

Annual compliance and fraud, waste and abuse training

As part of an effective compliance program, the Centers for Medicare and Medicaid Services (CMS) requires UnitedHealthcare Community Vision Network / March® Vision Network, in support of its Medicare Advantage (MA) client requirements, to communicate specific compliance and fraud, waste and abuse (FWA) requirements annually to its employees and contractors – including you as a first tier, downstream or related entity (FDRs).*

The following list of the specific compliance and fraud, waste and abuse requirements is based on CMS guidance:



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. Additional information can be located under Compliance at marchvisioncare.com.



Fraud waste and abuse (FWA) and general compliance training

FDRs working on MA programs must provide FWA and general compliance training.

You must provide FWA and general compliance training to your employees (includes temporary or volunteers) and contractors that support the delivery and administration of program benefits or services. The FWA and general compliance training must be completed within 90 days of hire and annually thereafter (by end of each year).

To ensure that you and/or your organization have access to training, CMS provides **resources related to fraud, waste and abuse, and compliance**.

* Specific definitions of these terms are excerpted at the end of this communication from Chapter 21 of the Medicare Managed Care Manual.



OIG/GSA/state exclusion checks

FDRs working on MA programs must review the federal exclusion lists at [DHHS-OIG List of Excluded Individuals and Entities \(LEIE\)](#) and [GSA Excluded Parties List System \(EPLS\)](#) at System for Award Management. 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 **monthly** thereafter.

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

Many states maintain state-based sanction/exclusion databases that are in addition to, but do not replace, the OIG and GSA federal exclusion databases. You may not participate in the network of a state if the specific state is listed on that state's exclusion list, even if you are not listed on a federal exclusion list. Review the State Exclusion List Resource: [Verify Comply®](#).



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 UnitedHealthcare | March Vision Care 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.



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:

- Communication of Standards of Conduct in an email, fax blast, website portal or contract
- 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
- Method of OIG/GSA and state (if applicable) exclusion checks and a copy of a sanction check report for an employee/contractor
- Policy(s) and procedure(s) that describe the process(es) you use to meet the above requirements



Reporting

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 it in the health care system. You can report suspected FWA concerns to UnitedHealthcare:

- Online at uhc.com/fraud
- By phone at **844-359-7736**

Callers are encouraged to provide contact information should additional information be needed. You may report anonymously. We expressly prohibit retaliation for reports made in good faith.



Definitions

Downstream Entity is any party that enters 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 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).