

First Tier, Downstream, and Related Entities (FDR)

Medicare Compliance Guide

2019



Mission Statement

Vantage Health Plan, Inc. strives to be a health care innovator by proactively seeking opportunities to improve the quality of health care while balancing the cost of that care.

Our Vision

We are committed to service. We believe our employees, members, and providers deserve and expect honesty, integrity, quality, and excellence in an insurance company. We believe outstanding customer service is achieved by continually working to improve oneself and the health care product provided.

We are committed to strength. We're strong to keep you strong. We believe in providing our members with wellness and preventive services to promote health. We strive not only to offer quality health care, but a higher quality of life as a result of that health care.

We are committed to satisfaction. We believe communication must be clear to all for proper expectations to be met. Only with the understanding of one's health insurance can proper expectations be made and satisfaction obtained. It is the goal and desire of every employee to provide excellent customer service thereby achieving member and provider satisfaction.

We are committed to solutions. We believe that for every challenge there is a win-win solution. We believe that a strong provider network and a variety of products are needed to meet the needs of our community and to provide quality health care.

We are committed to success! We believe that companies don't succeed, people do! You make Vantage Health Plan, Inc. possible. Therefore, it is our mission to help you succeed by providing exceptional service, rock-solid strength, customer satisfaction, and innovative solutions for their health care coverage needs.

We are committed to Saving our Downtown. We are working hard to further the ongoing beautification efforts of downtown Monroe completely renovating multiple buildings. We take pride in our community and love that we are helping the rebirth of downtown Monroe.

FDR Compliance Guide

Since 1994, Vantage Health Plan, Inc. (Vantage) has strived to be a healthcare innovator by proactively seeking opportunities to improve the quality of healthcare while balancing the cost of that care. While Vantage handles many of its operational and administrative tasks internally, we do contract with some external individuals and entities to administer healthcare services in a cost-effective and efficient manner. The Centers for Medicare and Medicaid Services (CMS), in its regulatory guidance, refers to these individuals and entities as First-Tier, Downstream, and Related Entities (FDRs).

CMS requires Medicare Advantage Organizations (MAO) to manage and oversee FDRs who assist in providing administrative and/or healthcare services to Medicare beneficiaries. Examples of FDRs include brokers/agents (producers), providers, pharmacy benefit managers, and other individuals, entities, or suppliers who contract with Vantage to deliver healthcare services.

Vantage, as a Medicare Advantage Prescription Drug (MA-PD) sponsor, holds the ultimate responsibility for fulfilling its contract with the CMS. As a result, CMS may hold Vantage liable for the failure of its FDRs to comply with CMS regulations.

CMS Definitions of First-Tier, Downstream, and Related Entities

First-Tier Entity: is 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 healthcare services to a Medicare-eligible individual under the MAO program or Part D program. (See 42 CFR § 422.501)

Downstream Entity: is any party that enters into a written arrangement, acceptable to CMS, with persons or entities involved with the MAO 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 or both health and administrative services.

Related Entity: is 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; or
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

FDR Medicare Compliance Requirements

As an FDR to Vantage, your organization must satisfy several Medicare compliance program requirements which include, but are not limited to:

- Medicare Parts C&D Fraud, Waste, and Abuse (FWA) Training
- Medicare Parts C&D General Compliance Training
- Code of Conduct/Compliance Program Policy Distribution
- Special Needs Plan Training
- Office of Inspector General (OIG)/System for Award Management (SAM) Exclusion List Screening
- Reporting of FWA and Compliance Violations to Vantage
- Ongoing Monitoring and Auditing of FDRs
- Offshore Operations

Records should be retained for a minimum of 10 years.

Annually, an authorized representative from your organization must attest to your Medicare compliance requirements. The authorized representative is an individual who has the responsibility directly or indirectly for all employees, contracted personnel, providers, and delegated entities who provide administrative and/or healthcare services for Vantage. This would include compliance officers, chief medical officer, practicing manager/administrator, and executive officer or similar related positions.

How Do FDRs Meet Training Requirements?

FDRs have three (3) options for ensuring they have satisfied FWA training and general compliance training:

1. Sponsors and FDRs can complete the general compliance and/or FWA training modules located on the CMS Medicare Learning Network (MLN)

<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNGenInfo/index.html>

2. Sponsors and FDRs can incorporate the content of CMS standardized training modules from the CMS website into their organization's existing compliance training materials/systems

3. Sponsors and FDRs can incorporate the content of the CMS training modules into written documents for providers (for example, provider guides or participation manuals)

Regardless of the method used, the training must be completed:

- Within 90 days of initial hiring or the effective date of the contract
- Annually thereafter

FDRs are required to provide either Vantage's Code of Conduct or your own comparable standards of conduct to all applicable employees and Downstream Entities who provide administrative and/or healthcare services for Vantage. Vantage's Code of Conduct is available on our web page:

<https://vantagehealthplan.com>

Standards of conduct must articulate the FDR's commitment to ethical behavior and assurance to comply with federal and state laws. You must distribute standards of conduct:

- Within 90 days of initial hiring or the effective date of the contract
- Annually thereafter
- When there are any revisions to the standards of conduct

Special Needs Plan Training Requirement

A Special Needs Plan (SNP) is an MA plan that has special benefits and services designed to improve care and manage costs for the frail and elderly through improved coordination. Vantage offers a SNP for the dual eligible population in Louisiana. A dual eligible member has Medicare and qualifies for some level of Medicaid as well.

The SNP Model of Care (MOC) is a plan for delivering care management and services to MA members with special needs.

The Centers for Medicare and Medicaid (CMS) requires Vantage to provide Special Needs Plans (SNP) and Model of Care (MOC) training to employees and providers who coordinate the delivery of care to our SNP members. CMS also requires employees and providers serving the SNP population to complete annual training.

Providers may meet the training requirement by reviewing the Special Needs Plan Training in Vantage's Provider Portal. <https://portal.vantagehealthplan.com>

Who Should Complete Training?

In order to prevent unnecessary burden on FDRs, not every employee is required to take training. Below are examples of the critical roles within an FDR that are clearly required to fulfill the training requirements:

- Senior administrators or managers directly responsible for the FDR's contract with the Sponsor (e.g., Senior Vice President, Departmental Managers, Chief Medical or Pharmacy Officer)
- Individuals directly involved with establishing and administering the Sponsor's formulary and/or medical benefits coverage policies and procedures
- Individuals involved with decision-making authority on behalf of the Sponsor (e.g., clinical decisions, coverage determinations, appeals and grievances, enrollment/disenrollment functions, processing of pharmacy or medical claims)
- Reviewers of beneficiary claims and services submitted for payment
- Individuals with job functions that could place the FDR in a position to commit significant noncompliance with CMS program requirements or health care FWA

Training references: 42 CFR § 422.503 (b)(4)(vi)(C) and Medicare Managed Care Manual Chapter 21 § 50.3

Office of Inspector General (OIG)/ Systems for Award Management (SAM) Exclusion List Screenings

Federal law prohibits Medicare, Medicaid, and other federal healthcare programs from paying for services or items provided by an individual or entity excluded from participation in these federal programs. Vantage requires all FDRs that provide administrative and/or healthcare services to Medicare beneficiaries to be checked against the OIG/SAM exclusion list prior to hiring or contracting and monthly thereafter. FDRs must retain evidence of these exclusion screenings.

If any of your employees or Downstream Entities are on one of the exclusion lists, you must remove them, without delay, from working directly or indirectly with Vantage's Medicare or Exchange lines of business. You must immediately notify Vantage of any employees or Downstream Entities that you discover on the exclusion lists. *42 CFR § 422.503(b)(4)(VI)(F)*

Below are the links to the OIG/SAM web pages:

<https://exclusions.oig.hhs.gov/>

<https://www.sam.gov/portal/SAM/#1>

Reporting FWA and Compliance Concerns

Vantage takes compliance violations related to the Medicare program very seriously. It is very important as an FDR that you know how to report compliance issues. Vantage has provided the following reporting channels for suspected or actual compliance violations:

- Vantage Hotline: 888-607-0058
- Compliance Email: complianceissues@vhpla.com
- Compliance Fax: 318-361-2184
- Compliance Violation Form on Vantage's web page: <https://vantagehealthplan.com>
- Contact Vantage's Medicare Compliance Officer, Sally Knight Rainer: 318-998-3186

Vantage encourages good faith reporting of suspected noncompliance or FWA. To ensure the protection of an individual reporting suspected compliance violations or cooperating in an investigation, Vantage has implemented a non-retaliation policy. Reporting may be done anonymously and will be kept confidential to the maximum extent allowed by law.

Ongoing Monitoring and Auditing

As an FDR with Vantage, you must ensure that compliance is maintained by your organization as well as your Downstream Entities that provide administrative and/or healthcare services to Medicare beneficiaries. Your organization must conduct oversight to ensure your employees and Downstream Entities abide by all laws and regulations.

To ensure Vantage has proper monitoring and auditing controls in place, Vantage reserves the right, at any time, to request evidence of compliance from the FDR. If we determine that an FDR doesn't comply with any of the Medicare compliance requirements in this guide, we will require the FDR to develop a Corrective Action Plan (CAP) or may terminate the contract, depending on the severity of the noncompliance issue(s). *42 CFR § 422.503(b)(4)(VI)(F) and Medicare Managed Care Manual Chapter 21 § 50.6.6*

Offshore Operations

Vantage requires FDRs to request permission from an authorized representative of Vantage before engaging in any offshore operation involving our Medicare business. The term "offshore" applies to any individual or entity that is outside the United States or its territories (American Samoa, Guam, Northern Marianas, Puerto Rico and Virgin Islands).

If you or a Downstream Entity perform services using an offshore individual or entity that involves the receipt, processing, transferring, handling, storing or accessing of Vantage's Medicare members protected health information (PHI) you must have Vantage's approval. CMS requires Vantage to provide attestations within 30 calendar days if an offshore contract is signed and approved.

If the offshore operations are not approved by Vantage, we will take action as deemed necessary.

Vantage Health Plan, Inc. (Vantage) is an HMO with a Medicare contract. Enrollment in Vantage depends on contract renewal. Vantage complies with all applicable Federal and State civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, gender identity, sexual orientation, or any other legally protected characteristic. ATTENTION: If you have limited English proficiency, language assistance services, free of charge, are available to you. Call 1-866-704-0109 (TTY: 1-866-524-5144). ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-704-0109 (TTY: 1-866-524-5144). ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-866-704-0109 (ATS: 1-866-524-5144).



VANTAGE LOCATIONS

Monroe

130 DeSiard Street, Suite 300
Monroe, LA 71201

Shreveport

855 Pierremont Road, Suite 109
Shreveport, LA 71106

Baton Rouge

5778 Essen Lane, Suite B
Baton Rouge, LA 70810

Hammond

219 West Thomas Street
Hammond, LA 70401

For information on other locations:
www.VantageHealthPlan.com/locations

CONTACT

Phone Numbers:

(888) 823-1910 or TTY (866) 524-5144
(for the hearing impaired)

Website:

www.VantageHealthPlan.com