarePlus Health Plans](#) or contact your designated provider services executive to coordinate a face-to-face/virtual training.

9. Q: Is review of the policies and the trainings a one-time requirement?

A: No, review is not a one-time requirement. CMS requires that the education and training occur upon hire or contract, and annually thereafter. CarePlus provides an annual reminder that all CarePlus-participating Medicare practitioners who may deliver healthcare services to CarePlus’ Medicare members, along with their staff, must receive training. The SNP provider training must be completed and attested to annually. If your organization is required to complete an annual Medicare training and education attestation, it is an annual requirement.

10. Q: Who should complete any required attestation(s) and submit the attestation(s) to Humana?

When assigned, attestations are to be completed at the contract level. Therefore, only the person who is authorized to respond to compliance requests at an organizational level needs to complete the required attestation(s) and submit it to Humana. However, all organizations who must conduct training

and education are required to track distribution and training completion status for those supporting CarePlus business.

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

A: No, the material is not the same each 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, the following documents contain either a notable-changes section or a statement advising of no material changes:

- Compliance Policy for Contracted Healthcare Providers and Third Parties
- Ethics Every Day for Contracted Healthcare Providers and Third Parties

12. 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 CarePlus provides to communicate the compliance requirements outlined in the documents. However, the documents are good references for assessing the educational content used by your organization. CarePlus reserves the right to request documentation (e.g., policies and tracking records) that demonstrates an effective compliance program incorporating the CMS requirements is in place.

13. 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](https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-B/part-422/subpart-K/section-422.503)
<https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-B/part-422/subpart-K/section-422.503>
- [CMS Prescription Drug Benefit Manual, Chapter 9](#)
- [CMS Medicare Managed Care Manual, Chapter 21](#)

Link for both Chapters:

- <http://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovContra/Downloads/Chapter9.pdf>

Additional Clarifications

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. Any deficiency identified by CarePlus could result in disciplinary action up to termination of your agreement or contract.



15. Q: What if I have a question 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 – Friday, 8 a.m. – 5 p.m., Eastern time.