

HEALTH PLAN POLICY	
Policy Title: Annual Attestations from FDRs	Policy Number: AC31 Revision: A
Department: Administration	Sub-Department: Compliance
Applies to Product Lines: <input type="checkbox"/> Medicaid <input type="checkbox"/> USFHP <input type="checkbox"/> Children's Health Insurance Plan <input type="checkbox"/> Commercial Insured <input type="checkbox"/> Health Insurance Exchange <input type="checkbox"/> Non Insured Business <input checked="" type="checkbox"/> Medicare	
Origination/Effective Date: 03/27/2019	
Reviewed Date(s):	Revision Date(s): 03/11/2020

SCOPE:

The purpose of this policy is to provide written guidelines for the process of ensuring all delegates are in compliance with all applicable laws, rules, and regulations.

DEFINITIONS AND ACRONYMS:

- **Centers for Medicare & Medicaid Services (CMS)**
- **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. (Sec. 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).
- **Fraud, Waste and Abuse (FWA)**
- **Health and Human Services (HHS)**
- **Related entity** - means any entity that is related to an MAO or Part D sponsor by common ownership or control and
 - Performs some of the MAO or Part D plan sponsor's management functions under contract or delegation;
 - Furnishes services to Medicare enrollees under an oral or written agreement; or
 - 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).

POLICY:

CHRISTUS Health Plan (CHRISTUS), by written contract, may delegate certain functions under its contracts with State and Federal Regulatory Agencies. Functions which may be delegated in whole or in part through the delegation process include, but not limited to, are: network development, credentialing, utilization management, member services, and claims processing/payment. CHRISTUS shall oversee and remains accountable for any functions and responsibilities that it delegates. Besides the delegated processes,

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CHRISTUS' contract requires all delegates to stay in compliance with CHRISTUS' Compliance Program requirements.

All delegates are required to have an effective Compliance Program and submit an annual attestation to CHRISTUS' Compliance Department attesting that they have complied with, at a minimum, the following Compliance Program requirements:

- All employees/vendors/consultants/governing body member are trained and have access to Compliance, HIPAA and FWA P&Ps within 90 days of hire/contract and annually thereafter.
- All employees/vendors/consultants/governing body member are trained and have received the Code of Conduct within 90 days of hire/contract and annually thereafter.
- All employees/vendors/consultants/governing body member have signed conflict of interest disclosures/attestations.
- All employees/vendors/consultants/governing body member are screened against the OIG/GSA Exclusion List before hire/contract date and monthly thereafter.

The attestation is provided by CHRISTUS at the time of contract, emailed to all delegates annually as well as it is made available on the provider portal. A copy of the attestation is attached with this Policy.

REFERENCES:

- Medicare Managed Care Manual Chapter 21 and Prescription Drug Benefit Manual Chapter 9, Section 50.
- The Act §1862(e)(1)(B), 42 CFR §§ 422.503(b)(4)(vi)(A); 423.504(b)(4)(vi)(A).

RELATED DOCUMENTS:

None

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Nancy Horstmann
Chief Executive Officer Health Plans

3/17/20

Date



David Engleking, M.D.
Medical Director

3/19/20

Date

REVISION HISTORY:

Revision	Date	Description of Change	Committee
New	03/27/2019	Initial release.	Executive Leadership
A	03/11/2020	Annual review. Updated timeframe to receive P&Ps and code of conduct.	Executive Leadership