

First-Tier, Downstream and Related Entity Program Self-Assessment Tool

Objective: To validate an organization's compliance with specific Medicare Compliance Program requirements as required by the Centers for Medicare & Medicaid Services ("CMS") of Care First Advantage, Inc. 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 CareFirst Advantage, Inc.	Met	Not Met			
1.	Code	of Conduct ("COC") and Compliance Policies					
	1.a	Provided Code of Conduct ("COC") and Compliance Policies to employees within 90 days of hire.					
	1.b	Provided COC and Compliance Policies to employees annually and when updates are made.					
	■ 42 C.F.R. §§ 422.503(b)(4)(vi)(A), 423.504(b)(4)(vi)(A)						
	■ 42 C.F.R. §§ 438.230, 457.1233						
	• De	eficit Reduction Act of 2005					
2.	2. Fraud Waste and Abuse ("FWA") Training First-Tier¹ 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")². Any portion of the organization that is not deemed is still subject to the requirements. If deemed, the First-Tier has automatically "Met" this element.						
	2.a	New employees complete General Compliance and Fraud, Waste, and Abuse Training within 90 days of hire.					
	2.b	Existing employees complete Compliance and Fraud, Waste, and Abuse Training annually.					
	 42 C.F.R. §§ 422.503(b)(4)(vi)(C), 423.504(b)(4)(vi)(C), 438.230 						

¹First-Tier Entity is any party that enters into a written arrangement, acceptable to CMS, with a Medicare Advantage Organization or Part D plan sponsor or applicant to provide administrative services or healthcare services to a Medicare eligible individual under the Medicare Advantage program or Part D program. (See, 42 C.F.R. §§ 422.500 & 423.501)

²Health care providers enrolled in the Medicare program or accredited as a DMEPOS provider are deemed to have met the FWA training and education requirements.

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Element	Requirement to be completed by the Organization for	Met	Not			
	CareFirst Advantage, Inc.		Met			
	sion and Preclusion List Screenings: Office of Inspector General List of Excl					
	Individuals and Entities ("OIG"), General Services Administration System for Award					
	gement ("GSA"), and CMS Preclusion List					
3.a	Screen employees against the OIG <u>and</u> GSA exclusion lists <u>and</u> CMS Preclusion List prior to hire.					
3.b	Screen employees against the OIG and GSA exclusion lists and CMS					
3.0	Preclusion List monthly.	Ш				
• Th		(b)(4)(vi)	/E\			
	 The Act §1862(e)(1)(B), 42 C.F.R. §§ 422.503(b)(4)(vi)(F), 422.752(a)(8), 423.504(b)(4)(vi)(F), 423.752(a)(6), 1001.1901, 438.230 					
	ting Mechanisms					
4. Repor	Communicate reporting mechanisms, obligation to report, and non-					
4.a	retaliation policy for the reporting of non-compliance and potential FWA					
	to employees.					
4.b	Report compliance concerns and potential FWA impacting CareFirst					
4.0	Advantage Inc.'s Medicare business to CareFirst Advantage, Inc.					
■ Fa	Ise Claims Acts (31 U.S.C. §§ 3729-3733)					
	C.F.R. §§ 422.503(b)(4)(vi)(G), 423.504(b)(4)(vi)(G), 438.230					
	d Retention					
5.a	Retain training records of employees for ten (10) years which includes key					
0.0	data elements such as time, attendance, topic, certificates of completion,					
	and test scores as applicable.					
• 42	CFR 422.503 422.504 (d), 438.230					
	toring and Auditing					
6.a	Establish and maintain an auditing and monitoring program that					
	addresses functions and services performed as part of the delegated	<u>—</u>				
	relationship.					
6.b.	Have defined processes in place to report auditing and monitoring results					
	to CareFirst Advantage, Inc.					
• 42	C.F.R. §§ 422.503(b)(4)(vi)(E), 423.504(b)(4)(vi)(E), 438.230					
7. Dowr	stream Oversight					
Eleme	ent #7 is Not Applicable (N/A) for organizations that do not have contract	ed Dow	nstream			
Entitie	es OR that do not use Downstream Entities for CareFirst Advantage Inc.'s Me	dicare p	roducts.			
7.a	Conducts oversight (e.g., monitoring or auditing) of					
	Downstream Entities to ensure: (§50.6.6) N/A					
	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					
7 '	as appropriate.					
7.b	Screen Downstream Entities against OIG and GSA exclusion lists and CMS					
- 40	Preclusion List prior to contracting and monthly thereafter.					
• 42	C.F.R. §§ 422.503(b)(4)(vi)(F), 423.504(b)(4)(vi)(F), 438.230					