



First-Tier, Downstream and Related Entities (FDR Compliance)

Our Commitment to CMS regulatory compliance:

To assist all of our business partners (or FDR vendors) HealthSun Health Plans is providing convenient access to the required training materials in order to comply with those activities described in CMS 42 CFR §422.503(b)(4)(vi)(A) and 42 CFR §423.504(b)(4)(vi)(A) and sub-regulatory guidance found in the Medicare Managed Care Manual, Chapter 21 - Compliance Program Guidelines.

Our policies and procedures require that our business partners either utilize our training materials, or their own training materials of an equivalent nature if they meet or exceed the minimum requirements contained in those of HealthSun Health Plans. If our business partners choose to use their own materials in lieu of the HealthSun Health Plans materials, they must complete and sign the Attestation, and implement all activities described in it. The Attestation can be obtained from the Providers page on our website or by request from the Compliance Officer of HealthSun Health Plans. When you have reviewed the Attestation, please complete the form and return back to HealthSun. By doing so, this signifies your cooperation with our efforts to maintain compliance with all regulatory requirements. Questions or concerns related to these requirements may also be directed to the HealthSun Compliance Officer.

Documents provided are:

HealthSun Health Plans Compliance Program (HIPAA training, Code of Ethics/Standards of Conduct, Fraud, Waste, and Abuse Training Program, and Corporate Compliance Plan training) along with the FDR Attestation Form are available on this website for the First Tier, Downstream and Related entities (FDR's).

The Code of Ethics (Code) is focused on Medicare Part C & Part D along with Medicaid. The Code is an important segment of the overall Compliance Program of HealthSun Health Plans. The Code provides employees with the following:

- 1) Ethical standards required in the delivery of Medicare benefits
- 2) Policy and procedure for reporting violations of the Code to the Compliance Officer and where applicable, to either the CMS designee, state agency, or law enforcement
- 3) Employee's commitment to comply with all applicable Federal and State regulations
- 4) Details on disciplinary actions that can be imposed on an employee who fails to comply with the code.

Fraud, Waste and Abuse:

The Fraud, Waste, and Abuse training addresses:

- The need to meet the CMS requirement for Medicare Advantage Organizations and Part D Sponsors to provide training materials to their First Tier, Downstream, and Related Entities.
- All current employees & new hires must complete this training (within 30 days of hire), and annually thereafter. This includes Board members.
- Maintain records of all training – this to include dates, method of training, materials used for training, identification of trained employees via sign-in sheets, employee rosters or other methods, etc.
 - HealthSun Health Plans, CMS, or other regulatory agencies may request such records to verify that training occurred.

Corporate Compliance Plan Training:

The Corporate Compliance Plan Training presentation addresses the key components that comprise the Compliance Program including:

- Written Policies and Procedures and Code of Ethics
- Medicare and Medicaid Compliance Officer, Operations Compliance Committee
- Training and Education
- Effective Lines of Communication
- Enforcement of Well Publicized Disciplinary Standards
- Auditing and Monitoring
- Prompt and Effective Responses to Detected Offenses

HIPAA Compliance Training:

The HIPAA Compliance training is required for individuals who will be viewing Protected Health Information (PHI) or Personal Identification Information (PII). It is also required that HIPAA training be completed within 30 days of hire and annually thereafter. We must be able to provide our regulatory agencies evidence to show each individual has completed a formal compliance HIPAA training program.

- [42 CFR §422.503\(b\)\(4\)\(vi\)\(A\)](#)
- [42 CFR §423.504\(b\)\(4\)\(vi\)\(A\)](#)
- [42 CFR §422.504\(i\)\(4\)\(i\)-\(v\)](#)
- [Prescription Drug Benefit Manual, Chapter 9 and Medicare Managed Care Manual, Chapter 21](#)