

GOVERNMENT PROGRAMS COMPLIANCE POLICY AND PROCEDURE

Policy Name:	FDR/DDE Global Compliance Policy		
Topic Area:	Government Programs Compliance		
Policy Number:	GOV040	Version:	5
Date Created:	June 2018	Effective Date:	June 2018
Last Review Date:	March 2022	Next Review Date:	March 2023
Department Impacted:	Government Programs Compliance		
Products/LOBs:	<input checked="" type="checkbox"/> Medicare Advantage <input checked="" type="checkbox"/> Asuris <input checked="" type="checkbox"/> Regence <input checked="" type="checkbox"/> HMO <input checked="" type="checkbox"/> PPO <input checked="" type="checkbox"/> Exchange <input checked="" type="checkbox"/> BridgeSpan		
Plan State:	<input checked="" type="checkbox"/> Idaho <input checked="" type="checkbox"/> Oregon <input checked="" type="checkbox"/> Utah <input checked="" type="checkbox"/> Washington		
Replaces Prior Policy or Policies:	N/A		

Policy Purpose:

Regence, Asuris, and BridgeSpan contract with the Centers for Medicare & Medicaid Services (CMS) to provide health care services to Medicare members through our Medicare Advantage Plans and Medicare Part D prescription drug products, and Exchanges through the QHP program. A condition of our contract requires we provide compliance oversight for first-tier, downstream and related entities (FDRs) and downstream and delegated entities (DDEs).

Policy Scope/Limitations:

This policy is limited to FDR organizations/contractors and Qualified Health Plan DDEs that have an active contract with Cambia Health Solutions.

Policy:

Regence, Asuris, and BridgeSpan retain oversight responsibility for all first-tier, downstream & related entities delegated administrative or health care service functions relating to the Medicare Parts C and D products, as well as downstream and delegated entities delegated administrative or health care service functions relating to the QHP programs. Regence, Asuris, and BridgeSpan have established an FDR/DDE oversight program to ensure that all individuals and entities are in compliance with all applicable laws, rules and regulations for these products.

REQUIREMENTS:

The FDRs/DDEs performing services on behalf of the Medicare Part C and D and/or QHP products will meet the compliance requirements as stated in the Medicare Compliance Addendum (MCA) and, if

applicable, The Qualified Health Plan Program Integrity Rules for Delegated and Downstream Entities Addendum.

- Suppliers: <https://www.cambiahealth.com/suppliers>
- Providers: Online administrative manual
- Producers: Compliance addendums

FDRs/DDEs must have appropriate oversight processes in place that comply with the following Medicare program and Regence, Asuris, and BridgeSpan requirements:

1. All required training is provided within 90-days of hire and annually thereafter
2. The Standards of Conduct which identifies the compliance responsibilities and publicizes disciplinary & non-retaliation standards for the FDRs/DDEs and includes a conflict of interest (COI) attestation process for the FDR/DDE governing bodies and senior leadership.
3. Current written procedures for compliance-related activities
4. Training materials based on Medicare's Parts C & D Compliance and Fraud, Waste and Abuse information. Resource materials are available on the CMS.gov site.
5. Effective communication with Regence, Asuris, and BridgeSpan including business partners, Sourcing, the Compliance Dept. and the Special Investigation Unit, as appropriate
6. Routine monitoring and auditing internally, as well as for downstream contractors
7. Publication of system for confidential, anonymous, 24-hour reporting of suspected or actual incidences of program noncompliance and FWA
8. System for identifying and quickly responding to compliance risks is in place
9. HHS OIG & GSA exclusion lists verification process prior to hire and monthly thereafter. The List of Excluded Individuals/Entities can be found at <https://oig.hhs.gov/exclusions/index.asp>
The List of Debarred Contractors can be found at <https://www.sam.gov/SAM/>
10. Regular communication via newsletters & intranet regarding disciplinary standards including possible actions for violating standards
11. Downstream contracts that have appropriate language to ensure CMS compliance with subcontractors
12. All materials related to the Regence, Asuris, and BridgeSpan Medicare Advantage & QHP programs will be retained for a period of ten (10) years from the final date of the contract period or the completion of any audit, whichever is later

MONITORING/AUDITING/RISK ASSESSMENT

Regence, Asuris, and BridgeSpan will confirm compliance with the above requirements through routine monitoring and auditing of a sample of FDRs/DDEs. An FDR/DDE risk assessment to review services and determine compliance monitoring and auditing oversight is conducted annually. Ad-hoc monitoring and auditing may be requested at any time. Process improvements may be required, even if formal corrective action is not deemed to be necessary. The Government Programs Compliance Director and Business Owner will be notified of audit/monitoring results and any subsequent corrective action plans and documentation.

Regulatory References:

- Medicare Managed Care Manual, Chapter 11, 110
- Prescription Drug Benefit Manual, Chapter 9, 40

- Medicare Managed Care Manual, Chapter 21, 40
- 45 C.F.R. Parts 155 and 156
- 45 CFR § 156.20
- 45 C.F.R. § 156.340

Definitions:

1. **First Tier, Downstream and Related Entities (FDRs):** As defined by Medicare Advantage and Part D programs.

First Tier Entity – Any party that enters into a written arrangement, acceptable to CMS, with an MAO or Part D plan sponsor or applicant to provide administrative services or health care services to a Medicare eligible individual under the MA program or Part D program. (See, 42 C.F.R. § 423.501).

Downstream Entity Any party that enters into a written arrangement, acceptable to CMS, with persons or entities involved with the MA benefit or Part D benefit, below the level of the arrangement between an MAO or applicant or a Part D plan sponsor or applicant and a first tier entity. These written arrangements continue down to the level of the ultimate provider of both health and administrative services. (See, 42 C.F.R. §, 423.501)

Related Entity –Any entity that is related to an MAO or Part D sponsor by common ownership or control and

(1) Performs some of the MAO or Part D plan sponsor’s management functions under contract or delegation.

(2) Furnishes services to Medicare enrollees under an oral or written agreement.

(3) Leases real property or sells materials to the MAO or Part D plan sponsor at a cost of more than \$2,500 during a contract period. (See, 42 C.F.R. §423.501).

2. **Delegated and Downstream Entities (DDEs):** As defined by 45 CFR § 156.20.

Delegated entity means any party, including an agent or broker, that enters into an agreement with a QHP issuer to provide administrative services or health care services to qualified individuals, qualified employers, or qualified employees and their dependents.

Downstream entity means any party, including an agent or broker, that enters into an agreement with a delegated entity or with another downstream entity for purposes of providing administrative or health care services related to the agreement between the delegated entity and the QHP issuer. The term “downstream entity” is intended to reach the entity that directly provides administrative services or health care services to qualified individuals, qualified employers, or qualified employees and their dependents.

FDRs/DDEs can include, but are not limited to:

1. **Independent Contractor:** Contracts directly with Regence, Asuris, and BridgeSpan to provide services that directly support the Medicare program (e.g. Independent Physician Reviewers).
2. **Vendor:** Contracts with Regence, Asuris, and BridgeSpan to provide services to support Medicare member programs or administrative services (refer to FDR definitions).

3. Temporary Employee: Hired through a Regence, Asuris, and BridgeSpan contracted temporary agency to perform duties to support the Medicare program.
4. Provider Contractor: Either individual or clinic provider entities that are joining or part of the Medicare provider network.
5. Sales Agent or Broker.

Procedure: N/A

Related Policies: N/A

Associated Desk References: N/A

Attachment Listing: N/A

Revision History:

Date	Version #	Changes	Approved By
June 2018	v.6.2018.1	No changes.	
July 2019	v.7.2019.1	Updated training requirements.	
February 2020	v.2.2020.1	Updated links.	
June 2020	v.3.2020.1	Risk assessment description added. Next annual review date remains March 2021.	
March 2021	v.1.2021.1	Deleted CMS training links	
2/4/2021 EJW	4 (v.1.2021.1)	Updated policy template	JDV
April 2021	5	Added Provider & Producer to Requirements section. Standardized version format to align with other Compliance policies.	
February 2022	5	Removed “Bridgespan” from “Exchanges” in Policy Purpose section to reflect that Exchanges are not exclusive to the Bridgespan brand. Updated Policy Scope/Limitations section.	