



THE UNIVERSITY OF ARIZONA  
HEALTH PLANS

**SUBJECT: FRAUD AND ABUSE AWARENESS -  
FIRST TIER, DOWNSTREAM AND  
RELATED ENTITIES**

**POLICY: CP 6019**

**Department of Origin: Compliance and Audit**  
**Responsible Position: Director of Compliance**

**Date(s) of Review and Revision:** 11/11; 05/12; 06/12; 01/14; 04/15; 05/16; 7/16  
**Policy Replaces:** AD 228 SNP; CP 228 SNP; CP 1228 A; CP 1228 S

**Department Approval:**



Approval has  
completed on CP 6019

**PURPOSE**

To set forth the requirements for First Tier, Downstream and Related Entities regarding prevention, detection and reporting of Fraud, Waste and Abuse.

**APPLICABILITY**

This policy applies to all Lines of Business.

**POLICY**

In support of The University of Arizona Health Plans (Health Plan) Fraud, Waste, and Abuse Program, it is the policy of the Health Plan to require all First Tier, Downstream, and Related Entities (FDRs) to abide by all Health Plan, federal and state regulations, laws, and guidelines regarding the prevention, detection, and reporting of Fraud, Waste, and Abuse.

**DEFINITIONS**

Please refer to the link below for full definitions for the following terms:

<http://sharepoint/sites/hppandp/new/Lists/Definitions/PP%20Definitions.aspx>

**Abuse**

**First Tier, Downstream and Related Entities (FDR)**

**Fraud  
Waste  
Delegated**

**PROCEDURE**

- 1.0 FDR responsibility regarding Fraud, Waste and Abuse.
- 1.1 The contract between the Health Plan and the FDRs contains Fraud, Waste and Abuse clauses as well as requirements regarding complying with Health Plan requirements, federal and state laws.
- 1.2 FDRs are required to abide by all Health Plan policies and federal and state regulations pertaining to the prevention, detection and reporting of FWA.
- 1.3 FDR's maintain an internal FWA process which could include data analysis, audits, clinical review, documentation validation, claims review or legal review.
- 1.4 On a quarterly basis, the delegated FDR's Special Investigations Unit (SIU) or FWA Program meets with the following staff as applicable: Health Plan's SIU, Compliance Department, Network Development, Chief Medical Officer or Designee, Dental Consultant, Pharmacist, Operations and Legal Counsel (if necessary). The delegated FDR reports on their routine and focused audits, retrospective reviews, data mining and analysis, provider concerns, training, outliers or trends, and any other pertinent topic.
- 1.5 The Health Plan Compliance Department or SIU can request copies of reports, audits, medical, dental or pharmacy records, training, claims reports, or other documentation. The Health Plan Compliance Department or SIU has the authority to request that the delegated FDR conduct an audit, review medical/dental/pharmacy records, provide training or complete other actions as necessary.
- 1.6 The Health Plan Compliance Department and SIU has the authority to determine if any of the findings or reported data are potential FWA. If that determination is made, the Health Plan SIU reports the provider or member to either the AHCCCS OIG, NBI Medic, law enforcement, licensing boards or other regulatory body.
- 1.7 Once a report is made to AHCCCS OIG, the Health Plan and the delegated FDR must adhere to AHCCCS ACOM Policy 103 indicating that once a case of alleged fraud, waste, or abuse has been referred no further action to recoup or otherwise offset any suspected overpayments can be made.
- 1.8 Once a report is made to NBI Medic, law enforcement, licensing boards or other regulatory body, the Health Plan and the delegated FDR must follow the direction provided in regard to the case.
- 2.0 **FDR Fraud, Waste and Abuse Training Requirements**
- 2.1 The Health Plan requires that FDRs who are contracted to provide health, prescription drug or administrative services to Part C Medicare Advantage (MA) or Part D Prescription Drug Plan (PDP) enrollees on behalf of UAHP to perform functions for the Medicare lines of business to complete the CMS must complete Fraud, Waste and Abuse training within 90 days of initial contracting/hire and annually thereafter. New-employees of FDR's are required to complete this

training within 90 days of hire. 2.2 FDRs contracted for all lines of business must provide training to their employees on the False Claims Act; the administrative remedies for false claims and statements; any State laws relating to civil or criminal penalties for false claims and statements; and whistleblower protections under such laws.

2.2 Materials and instructions for completion of training requirements are made available to all FDRs within 90 days of contract, annually through the FDR Compliance Attestation, or through other Compliance or Network Development communications or materials

2.3 For FDRs who are contracted to perform a function for the Health Plan for the Medicare line of business, the Fraud, Waste, and Abuse training must be completed by using the following three options:

**Option 1:** Complete CMS training on the MLN website

FDRs and their employees can complete the general compliance and/or FWA training modules and testing on the CMS Medicare Learning Network (MLN) website. Once an individual completes the training, the MLN system will generate a certificate of completion.

**Option 2:** Use the CMS training within FDR training programs:

FDRs and their employees can download or print the content of the CMS standard training modules. They can also download the testing from the CMS website. They can add it to their organization's existing training that covers topics specific to their organization. No entity other than CMS can modify the CMS training content to ensure the integrity and completeness of the training.

**Option 3:** FDRs who have met the FWA certification requirements through the accreditation process by a national accreditation program (approved by CMS) are deemed and have met the FWA training and education requirements.

2.3.1 UAHP and CMS will accept either the MLN system generated certificates of completion, or, an attestation from the FDR confirming that the it's employees have completed the compliance and FWA trainings.

2.3.2 Records must be maintained for 10 years and made available to the Health Plan or CMS upon request.

2.3.3 The deeming exception for FWA training and education does not apply to the General compliance training and education requirement described above.

2.4 Satisfaction of the FWA training requirement will be monitored by the Compliance Department through completion of the Annual FDR Compliance Attestation.

### 3.0 FDR Reporting Requirements

3.1 FDRs who suspect possible FWA are required to report the suspicion to the Health Plan Compliance Department immediately.

3.2 FDRs may report via telephone, email, the online FWA reporting form on the Health Plan's website or via mail. FDRs may also use the Compliance Hotline – ComplyLine at 1-888-747-7989 for anonymous reporting of any suspected FWA.

### 4.0 FWA Educational Materials Provided to FDRs

- 4.1 The Health Plan's Compliance Program and FWA Plan are made available to all FDRs on the Health Plan's website or as a hardcopy upon request. The Compliance Program and FWA Plans include the Health Plan's Fraud, Waste and Abuse Plan and the Code of Conduct. FDRs and their employees are encouraged to read this document to familiarize themselves with the Health Plan's FWA and Compliance requirements.
- 4.2 On the Health Plan's website, the Health Plan posts the "Compliance Guide for Business Partners," which outlines all FWA requirements for FDRs.
- 4.3 Applicable Health Plan FWA policies are made available for FDRs through e-services, the online provider portal.
- 4.4 The Health Plan provides training, educational materials and FWA-related information to FDRs through provider forums, provider newsletters and email communications.
- 4.5 AHCCCS FWA information and requirements are located in the Provider Manual.

## **PERFORMANCE AND OUTCOME MEASURES**

- 1.0 100% of delegated FDRs complete the annual Health Plan FDR Compliance Attestation.
- 2.0 100% of delegated FDRs complete the required FWA training.
- 3.0 Measured increase of FWA reporting from FDRs to be documented and reported at the UAHP Compliance Committee.

## **REFERENCES**

- 1.0 CMS Website: Fraud and Abuse for Consumers
- 2.0 42 C.F. R. 455.2
- 3.0 42 CFR §422.503(b)(4)(vi)(C) and 42 CFR §423.504(b)(4)(vi)(C))
- 4.0 A.R.S. §36-2918.01, §36-2932, §36-2905.04
- 5.0 Chapter 21 Medicare Managed Care Manual, Chapter 9 Prescription Drug Benefit Manual
- 6.0 AHCCCS Acute Care Contract CY16; Section D; Paragraph 62
- 7.0 Health Plan Compliance and FWA Program Plan
- 8.0 AHCCCS ACOM Policy 103 – Fraud, Waste and Abuse

## **ASSOCIATED POLICIES AND PROCEDURES**

- 1.0 Health Plan Policy – ND 6003; Provider Notification and Communication Methods
- 2.0 Health Plan Policy – ND 6002; New Provider Orientation
- 3.0 Health Plan Policy – ND 1112A; Provider Office Visits
- 4.0 Health Plan Policy – CP 6001; Compliance Program
- 5.0 Health Plan Policy – CP 6018, Fraud, Waste and Abuse
- 6.0 Health Plan Policy – CP 6020 FWA Employee Awareness

## **ATTACHMENTS**

N/A