

**First Tier, Downstream, and Related Entities (FDR)
Medicare Compliance Program Self-Assessment Tool**

Organization Name: _____

Date of Self-Assessment: _____

Objective: To validate an organization’s compliance with specific Medicare Compliance Program requirements as required by the Centers for Medicare & Medicaid Services (CMS) of CHRISTUS Health Plan’s Medicare Advantage and Prescription Drug Plan products.

Instructions: After review of the procedures, documents or other materials, select whether there is sufficient evidence to ensure organizational compliance with each of the elements listed in the grid below. Select “Met” if organization has validated its compliance, or select “Not Met” if the organization is not compliant. For any “Not Met” responses, a root cause analysis and resulting corrective action plan should be developed to bring organization into compliance.

Element	Requirement to be completed by the Organization for CHRISTUS Health Plan	Met	Not Met
1. Code of Conduct (“COC”) and/or Compliance Policies			
1.a	Provided Code of Conduct (COC) and/or Compliance Policies to employees within 90 days of hire. (§50.1.3)	<input type="checkbox"/>	<input type="checkbox"/>
1.b	Provided COC and/or Compliance Policies to employees annually and when updates are made. (§50.1.3)	<input type="checkbox"/>	<input type="checkbox"/>
2. Fraud Waste and Abuse (FWA) Training First Tier Entities may be “deemed” if enrolled into Parts A or B of the Medicare program or accredited as a supplier of Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS). Any portion of the organization that is not deemed is still subject to the requirements. <i>If deemed, the First Tier has automatically “Met” this element.</i>			
2.a	New employees complete CMS’ <i>Combating Medicare Parts C and D Fraud, Waste, and Abuse Training</i> module within 90 days of hire. (§ 50.3.2; CY 2015 Final Rule CMS–4159–F published May 23, 2014)	<input type="checkbox"/>	<input type="checkbox"/>
2.b	Existing employees complete CMS’ <i>Combating Medicare Parts C and D Fraud, Waste, and Abuse Training</i> module annually. (§ 50.3.2; CY 2015 Final Rule CMS–4159–F published May 23, 2014)	<input type="checkbox"/>	<input type="checkbox"/>
3. General Compliance Training			
3.a	New employees complete CMS’ <i>Medicare Parts C and D General Compliance Training</i> module within 90 days of hire. (§ 50.3.1; CY 2015 Final Rule CMS–4159–F published May 23, 2014)	<input type="checkbox"/>	<input type="checkbox"/>
3.b	Existing employees complete CMS’ <i>Medicare Parts C and D General Compliance Training</i> module annually. (§ 50.3.1; CY 2015 Final Rule CMS–4159–F published May 23, 2014)	<input type="checkbox"/>	<input type="checkbox"/>
4. Exclusion List Screenings: Office of Inspector General List of Excluded Individuals and Entities (“OIG”) and General Services Administration System for Award Management (“GSA”)			
4.a	Screen employees against the OIG <u>and</u> GSA exclusion lists prior to hire. (§50.6.8)	<input type="checkbox"/>	<input type="checkbox"/>
4.b	Screen employees against the OIG <u>and</u> GSA exclusion lists monthly. (§50.6.8)	<input type="checkbox"/>	<input type="checkbox"/>
5. Reporting Mechanisms			
5.a	Communicate reporting mechanisms, obligation to report, and non-retaliation policy for the reporting of non-compliance and potential FWA to employees. (§50.4.2)	<input type="checkbox"/>	<input type="checkbox"/>
5.b	Report compliance concerns and potential FWA impacting CHRISTUS Health Plan’s Medicare business to CHRISTUS Health Plan. (§50.4.2)	<input type="checkbox"/>	<input type="checkbox"/>
6. Record Retention			
6.a	Retain training records of employees for ten (10) years which includes key data elements such as time, attendance, topic, certificates of completion, and test scores as applicable. (§50.3.2)	<input type="checkbox"/>	<input type="checkbox"/>
7. Downstream Oversight Element #7 is Not Applicable (N/A) for organizations that do not have contracted Downstream Entities OR that do not use Downstream Entities for CHRISTUS Health Plan’s Medicare products.			
7.a	Conducts oversight (e.g., monitoring or auditing) of Downstream Entities to ensure: (§50.6.6) a) Downstream Entities are compliant with Medicare regulations and requirements such as the Medicare Compliance Program Requirements; b) Downstream Entities are meeting performance expectations; AND c) Corrective actions and disciplinary actions are enforced as appropriate.	<input type="checkbox"/>	<input type="checkbox"/>
7.b	Screen Downstream Entities against OIG <u>and</u> GSA exclusion lists prior to contracting and monthly thereafter. (§50.6.8)	<input type="checkbox"/>	<input type="checkbox"/>

Please refer to CHRISTUS Health Plan’s Medicare Compliance Program FDR Guide for additional details for these requirements.