



RE: ANNUAL COMPLIANCE AND FRAUD, WASTE, AND ABUSE TRAINING

Dear Provider:

As part of an effective Compliance Program, the Centers for Medicare and Medicaid Services (CMS) requires MARCH® Vision Care (MARCH), in support of its Medicare Advantage (MA) client requirements, annually to communicate specific Compliance and Fraud, Waste and Abuse (FWA) requirements to its employees and contractors - including you as a first tier, downstream, or related entity (FDRs). Specific definitions of these terms are excerpted at the end of this letter from Chapter 21 of the Medicare Managed Care Manual for your convenience.

Below is a list of the specific Compliance and Fraud, Waste and Abuse requirements based on CMS guidance in 2013.

1. Standards of Conduct – FDRs working on MA programs must provide **either their own Standards of Conduct or another compliant Code of Conduct** to employees (including temporary workers and volunteers), the CEO, senior administrators or managers, governing body members and sub-delegates who are involved in the administration or delivery of MA program benefits or services within 90 days of hire and annually thereafter. If the FDR chooses to utilize its own Standards of Conduct it must include all CMS required elements.

Client Codes of Conduct can be accessed under the Compliance heading at:
<https://marchvisioncare.com/providerresources.aspx>.

2. Fraud Waste and Abuse (FWA) and General Compliance Training – FDRs working on MA programs must provide **either their own training materials or the CMS Parts C and D FWA and General Compliance Training module** for employees (including temporary workers and volunteers), the CEO, senior administrators or managers, governing body members, and sub-delegates who have involvement in the administration or delivery of MA program benefits or services within 90 days of hire and annually thereafter. If the FDR chooses to utilize training other than the CMS Parts C and D FWA and General Compliance Training module, it must include all CMS required elements. Please note that FDRs who have met the FWA certification requirements through enrollment into the Medicare program or accreditation as a DMEPOS provider are deemed to have met the training and education requirements for FWA, but not General Compliance, training.

CMS Parts C and D FWA and General Compliance Training module is available on the CMS Medicare Learning Network® at:

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

3. OIG/GSA/State Exclusion Checks – FDRs working on MA programs must review the federal exclusion lists (**DHHS-OIG List of Excluded Individuals and Entities (LEIE)** at <http://oig.hhs.gov/exclusions/index.asp> and **GSA Excluded Parties List System (EPLS)** at System for Award Management at <https://www.sam.gov/SAM>) This review needs to be completed prior to hiring or contracting with all employees (including temporary

workers and volunteers), the CEO, senior administrators or managers, governing body members, and sub-delegates who are involved in the administration or delivery of MA program benefits or services to ensure that none of these persons or entities are excluded or become excluded from participation in federal programs. FDRs must continue to review the federal exclusion lists on a **monthly** basis thereafter.

FDRs serving MA programs must also review state level exclusion lists as applicable to the services the FDR is contracted to perform.

4. Offshoring - Our FDRs working on MA programs and their sub-delegates must not perform services offshore that require sharing of member protected health information (PHI) unless MARCH has given its prior written approval. A specific request for such approval may be sent, with sufficient details to understand the nature and circumstances of protected health information proposed to be shared offshore, to providercompliance@marchvisioncare.com.

5. Maintaining Records - Please maintain records for 10 years that show that you have met these requirements. You may be called upon by us, our clients, or CMS to provide documentation upon request. Examples of documentation include: (1) communication of Standards of Conduct in an email, fax blast, website portal or contract; (2) FWA and general compliance training methods, materials used for training, employee sign-in sheet(s), attestations or electronic certifications that include the date of the training; (3) method of OIG/GSA and state (if applicable) exclusion checks and a copy of a sanction check report for an employee/contractor; and (4) policy(s) and procedure(s) that describe the process(es) you use to meet the above requirements.

We thank you for your continued support and we appreciate your cooperation. If you identify suspected FWA it is your right and responsibility to report it to us immediately so that we can detect, correct and prevent FWA in the health care system. You can report suspected FWA concerns to UnitedHealthcare online at uhc.com/fraud or by calling 1-844-359-7736. Callers are encouraged to provide contact information should additional information be needed. You, however, may report anonymously. We expressly prohibits retaliation for reports made in good faith.

Sincerely,
Compliance Department

DEFINITIONS

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 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).

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 health care services to a Medicare eligible individual under the MA program or Part D program. (See, 42 C.F.R. § 423.501).

Related Entity means 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. (See, 42 C.F.R. §423.501).