INTRODUCTION

Agent Pipeline’s reputation as a compliance leader is directly related to our dedication in raising the overall standards in the insurance industry. Guided by our relentless focus on core values, we continually strive to implement initiatives required to achieve our vision. In doing this, we deliver excellence in every aspect of our business.

Our Compliance programs help us to ensure our employees and agents are practicing business in an ethical manner and help to reduce or eliminate fraud, waste, and abuse (FWA). This program also reinforces our commitment to compliance and assists us in complying with applicable laws, rules, and regulations.

Due to the service provided under the Medicare Advantage program, both Agent Pipeline and many of their downline agency partners are required to perform under the Centers for Medicare & Medicaid Services (CMS.) CMS refers to these entities as First Tier, Downstream and Related Entities (FDRs).

You will find specific requirements in this document to assist in the fulfillment of these Medicare compliance program requirements. The Code of Federal Regulations (CFR) outlines these requirements, and they are defined by CMS in the January 11, 2013, Compliance Program Guidelines in Chapter 21 of the Medicare Managed Care Manual and Chapter 9 of the Prescription Drug Benefit Manual. The requirements are identical in these two sources.

You received this guide because you may be a First Tier Entity. If this applies to you, you must comply with these requirements.

Thank you for allowing Agent Pipeline’s industry leading compliance department to assist in helping you remain compliant.

For more information on our Compliance Program, please contact our Compliance Board by calling 800-962-4693 or emailing compliance@agentpipeline.com
WHAT IS AN FDR?

We use the current CMS definitions to define First Tier, Downstream and Related Entities:

First Tier Entity is any party that enters into a written arrangement, acceptable to CMS, with an MA organization 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 CFR §§ 422.500 and 423.501.)

Downstream Entity is 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 MA organization 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 CFR §§ 422.500 and 423.501.)

Related Entity means any entity that is related to an MA organization or Part D sponsor by common ownership or control and:

1. Performs some of the MA organization 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 MA organization or Part D plan sponsor at a cost of more than $2,500 during a contract period (See 42 CFR §§ 422.500 and 423.501.)

Agent Pipeline’s Medicare compliance program requirements described in this guide apply to all agents contracted to participate in selling Medicare Advantage and Medicare Part D Prescription drug plans.

It’s important that FDRs are in compliance with applicable laws, rules, and regulations. Although we contract with FDRs to provide administrative and/or health care services for Medicare plans, in the end, we’re responsible for fulfilling the terms and conditions of CMS and meeting applicable Medicare program requirements. FDRs are responsible for complying with relevant Medicare program requirements. FDRs must also ensure that their Downstream Entities, which they use for any carrier’s Medicare products, also comply with applicable laws and regulations, including the requirements in this guide.

Your organization and all of your Downstream Entities must comply with Medicare compliance program requirements.

This guide summarizes the Medicare compliance program requirements. Please review it to make sure that you have internal processes to support your compliance with these requirements each calendar year.
COMPLIANCE PROGRAM REQUIREMENTS

These Medicare compliance program requirements include, but are not limited to:

- Effective January 1, 2016, completion of the CMS Combating Medicare Parts C and D Fraud, Waste, and Abuse Training and the CMS Medicare Parts C and D General Compliance Training modules
- Code of conduct/compliance program policy distribution
- Exclusion list screenings
- Reporting FWA and compliance concerns to Agent Pipeline’s Compliance Department
- Offshore operations and CMS reporting
- Specific federal and state compliance obligations
- Monitoring and auditing of First Tier, Downstream and Related Entities

If our FDRs fail to meet these CMS Medicare compliance program requirements, it may lead to:

- Development of a corrective action plan (CAP)
- Retraining
- Termination of your contract and relationship with carriers

Our actions in response to noncompliance will depend on the severity of the compliance issue. If an FDR identifies areas of noncompliance (for example, refusal of an employee to complete the required FWA training), they must take prompt action to fix the issue and prevent it from happening again.

You must maintain evidence of your compliance with these Medicare compliance program requirements (for example, employee training records and CMS certificates of FWA training completion) for no less than 10 years. Also, each year, an authorized representative from your organization must attest to your compliance with the Medicare compliance program requirements described in this guide. The authorized representative is an individual who has responsibility directly or indirectly for all:

- Employees
- Contracted personnel
- Providers/practitioners
- Vendors who provide health care and/or administrative services for Medicare plans

This could be your compliance officer, practice manager/administrator, an executive officer or similar positions.
FRAUD, WASTE, AND ABUSE (FWA) TRAINING & GENERAL COMPLIANCE TRAINING

You must ensure that your applicable employees and Downstream Entities complete fraud, waste and abuse and general compliance training. Effective January 1, 2016, you/your organization must ensure their completion of the CMS Combating Medicare Parts C and D Fraud, Waste, and Abuse Training module, as well as the CMS Medicare Parts C and D General Compliance Training module. CMS may update these required training modules annually.

Your applicable employees and Downstream Entities assigned to provide administrative and/or health care services for our Medicare plans can access these trainings in one of three ways:

- Complete the modules on the CMS Medicare Learning network (MLN) website. The general compliance course is called Medicare Parts C and D General Compliance Training, and the FWA training is called Combating Medicare Parts C and D Fraud, Waste, and Abuse Training. Once completed, download and retain the certificate of completion. The certificates must be made available to Agent Pipeline, an insurance carrier, and/or CMS upon request.
- You/your organization can also download or print the content of the CMS training modules from the MLN website to incorporate it into your training materials/system. The content of the CMS training modules cannot be changed to ensure the integrity and completeness of the training.

You/your organization must retain records of completion. These must be made available to Agent Pipeline, an insurance carrier, and/or CMS if requested.

- You/your organization can incorporate the content of the CMS training modules from the MLN website 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 hire or the effective date of contracting
- At least annually during each calendar year (January 1 – December 31) thereafter.

We request that you confirm your compliance with these requirements as part of our annual attestation process. However, you must also maintain evidence of training completion. Evidence of completion may be in the form of certificates, attestations, training logs or other means determined by you to best represent the fulfillment of your obligations. If you use training logs or reports as evidence of completion, they must include employee names, dates of employment, dates of completion and passing scores (if captured).
FRAUD, WASTE, AND ABUSE (FWA) TRAINING & GENERAL COMPLIANCE TRAINING

Not every employee needs to take training. Below are examples of critical roles within an FDR that clearly should be required to fulfill the training requirements:

- Senior administrators or managers directly responsible for the FDR’s contract with Agent Pipeline and insurance carriers, (for example, senior vice president, departmental managers)

- Individuals directly involved with establishing and administering the carrier’s formulary and/or medical benefits coverage policies and procedures

- Individuals involved with decision-making authority (for example, 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 place the FDR in a position to commit significant noncompliance with CMS program requirements or health care FWA

Not sure which employees at your organization should take the training? You can contact our Compliance Board at 800-962-4693 ext. 6202 for further guidance.
CODE OF CONDUCT & COMPLIANCE POLICY DISTRIBUTION

Your organization must also provide either the insurance carrier's code of conduct and Medicare compliance policies or your own comparable code of conduct/compliance policies (collectively, "standards of conduct") to all applicable employees and Downstream Entities who provide administrative and/or healthcare services for Medicare plans. The written compliance policies and standards of conduct must contain all of the elements set forth in Section 50.1 and its subsections of Manual, Chapter 21, and articulate the entity’s commitment to comply with federal and state laws, ethical behavior and compliance program operations. You must distribute standards of conduct/policies:

- Within 90 days of hire or the effective date of contracting
- When there are updates to the standards of conduct
- Annually thereafter

Also, you must retain evidence of your distribution of the standards of conduct. You can find the standards of conduct requirements in:

- 42 CFR § 422.503(b)(4)(vi)(A) for MA
- 42 CFR § 423.504(b)(4)(vi)(A) for Part D
- Manual, Chapter 21 § 50.1

You/your organization must retain records of completion. These must be made available to Agent Pipeline, an insurance carrier, and/or CMS if requested.

- You/your organization can incorporate the content of the CMS training modules from the MLN website 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 hire or the effective date of contracting
- At least annually during each calendar year (January 1 – December 31) thereafter

Federal law prohibits Medicare, Medicaid and other federal health care programs from paying for items or services provided by a person or entity excluded from participation in these federal programs. Therefore, before hiring or contracting, and monthly after that, each FDR must check exclusion lists from the Office of Inspector General (OIG) and the U.S. General Services Administration (GSA). This is to confirm that employees and Downstream Entities performing administrative and/or health care services for Medicare plans aren’t excluded from participating in federally funded health care programs.
EXCLUSION LIST SCREENINGS

You can use these websites to perform the required exclusion list screening:

- OIG List of Excluded Individuals and Entities (LEIE)
- GSA’s System for Award Management (SAM)

Also, FDRs must maintain evidence they checked these exclusion lists. You can use logs or other records to document that you’ve screened each employee and Downstream Entity in accordance with current laws, regulations, and CMS requirements. Be sure to retain evidence of the screening that was conducted including date of occurrence, the results of the screening and any actions taken if sanctioned individuals or entities were identified.

You’re not alone. We’re also required to check these exclusion lists before hiring or contracting with any new employee, temporary employee, volunteer, consultant, governing body laws, member or FDR, and monthly after that. We cannot check these exclusion lists for your employees and Downstream Entities. So to make sure we comply with this CMS requirement, you must confirm that your permanent and temporary employees and Downstream Entities that provide administrative and/or health care services for Medicare plans are not on either of these exclusion lists.

If any of your employees or Downstream Entities are on one of these exclusion lists, you must immediately remove them from work directly or indirectly related to Medicare plans and notify us right away.

These exclusion list requirements are noted in § 1862(e)(1)(B) of the Social Security Act, 42 CFR §§ 422.503(b)(4)(vi)(F), 422.752(a)(8), 423.504(b)(4)(vi)(F), 423.752(a)(6), 1001.1901, and further described in the manual, Chapter 21 § 50.6.8.

There are a number of ways to report suspected or detected noncompliance or potential FWA. Don’t worry — your reports are confidential. Contact our Compliance Board for more ways to report incidents by emailing complianceboard@agentpipeline.com or calling our 24-hour hotline at 800-92-4693 ext. 6202.

Federal law prohibits Medicare, Medicaid, and other federal health care programs from paying for items or services provided by a person or entity excluded from participation in these federal programs. Therefore, before hiring or contracting, and monthly after that, each FDR must check exclusion lists from the Office of Inspector General (OIG) and the U.S. General Services Administration (GSA). This is to confirm that employees and Downstream Entities performing administrative and/or health care services for Medicare plans aren’t excluded from participating in federally funded health care programs.

You must adopt and enforce a zero-tolerance policy for retaliation or intimidation against anyone who reports suspected misconduct.
COMPLIANCE OBLIGATIONS

To help make sure we comply with applicable federal and state laws, rules and regulations, you are required to request permission to perform offshore services or to use an individual or entity (offshore entity) to perform services for Medicare plans when the individual or entity is physically located outside the United States or one of its territories (that is, American Samoa, Guam, Northern Marianas, Puerto Rico and the Virgin Islands). The only approval is made by an authorized representative in advance and in writing for the use of such offshore individual or entity.e screened each employee and Downstream Entity in accordance with current laws, regulations, and CMS requirements. Be sure to retain evidence of the screening that was conducted including date of occurrence, the results of the screening and any actions taken if sanctioned individuals or entities were identified.

If you perform services offshore or use an offshore entity to perform services involving the receipt, processing, transferring, handling, storing or accessing of Medicare member protected health information (PHI) and we must approve the arrangement, Agent Pipeline, and the carrier are required to submit an attestation to CMS. Therefore, you must immediately notify your relationship manager if you engage in offshore services yourself or through an offshore entity. One example provided by CMS of offshore services that trigger this attestation requirement is “offshore subcontractors that receive radiological images for reading, because beneficiary personal health information (PHI) is included with the radiological image and the diagnosis is transmitted back to the U.S.”

Based on the services that you/your organization performs for Medicare plans, you may be subject to other federal and state laws, rules and regulations that we didn’t describe in this guide. If you have questions about the Medicare requirements for the services that you/your organization performs, please contact Agent Pipeline’s Compliance Board at 800-962-4693 ext. 6202 or email our Compliance Board at complianceboard@agentpipeline.com. Agent Pipeline expects you to be compliant with all federal and state laws, rules, and regulations.

CMS requires that we develop a strategy to monitor and audit our First Tier Entities. This helps ensure that our First Tier Entities comply with all applicable laws and regulations and that our First Tier Entities must monitor the compliance of their Downstream Entities. Therefore, if you choose to subcontract with other individuals/parties to provide administrative and/or health care services for Medicare plans, you must make sure that these Downstream Entities abide by all laws and regulations that apply to you as a First Tier Entity. This includes ensuring:

- Contractual agreements contain all CMS-required provisions
- They comply with the Medicare compliance program requirements described in this guide
- They comply with any applicable Medicare operational requirements
MONITORING & AUDITING

Also, you/your organization must conduct sufficient oversight (that is, auditing and monitoring) to test and ensure that your employees and Downstream Entities are compliant. You must retain evidence of oversight completion, ensure root cause analysis is conducted for any deficiencies, and implement corrective actions or take disciplinary actions such as contract termination, as necessary, to prevent recurrence of noncompliance.

We routinely monitor and periodically audit our FDRs. This helps us ensure compliant administration of our contracts with insurance carriers to offer contracts to certify and sell Medicare plans, as well as applicable laws and regulations. Each FDR must cooperate and participate in these monitoring and auditing activities. If an FDR performs its own audits, we may ask for the audit results affecting Medicare business. Also, FDRs must routinely monitor and/or periodically audit their Downstream Entities if they are used for Medicare plans. If we determine that an FDR doesn’t comply with any of the requirements in this guide, we’ll require the FDR to develop and submit a CAP. We can help the FDR address the identified compliance issues.

These monitoring and auditing requirements are noted in:

- 42 CFR § 422.503(b)(4)(vi)(F) for MA
- 42 CFR § 423.504(b)(4)(vi)(F) for Part D
- Manual, Chapter 21 § 50.6.6
FREQUENTLY ASKED QUESTIONS

Q. Where can I complete CMS general compliance training?

A. You can find the CMS general compliance training module on the CMS Medicare Learning Network (MLN). It can be completed on the MLN, after registration. It is titled Medicare Parts C and D General Compliance Training. You can also download it and incorporate the module, unmodified, into your existing training materials/systems.

Q. Where can I find CMS FWA training?

A. You can find the CMS FWA training module on the MLN. It can be completed on the MLN, after registration. It is titled Combating Medicare Parts C and D Fraud, Waste, and Abuse Training. You can also download it and incorporate the module, unmodified, into your existing training materials/systems.

Q. How do I provide proof of training?

A. CMS requires FDRs to maintain evidence of training completion. FDRs must retain this evidence for 10 years. The CMS training completion certification is evidence of completion.

Q. How do I create my own compliance program?

A. Contact Agent Pipeline, our Compliance Department can help guide you through the process and assess your current compliance program. Please contact us at 800-962-4693 ext. 6202, email complianceboard@agentpipeline.com, or click here to request a compliance review.
WE ARE CONSTANTLY WORKING TOWARDS THE HIGHEST LEVEL OF COMPLIANCE POSSIBLE AND WORK WITH OUR DOWNLINE AGENCIES TO ENSURE THEY HAVE THE SAME QUALITY OF COMPLIANCE PROGRAM IN PLACE. WE ALL WIN IF WE WORK TOGETHER.

KIM PATTERSON
CHIEF COMPLIANCE OFFICER

Questions, concerns or details of an incident may be emailed to complianceboard@agentpipeline.com. Please indicate if you wish to remain anonymous. You may also contact our 24-hour Compliance Hotline at 800-962-4693 ext. 6202.