Medicare Part C&D FDR Compliance

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Our Values/Who We Are

- Integrity
- Accountability
- Best Practices
- Compassion
- Synergy

About SCAN

- SCAN was founded in 1977 by a group of seniors
- SCAN has kept more than 100,000 seniors out of nursing homes.
- Over 168,000 members
- SCAN’s Provider Network includes: 5,655 PCPs; 15,337 Specialists; 105 Hospitals
- 4th largest not-for-profit MAPD in the nation and 2nd largest in California
- 4.5 Star CMS Rating
- 90% Member Satisfaction Rating
SCAN’s FDR Compliance Oversight Program

What is an FDR; First Tier, Downstream and Related Entity?
• **First Tier Entity:** An entity contracted with SCAN to provide delegated healthcare and or administrative services to the plan’s Medicare members, or that must have an independent knowledge of Medicare Advantage Part C or Part D requirements to fulfill its contractual responsibilities to the plan.
• **Downstream Entity:** A provider of healthcare or administrative services that enters into a contract with a First Tier Entity contracted with SCAN. The designation of Downstream Entities continues down to the level of the ultimate provider of healthcare and administrative services to Medicare beneficiaries.
• **Related Entity:** An entity related to SCAN by common ownership or control.

SCAN’s FDR Compliance Oversight Program

• SCAN is responsible for ensuring that its FDRs operate in compliance with applicable Medicare laws and regulations.
• FDR oversight is mandated and necessary to ensure sound fiscal practices, prevent fraud, waste and abuse and provide quality of care to SCAN members.

Compliance Program Effectiveness: FDR Compliance

SCAN’s FDR program is built around the Seven Elements of an effective Compliance Program Model:
• Written Policies, Procedures, and Standards of Conduct
• Compliance Officer, Compliance Committee, Governing Board
• Effective Training & Education
• Effective Lines of Communication
• Effective System for Routine Monitoring & Auditing
• Procedures & System for Promptly Responding to Compliance Issues
• Sponsor Accountability and Oversight of FDRs
SCAN’s Compliance Attestation Process

• SCAN requires its FDRs to attest to meeting CMS and SCAN compliance requirements at the time of contracting with the plan and annually thereafter.
• SCAN audits a selection of FDRs annually to validate compliance with meeting the plan’s contractual standard and applicable Medicare Advantage Program requirements.

SCAN’s Annual Compliance Program Audit Process

The Compliance Attestation reflects SCAN’s minimum requirements, for which the plan requires First Tier Entities to achieve 100% in meeting the following Compliance Program standards:
• Standards of conduct and written compliance policies and/or procedures;
• General compliance training;
• FWA training;
• OIG/GSA excluded entities/individuals;
• Offshore subcontracting (if applicable);
• Record retention standard; and
• Oversight of FDRs.

First Tier/Downstream Entity Perspective

Use the MA attestation and audit process as a tool to evaluate your compliance program
• The MA requirements provide a roadmap for compliance best practice
• Helps provide evidence of an effective compliance program to management and leadership
• Helps advance compliance initiatives “We need this to be compliant with our MA contracts!”
• Be flexible. Health Plans responding to CMS audits will ask for different things.
• Be prepared for Information Security Audits
  • Operational Controls
  • Administrative Procedures
  • Technical Controls
First Tier/Downstream Entity Perspective

Education and Training

• Acknowledge and work towards streamlining the CMS General Compliance Training content

• Understand if you are a “deemed entity” or if you are required to complete the FWA training in addition to General Compliance Training. Ensure that training is included within 90 days of hire and annually thereafter

• Have a way to track compliance with training

First Tier/Downstream Entity Perspective

OIG List of Excluded Individuals and Entities (LEIE) Screening

• Are you screening new hires/medical staff/contractors?

• Are you screening monthly?

• Are you screening downstream entities?

• Do you have a way to show evidence to a MA Health Plan?

• If not, consider third party vendor

First Tier/Downstream Entity Perspective

Code Of Conduct

• Do you have a Code of Conduct?

• Develop in collaboration with leadership

• Must be provided upon hire and annually thereafter
First Tier/Downstream Entity Perspective

Policies and Procedures

- Does your hiring policies reflect OIG LEIE screening for new hires and monthly thereafter?
- Do you have a policy that addresses annual compliance training?
- Does your record retention policy reflect 10 years for MA patients?

Tools

- Medicare Managed Care Manual Chapter 21 – Compliance Program Guidelines