

Compliance Program

IPAs and Medical Groups enter into written agreements with First-tier, Downstream, or Related Entities (FDR) to provide administrative or healthcare services to Medicare enrollees. Per the Centers for Medicare & Medicaid Services (CMS), MedPOINT Management (MPM) must ensure FDRs comply with program requirements within Chapter 42 of the Code of Federal Regulations, Parts 422 and 423, also referred to as Medicare Parts C and D.

Code of Conduct Distribution

42 CFR 422.503 and 423.504(b)(4)(vi)(A)

As a First Tier, Downstream, or Related Entity (FDR), your organization is required to distribute a Code of Conduct (Code) to employees:

- Within 90 days of when an employee is hired
- When changes are made to the Code
- Annually

You can distribute our Ethics, Code of Conduct, and Compliance or your organization's own Code (if the content is comparable to ours).

We may ask you to provide evidence of the distribution of the Code to your employees. Evidence can vary by organization, but it must demonstrate that your employees were provided with the Code.

Some examples of evidence of distribution include:

- Email employees with a link to the Code of Conduct and an instruction to review it
- Screenshot of an intranet posting with a notification to employees to review it
- Code of Conduct attestations
- Evidence of Code of Conduct training attendance log or certificate of completion

Reporting issues of non-compliance and FWA to MPM

42 CFR 422.503 and 423.504(b)(4)(vi)(E)

You must report non-compliance issues, including potential conflicts of interest and Fraud Waste and Abuse (FWA), to MedPOINT Management. The requirement for reporting such problems can be found in the Chapter 21 Compliance Program Guidelines and Prescription Drug Benefit Manual. The provision states that the sponsor (Health Plan) must require FDRs to report compliance concerns and suspected or actual violations related to the Medicare program. See **Ways to Report Compliance Concerns**



A **first-tier** entity is any party that enters into a written arrangement with an organization to provide administrative or healthcare services for Medicare business.

A **downstream** entity is any party that enters into a written arrangement with persons or entities below the level of the first tier's arrangement with an organization. These arrangements continue down to the level of the ultimate provider of both health and administrative services.

A **related** entity is an entity that is linked to our organization by common ownership or control and provides functions to support Medicare business.

Quick links

- [Medicare Managed Care Manual](#)
- [Medicare Prescription Drug Benefit Manual](#)
- [MPM Code of Conduct](#)
- [MPM FWA Training](#)
- [MPM General Compliance Training](#)
- [MPM Privacy & Security Training](#)

Exclusion list links

- [OIG's List of Excluded Individuals and Entities \(LEIE\)](#)
- [GSA's System for Award Management \(SAM\)](#)
- [Medi-Cal Suspended and Ineligible List](#)

Ways to Report Compliance Concerns

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What You Need to Know About Compliance

- **We are all responsible for compliance and obligated to report potential compliance issues, including FWA.**
- **Anyone who makes a report in good faith will be protected from retaliation.**
- **All reports will be investigated and treated confidentially.**
- **Disciplinary actions will be prompt, fair, and consistent in all areas of non-compliance.**

Non-intimidation and Non-retaliation

42 CFR 422.503 and 423.504(b)(4)(vi)(A)

MedPOINT Management enforces a no-tolerance policy for intimidation and retaliation. No individual or organization should fear retribution for reporting known or suspected issues or non-compliance or FWA to MedPOINT Management, Sponsor organization, or authorities if reported in good faith. Your report will be kept confidential to the extent permitted by law, and anyone who engages in intimidation and retaliation will be subject to disciplinary action up to and including termination.

Investigations and Resolution

42 CFR 422.503 and 423.504(b)(4)(vi)(G)

MedPOINT Management has procedures in place to respond to compliance issues identified promptly, and the remedial action taken for non-compliance is documented for review and reporting to the MPM CEO, IPA or Medical Group governing body, and appropriate authorities.

Disciplinary Action

42 CFR 422.503 and 423.504(b)(4)(vi)(E)

Providers must understand the requirements for disciplinary standards and duty to promptly and consistently enforce corrective action in instances of non-compliance, including unethical, illegal, and FWA activity.

General Compliance and Fraud, Waste, and Abuse (FWA) Training

42 CFR 422.503 and 423.504(b)(4)(vi)(C)

MedPOINT Management presents compliance training to all new and established providers as part of new provider orientation and annually after that. You can distribute our FWA and General Compliance training or your organization's training (if the content is comparable to ours). Evidence must show that your employees completed training by attendance log, attestation, or certificates, and it can be classroom-led or self-navigated as long as you can demonstrate that training was completed.

Exclusion Screening

42 CFR 422.503 and 423.504(b)(4)(vi)(F), 422.752(a)(8), 423.752(a)(6)

Providers must screen against the Office of Inspector General (OIG) List of Excluded Individuals and Entities (LEIE), the General Services Administration (GSA) System for Award Management (SAM), and the Suspended and Ineligible List before contracting or hiring and monthly after that. This must include any current employee, new employee, temporary employee, volunteer, and consultant to ensure individuals are not excluded or become excluded from participation in state and federal programs.

Record Retention

42 CFR 422.503 and 423.504(b)(4)(vi)(C)

Providers must agree to comply with Medicare laws, regulations, and CMS instructions regarding maintaining training records and exclusion screenings for ten years.

Auditing and Monitoring

42 CFR 422.503 and 423.504(b)(4)(vi)(E)

MedPOINT Management has systems to monitor compliance with Medicare program requirements. We perform a risk assessment to identify high-risk areas for auditing with oversight by an established compliance committee. The status and activities of our compliance program are well documented and reported to the MPM CEO and IPA or Medical Group governing body.