



## **Compliance Program Requirements and Annual Attestation First Tier, Downstream, and Related Entities (FDRs) and other Delegated Entities**

Dear First Tier Entity:

Your organization is receiving this communication because UCare has federal and state obligations to provide appropriate oversight of our FDRs. UCare is committed to complying with all applicable regulations.

As you may know, Centers for Medicare & Medicaid Services (CMS) requires Compliance Program oversight activities by UCare of its First Tier, Downstream and Related (FDR) Entities as described in the Medicare Managed Care Manuals Chapters 9 and 21 found here:

<https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovContra/Downloads/Chapter9.pdf>

Included with this cover letter is information that describes some of the key Compliance Program requirements applicable to our partnership as well as the attestation form for you to complete. For more complete details, please review the Medicare Managed Care Manual Chapters referenced above. This completed attestation needs to be submitted to UCare prior to contract signing.

Please submit your executed attestation to UCare via electronic mail to [providerapp@ucare.org](mailto:providerapp@ucare.org).

We want to thank you for your partnership in serving our members and ensuring your organization's compliance with Medicare and/or State Public Program requirements. If you have any questions, please call UCare's Provider Assistance Center at 612-676-3300 or toll free 1-888-531-1493.

Sincerely,

UCare Corporate Compliance Staff

## Compliance Program Requirements

### Definitions

**FDR:** First tier, downstream, and related entity.

**First Tier:** Any party that enters into a written arrangement to provide administrative or health care services to a Medicare eligible individual under the Medicare Advantage or Part D program.

**Downstream:** Any party that enters into a written arrangement with a First Tier to provide administrative or health care services to a Medicare eligible individual under the Medicare Advantage or Part D program. This subcontracted work could be services performed by clinics or physicians for UCare.

**Related Entity:** A subsidiary or affiliated corporation of a First Tier or Downstream entity.

**General Services Administration (GSA):** An independent agency of the United States government established to help manage and support federal agencies that includes procurement.

**Office of Inspector General (OIG):** An oversight agency protecting the program integrity and welfare of the beneficiaries, of Department of Health & Human Services (HHS) programs including Medicare and Medicaid.

### Code of Conduct

UCare is committed to detecting, preventing, and correcting fraud, waste and abuse and has established a Code of Conduct that complies with Medicare Managed Care Manuals Chapters 9 and 21. UCare requires that FDRs' Code of Conduct is comparable to UCare's Code of Conduct in that it articulates your organization's commitment to ethical behavior and complying with all applicable regulatory requirements with clear expectations of compliance by employees, and any downstream or related entities; including ramifications for non-compliance.

If your Code of Conduct is not comparable to UCare's, distribute or make available UCare's Code of Conduct to your employees. This can be found at the following link as well as in the Provider Manual.

[UCare Code of Conduct](#)

### Reporting Compliance Concerns

It is important to have effective lines of communication in your organization for reporting fraud, waste and abuse concerns and actual or suspected program violations. You must report to UCare suspected Medicare and State Public program violations and fraud, waste and abuse concerns that affect UCare payments or members. UCare has a strict no retaliation policy for good faith reporting.



**UCare's Toll Free Hotline: 1-877-826-6847** (*Anonymous and available 24/7*)

**Compliance E-mail:** [Compliance@ucare.org](mailto:Compliance@ucare.org)

**Direct Mail:**

UCare

Attn: Compliance Officer

P.O. Box 52

Minneapolis, MN 55440-0052

**UCare Compliance Officer direct phone number:** 612 294 5529

**Disciplinary Standards**

Failure to report suspected Medicare or State Public program violations and/or fraud, waste and abuse concerns may result in disciplinary action up to and including termination of your contract with UCare. UCare has a strict no retaliation and no intimidation policy for good faith reporting.

UCare expects that you have disciplinary standards in place and publicized for your employees and downstream and related entities.

**FDR Oversight**

UCare is required to complete monitoring activities of its FDRs and we use a variety of methods including audits and monitoring of reporting data against required regulatory compliance metrics. If results of these activities indicate a compliance deficiency, your organization must determine root cause, member impact, and develop a corrective action plan with remediation.

**Monitoring your Downstream Entities**

CMS requires that you monitor the compliance of your downstream entities and UCare may request proof of the monitoring activities and the actions taken for any compliance deficiencies.

**Exclusions from Participation in Federal Healthcare Programs**

For any employee (temporary, volunteer, and governing body members) or downstream and/or related entity relationships who administer or deliver Medicare Parts C and D benefits, and/or State Public Programs services, you must ensure they are not excluded from participation in federal health care programs prior to hire or contracting and monthly thereafter.

Medicare payments may not be made for items or services furnished or prescribed by a provider or entity excluded by the Office of the Inspector General at the US Department of Health and Human Services (OIG) or the General Services Administration (GSA).

In addition, for those functions related to State Public Program services, such as Medicaid, Minnesota Care, and Special Needs Plans, the Minnesota Department of Human Services requires checks of Federal databases, including the National Plan and Provider Enumeration System (NPPES), upon contract execution, renewal, and credentialing. This applies to those providers required to have a National Provider Identifier (NPI).

**Offshore Subcontracting**

UCare must be notified before any offshore subcontractors are utilized in the performance of contracted administrative or healthcare services. In order to ensure protection of PHI, your organization must conduct annual audits of those entities. The term offshore refers to any country that is not within the United States or one of the United States territories (American Samoa, Guam, Northern Marianas, Puerto Rico, and Virgin Islands).

**Record Retention and Availability**

All records pertaining to your policies and procedures conducted on behalf of UCare must be retained for a period of ten years and these must be made available to UCare upon request.