Medicare Advantage
FDR Compliance Program
Guide
Section 1: Introduction to Senior Preferred’s Medicare FDR Compliance Program Guide

First Tier, Downstream, and Related Entities
Senior Preferred depends on our contracted providers and other vendors/contractors to help us meet the needs of our membership in accordance with Medicare Advantage (MA) and Medicare Prescriptions Part D program requirements. These individuals and organizations are considered First Tier, Downstream, and Related Entities (“FDRs”). FDRs are individuals or entities that provide administrative or health care service functions relating to the Medicare Advantage contract with CMS. FDRs are a vital part of the Medicare Advantage program and have specific responsibilities under Medicare guidelines.

Senior Preferred is committed to conducting business with integrity. Our Medicare compliance program helps to:

• Prevent, detect, and correct fraud, waste and abuse (FWA)
• Make sure we comply with all applicable laws, rules, and regulations
• Reinforce our commitment to compliance

You may find specific requirements in this guide
CMS also requires Senior Preferred’s FDRs to satisfy specific Medicare compliance program requirements. We described these requirements in this guide. The Code of Federal Regulations (CFR) outlines these requirements in 42 C.F.R. §§422.503(b)(4)(vi) and 423.504(b)(4)(vi), and they are also defined by CMS in the January 11, 2013, Compliance Program Guidelines in Chapter 21 of the Medicare Managed Care Manual and Chapter 9 of the Prescription Drug Benefit Manual. These requirements are identical in these two manuals.

It is important that FDRs follow these requirements?
You received this guide because Senior Preferred has identified you as a first-tier entity. This means you must comply with these requirements. The purpose of this Medicare Advantage FDR Compliance Guide is to help FDRs in understanding and meeting their compliance obligations under its contract(s) with a Medicare Advantage Plan Sponsor.

Section 2: What does FDR mean?

FDR stands for first tier, downstream and related entities. If you perform an administrative or health care service function on behalf of Senior Preferred’s Medicare Advantage business, then you are classified as an FDR.

Examples of FDRs include: providers contracted to provide services to our Medicare Advantage members, sales agents, vendors providing administrative services for our Medicare Advantage members/products and delegated entities contracted to make decisions on our behalf for our Medicare Advantage members/products. We utilize CMS definitions to define First Tier, Downstream and Related Entities:

First Tier Entity is any party that enters into a written agreement, acceptable to CMS, with an MA organization or Part D plan sponsor or applicant to provide administrative services or health care services to a Medicare eligible individual under the MA program or Part D program. (See, 42 CFR §§ 422.500 and 423.501.)
**Downstream Entity** is any party that enters into a written agreement, acceptable to CMS, with persons or entities involved with MA benefit or Part D benefit, below the level of the arrangement between an MA organization or applicant or a Part D plan sponsor or applicant and a First Tier Entity. These written arrangements continue down to the level of the ultimate provider of both health and administrative services. (See, 42 CFR §§ 422.500 and 423.501.)

**Related Entity** means any entity that is related to the MA organization or Part D sponsor by common ownership or control and:

1. Performs some of the MA organization or Part D plan sponsor’s management functions under contract or delegation;
2. Furnishes services to Medicare enrollees under an oral or written agreement; or
3. Leases real property or sells material to the MA organization or Part D plan sponsor at a cost of more than $2,500 during a contract period. (See, 42 CFR §§ 422.500 and 423.501.)

**FDRs that provide health care services**
The Medicare compliance program requirements described in this guide apply to health care providers contracted with Senior Preferred to participate in our Medicare network. This includes physicians, hospitals and other provider types. Below are the reasons why:

- MA regulations and CMS rules state that providers contracted with the Companies to provide health care services to our Medicare members are “First Tier Entities.”
- Chapter 21 of the Medicare Managed Care Manual lists “health care services” as an example of the types of functions that a third party can perform that relates to an MA organization’s contract with CMS. This would give third parties “First Tier Entity” status. (See last bullet point in the manual, chapter 21 § 40.) So, these requirements apply to providers that deliver services to our Medicare (Senior Preferred) members.
- CMS provides a chart in Chapter 21 § 40 of the Medicare Managed Care Manual, showing that entities provided health care services and hospital groups are First Tier Entities. If we contract with a hospital group and don’t have a direct contract with the group’s hospital and other providers, the hospital and providers are considered Downstream Entities. What this means is that the hospital group is a First-Tier Entity, and must comply. It also must make sure its Downstream Entities comply with the CMS compliance program requirements provided in this guide.

**FDRs that provide administrative services**
The Medicare compliance program requirements also apply to entities with which the Medicare Advantage Plan Sponsor contracts to perform administrative service functions relating to our MA, and Part D contracts with CMS. Examples of FDRs include: claims processing, agents, broker organizations, pharmacies, and other individuals, entities, vendors or suppliers contracted to provide administrative and/or health care services for our MA plans. More information is available in the Medicare Managed Care Manual, Chapter 21 § 40, including the Stakeholder Relationship Flow Charts.

**Section 3: FDR Medicare Compliance Program and Attestation Requirements**

Senior Preferred is committed to conducting business practices in compliance with ethical standards, contractual obligations, and all applicable state and federal laws, regulations and rules. Senior Preferred’s compliance commitment extends to its FDRs.
It’s important that our FDRs follow applicable laws, rules and regulations. Although we contract with FDRs to provide administrative and/or health care services for our Medicare Advantage plans, we’re ultimately responsible for fulfilling the terms and conditions of our contract with CMS and for meeting applicable Medicare program requirements. Our FDRs are responsible for complying with applicable Medicare requirements. FDRs must also ensure that the Downstream Entities they utilize for our Medicare plans comply with all applicable laws and regulations, as well as the requirements in this guide.

**Specific Medicare Compliance Program Requirements**
As an FDR, your organization must comply with Medicare Compliance Program requirements including, but not limited to:

- Completion of General Compliance and Fraud, Waste, and Abuse training.
- Distribution of the Code of Conduct and compliance program policies
- Office of Inspector General (OIG) and the Government Services Administration (GSA) exclusion list screening
- Record retention
- Reporting FWA and compliance concerns
- Offshore operations and CMS reporting
- Specific federal and state compliance obligations
- Monitoring and auditing of downstream entities

The Medicare compliance program requirements apply to all employees (including temporary employees and volunteers), governing board members, and contractors providing a health or administrative services relating to Senior Preferred’s Medicare Advantage plans.

This guide summarizes the Medicare compliance program requirements. Please review it to make sure you have internal processes to support compliance with these requirements each calendar year. Please reference the “Toolbox of Resources for FDRs” located at the end of this guide to help you meet these requirements.

**What may happen if FDRs fail to comply with Medicare Compliance Program requirements?**
If our FDRs fail to meet Medicare compliance program requirements, Senior Preferred will handle noncompliance on a case-by-case basis. Depending on the severity of the noncompliance issue, it may lead to:

- Retraining
- Development of a corrective action plan (CAP)
- Increased monitoring, or
- Termination of your contract and relationship with Senior Preferred

**FDR Annual Attestation Requirements**
Each year, an authorized representative from your organization must attest to your compliance with the Medicare compliance program requirements described in this guide. You must maintain evidence of your compliance with Medicare compliance program requirements (for example, employee training records, CMS certificate of FWA training completion) for no less than 10 years.

An FDR Annual Compliance Attestation will be emailed to all FDRs annually. The FDR Annual Compliance Attestation and other FDR related documents are available on the Senior Preferred Medicare Compliance FDR webpage [here](#).
**You may be asked to provide documentation of compliance**

In addition to completing an annual attestation, Senior Preferred and/or CMS may request that you provide documentation of your compliance with these Medicare compliance program requirements. This is for monitoring and auditing purposes.

**A. General Compliance and Fraud, Waste and Abuse (FWA) Training**

As a first tier entity, your organization must provide general compliance and FWA training to all employees and downstream entities assigned to provide administrative and/or health care services for Senior Preferred’s Medicare Advantage business. To comply with this requirement, you may:

1. Complete the trainings provided on the [CMS Medicare Learning Network (MLN)](https://www.cms.gov/Medicare/MLN/MedicareLearningNetwork/index.html) website. The general compliance course is called *Medicare Parts C and D General Compliance Training*, and the FWA training is called *Combating Medicare Parts C and D Fraud, Waste, and Abuse Training*.
2. You can download or print the contents of the CMS standardized trainings from the CMS MLN website to incorporate it into your existing training compliance materials.
3. Complete the CMS Medicare Parts C and D General Compliance and FWA Training on Senior Preferred’s webpage at here.
4. Complete your organizations developed general compliance and FWA training.

**Training Requirements**

FDRs will be responsible for administering the training and tracking completion of it. FDRs must maintain documentation that their employees and downstream entities completed the training. Regardless of what training method is used, the training must be completed:

- Within 90 days of initial hiring or the effective date of contracting; and
- Annually thereafter.

You must maintain evidence of training completion for ten years after conducting the training. Evidence of completion may be in the form of certificates, attestations, training logs or other means determined by the FDR to best signify fulfillment of these obligations. If training logs or standardized reports are utilized as documentation of completion, they should include:

- Employee names and titles
- Dates of hire
- Name of training topic
- Date of completion
- Test score (if captured)

This [sample training log](#) provides a way to document your employees’ completion of training. You can also send this to your Downstream Entities to use for their employees’ training completion. FDRs can find the training requirements in the Medicare Managed Care Manual Ch. 21 §§50.3.1 and 50.3.2.

**Who needs to complete training?**

Not every employee needs to take the training. Your organization should make the determination as to which individuals in the organization provide an administrative or health care service to Senior Preferred’s Medicare Advantage plans. Below are examples of critical roles that CMS requires to fulfill the training requirements:

- Senior administrators or managers directly responsible for the FDR’s contract (for example, senior vice president, departmental managers, chief medical or pharmacy officer);
- Individuals directly involved with establishing and administering Senior Preferred’s formulary and/or medical benefit coverage policies and procedures;
• Individuals involved with decision-making authority on behalf of Senior Preferred (for example, clinical decisions, coverage determinations, appeals and grievances, enrollment/disenrollment functions, processing of pharmacy or medical claims);
• Reviewers of beneficiary claims and services submitted for payment; or
• Individuals with job functions that place the FDR able to commit significant noncompliance with CMS program requirements or health care FWA.

Not sure which employees at your organization should take the training? Just review this table. If you still have questions about which employee positions within your organization should be required to take the training, please contact us at SeniorPreferred.FDR@Quartzbeneﬁts.com

Exception to the FWA training requirement.
The only exception to the FWA training requirement is if you or your organization is “deemed” to have met the FWA certification requirements through enrollment into Medicare Part A or B of the Medicare program or through accreditation as a supplier of Durable Medical Equipment, Prosthesis, Orthotics, and Supplies (DMEPOS). Those parties deemed to have met the FWA training through enrollment into the CMS Medicare are still obligated to complete general compliance training. Evidence that you or your organizations “deemed” status must be made available to Senior Preferred and/or CMS upon request.

FDRs can find the training requirements and information about deemed status in:
• 42 CFR § 422.503(b)(4)(vi)(C) for MA
• 42 CFR § 423.504(b)(4)(vi)(C) for Part D
• Medicare Managed Care Manual, Chapter 21, §50.3

B. Code of Conduct and Compliance Program Policy Distribution

FDRs must give their employees Code of Conduct and compliance program policies.
The “Code of Conduct” is a set of key principles and expectations by which an organization operates, and defines the underlying framework for compliance policies and procedures. The Code of Conduct and compliance program policies established by Senior Preferred describe our organization’s expectations that all employees conduct themselves in an ethical manner; that issues of noncompliance and potential FWA are reported through appropriate mechanisms; and that reported issues will be investigated, addressed, and corrected. The code of conduct communicates to employees of your organization and those of your Downstream Entities that compliance is everyone’s responsibility.

FDRs must provide either Senior Preferred’s Code of Conduct and applicable compliance program or their own comparable code of conduct and applicable compliance program policies to all employees and Downstream Entities who provide administrative and/or health care services for Senior Preferred’s Medicare Advantage business. The written compliance policies and code of conduct must contain all the elements set forth in Section 50.1 and its subsection of Manual, Chapter 21, and articulate the entity’s commitment to comply with federal and state laws, ethical behavior and compliance program operations. FDRs must distribution the code of conduct/applicable policies:
• Within 90 days of hire or effective date of contracting;
• When there are updates to the code of conduct; and
• Annually thereafter.
Also, FDRs must also retain evidence of their distribution of the code of conduct for 10 years after distribution. You can find these code of conduct requirements at:

- 42 CFR § 422.503(b)(4)(vi)(A) for MA
- 42 CFR § 5423.504(b)(4)(vi)(a) for Part D
- Medicare Managed Care Manual, Chapter 21 § 50.1

C. Exclusion List Screenings

FDRs must perform exclusion list screenings

Federal law prohibits Medicare and other federal health care programs from paying for items or services furnished or prescribed by a person or entity excluded from participation in federal programs.

Before hiring or contracting, and monthly thereafter, each FDR must check the exclusion lists from the Office of Inspector General (OIG) and U.S. General Services Administration (GSA) to ensure employees (including temporary employees and volunteers), governing board members, contractors and Downstream Entities performing administrative and/or health care services for Senior Preferred’s Medicare Advantage plans aren’t excluded from participating in federally funded programs.

Monthly screening is critical to prevent inappropriate payment to providers, pharmacies, and other entities that have been added to exclusions lists since the last time the list was checked. FDRs can utilize the websites below to complete the required exclusion list screening:

- [OIG List of Excluded Individuals and Entities (LEIE)](https://www.iga.gov/Exclusions)
- [GSA's System for Award Management (SAM)](https://www.sam.gov)

FDRs must also maintain for 10 years evidence they checked the OIG and GSA exclusion lists. You can utilize logs, reports, or other records to document that you or your organization has screened each employee and Downstream Entity in accordance with federal laws, regulations and CMS requirements. No matter what process you use to perform these required checks, the documentation to demonstrate compliance with this requirement should clearly identify:

- the name of the entity/individual checked;
- the exclusion/debarment list that was checked;
- the date the check was performed;
- the results of the check, and
- any actions taken if sanctioned individuals or entities were identified.

Senior Preferred is also required to check these exclusion lists prior to hiring or contracting with any new employee, temporary employee, volunteer, consultant, governing body member or FDR, and monthly after that. Senior Preferred is unable to check these exclusion lists for your employees and Downstream Entities. So, to make sure we comply with this CMS requirement, FDRs must confirm that their permanent and temporary employees and Downstream Entities that provide administrative and/or health care services for our Medicare Advantage plans are not on either of these exclusion lists.

FDRs must take immediate action if an employee or downstream entity is on the exclusion list

If any of your employees or downstream entities are on one of these exclusion lists, you must immediately remove them from work directly or indirectly related to Senior Preferred’s plans and notify us right away. If your organization becomes excluded, Senior Preferred must be notified immediately. These exclusion lists requirements are noted in § 1862(e)(1)(B) of the Social Security Act, 42 C.F.R. §§
422.503(b)(4)(vi)(F), 423.504(b)(4)(vi)(F), 423.752(a)(96), 1001.1901, and further described in the Medicare Managed Care Manual, Chapter 21, § 50.6.8.

The following reporting resources are available:
- Kelly Skifton, AVP Compliance & Government Regulatory Ops: (608) 881-8151
- Kristie Meier, Senior Managing Attorney and Compliance Officer: (608) 643-1402

**Confidential Compliance Reporting:**
- Local Compliance Hotline: (608) 644-3495
- Toll-free Compliance Hotline: (844) 492-2996
- Email: Submit an electronic form to compliance.hotline@quartzbenefits.com

**Anonymous Compliance Reporting:**
- Mail: 840 Carolina Street, Sauk City, WI 53583

### D. Record Retention

**FDRs must maintain evidence of training completion**
FDRs must comply with Medicare laws, regulations and CMS requirements (See, 42 CFR § 422.504 (i)(4)(v)), and agree to audits and inspection by CMS and/or its designees and will cooperate, assist, and provide information as requested, and will maintain records a minimum of 10 years.

CMS requires FDRs to maintain evidence of training completion, distribution of the code of conduct, and OIG and GSA exclusion screening for a minimum of 10 years. This requirement are noted in the Medicare Managed Care Manual Ch. 21 §50.3.2

**FDR responsibilities relating to auditing by CMS or its designee**
CMS has discretionary authority to perform audits under 42 CFR 422.504(e)(2) and 423.505(e)(2), which specify the right to audit, evaluate, or inspect any books, contracts, medical records, patient care documentation, and other records of Medicare Advantage Plan Sponsor FDRs that pertain to any aspect of services performed, reconciliation of benefit liabilities, and determination of amounts payable under the contract or as the Secretary of Health and Human Services may deem necessary to enforce the contract.

FDRs and Senior Preferred must provide records to CMS or its designee. FDRs and Senior Preferred should cooperate in allowing access as requested. Failure to comply may result in a referral of Senior Preferred and/or FDR to law enforcement and/or implementation of other corrective actions including intermediate sanctioning in line with 42 CFR Subpart O. (See, Medicare Managed Care Manual, Chapter 21, § 50.6.11)

### E. Reporting FWA and Compliance Concerns to Senior Preferred

CMS requires Senior Preferred to have a system in place to receive, record, respond to and track compliance questions or reports of suspected or detected noncompliance or potential FWA from employees, member of the governing body, enrollees and FDRs and their employees. These reporting requirements are noted in the Medicare Managed Care Manual Ch. 21 §50.4.2
Compliance concerns and suspected or actual violations of noncompliance related to Medicare programs are taken very seriously. FDRs should train employees on the importance of reporting violations of noncompliance and FWA. As an FDR that contacts with the Companies, you must ensure all your employees and those of any of your Downstream and Related Entities are informed of how to report compliance concerns and suspected misconduct. Senior Preferred will perform an internal investigation of each concern after your organization reports an incident.

FDRs must create reporting mechanisms for their organization that is anonymous and does not lead to intimidation or retaliation; or you can refer your employees and Downstream Entities to report compliance issues to Senior Preferred’s Compliance Hotline. Senior Preferred has safeguards in place to protect any individual or organization who reports actual or suspected noncompliance or fraud, waste and abuse from intimidation and retaliation.

Reporting is critical for the prevention, detection, and correction of fraud, waste and abuse. Senior Preferred’s Compliance Reporting Poster can be used to post in your organization or can be distributed to employees or Downstream Entities to advise them how to report Medicare program compliance concerns and/or FWA to Senior Preferred without fear of intimidation or retaliation against anyone who reports suspected misconduct.

Committed to Senior Preferred’s compliance program is Kelly Skifton, Assistant Vice President Compliance & Government Regulatory Operations. Questions or concerns for Kelly and/or her Medicare compliance staff can be sent to SeniorPreferred.FDR@Quartzbenefits.com

F. Offshore Operations and CMS Reporting

FDRs are required to notify the Companies if you plan to use an offshore subcontractor

Medicare Advantage Organizations that work with offshore subcontractors (including first tier, downstream and related entities) to perform Medicare related work that uses beneficiary protected health information (PHI) are required to provide CMS with specific offshore subcontractor information and complete an attestation regarding protection of beneficiary PHI. (CMS Memo dated August 26, 2008: Offshore Subcontractor Data Module in HPMS)

- CMS considers MA organizations and PDP Sponsors to be “contractors” with respect to CMS for the purposes of delivering Medicare Part C and Part D benefits. The term “subcontractor” refers to any organization that a sponsor contracts with to fulfill or help fulfill requirements in their Part C and/or Part D contracts. Subcontractors include all first tier, downstream, and/or related entities.
- The term “offshore” refers to any country that is not one of the fifty United States or one of the United States Territories (American Samoa, Guam, Northern Marianas, Puerto Rico, and Virgin Islands). Examples of countries that meet the definition of offshore include: Mexico, Canada, India, Germany, and Japan.

To help make sure Senior Preferred complies with applicable federal and state laws, rules and regulations, you are required to notify Senior Preferred in advance of your intent to use an offshore subcontractor(s) or before employing offshore staff for a function Senior Preferred has asked you to perform.
Notify us immediately if you plan to use an offshore entity

If you perform services offshore or use an offshore subcontractor to perform services using involving the receipt, processing, transferring, handling, storing or accessing of Senior Preferred member protected health information (PHI), you must complete the “Offshore Subcontractor Attestation” found on Senior Preferred’s Medicare Compliance, FDR webpage under Resources and submit to the Compliance Department utilizing the methods listed on the attestation. You must obtain approval from Senior Preferred prior to use of an offshore subcontractor. An authorized Compliance Department representative will review your request and will respond to you in writing.

G. Monitoring and Auditing of First Tier and Downstream Entities

Senior Preferred is responsible for the lawful and compliant administration of the Medicare Parts C and D benefits under our contract with CMS. CMS requires that we create a strategy to monitor and audit our First-Tier Entities to ensure they follow all applicable laws and regulations, and to ensure that our First-Tier Entities are monitoring the compliance of their Downstream Entities with which they contract. If you choose to contract with another organization to provide administrative and/or health care services for Medicare Advantage plans, you are required to make sure that these Downstream Entities abide by all laws and regulations that apply to you as a First-Tier Entity.

As a First-Tier Entity, you are responsible for the compliance of your downstream entities. You or your organization should create a procedure for auditing and monitoring Downstream Entities. You must conduct necessary oversight to ensure that your employees and Downstream Entities comply with all applicable laws and regulations, retain evidence of completion, implement CAPs or take disciplinary actions, as necessary, to prevent recurrence of noncompliance with applicable laws.

FDRs should expect monitoring and audits

Monitoring and auditing of first tier entities for compliance program requirements must include an evaluation to confirm that the first-tier entities are applying appropriate compliance program requirements to downstream entities with which the first-tier contracts.

Senior Preferred will monitor and periodically audit FDRs for all services or responsibilities delegated to the FDR. FDRs must cooperate and contribute in these monitoring and auditing activities. FDRs must routinely monitor and/or intermittently audit Downstream Entities if they are performing services for Medicare Advantage plans. Below is a list of possible documents that may be required of your entity:

- Evidence of completion of General Compliance FWA training
- Distribution of Code of Conduct and compliance policies
- Education of reporting compliance violations and potential FWA
- Exclusion screening/checks
- Offshore subcontracting information
- Monitoring and Audit of downstream entities
- CAPs for downstream entities

If Senior Preferred determines that an FDR is noncompliant with any of the requirements in this guide, we’ll require the FDR to develop a CAP and submit it to Senior Preferred’s Compliance Department.
Monitoring and auditing requirements are referenced in:

- 42 CFR § 422.503(b)(4)(vi)(F) for MA
- 42 CFR § 423.50(b)(4)(vi)(F) for Part D
- Medicare Managed Care Manual, Chapter 21, §50.6.6

Questions or Concerns
For compliance questions or concerns, you can email us at SeniorPreferred.FDR@Quartzbenefits.com
## Toolbox of Resources for FDRs

<table>
<thead>
<tr>
<th>Requirement/Resource</th>
<th>Time Frame</th>
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<tbody>
<tr>
<td><strong>General Compliance and Fraud, Waste, and Abuse (FWA) training</strong></td>
<td></td>
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<tr>
<td><strong>CMS general compliance training module</strong></td>
<td>90 days of hire or effective date of contracting, and annually thereafter</td>
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<tr>
<td>- Complete on CMS Medicare Learning Network after registration. It is titled Medicare Parts C and D General Compliance Training. You can also download it and incorporate the module, unmodified, into your existing training materials.</td>
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<tr>
<td>- Complete Medicare Parts C and D General Compliance Training found on seniorpreferred.org under For Providers/Medicare Compliance.</td>
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<tr>
<td><strong>CMS FWA training module</strong></td>
<td>90 days of hire or effective date of contracting, and annually thereafter</td>
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<td>- Complete on CMS Medicare Learning Network after registration. It is titled Combating Medicare Parts C and D Fraud, Waste, and Abuse Training. You can also download it and incorporate the module, unmodified, into your existing training materials.</td>
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<tr>
<td><strong>Who should complete training?</strong></td>
<td>90 days of hire/ effective date of contract and annually thereafter</td>
</tr>
<tr>
<td>Not every employee needs to take the training. This table has examples of FDR employees that do and don’t need to complete training.</td>
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<tr>
<td><strong>Code of Conduct and Compliance Policies</strong></td>
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<tr>
<td><strong>Don’t have a Code of Conduct?</strong></td>
<td>90 days of hire or effective date of contract and annually thereafter</td>
</tr>
<tr>
<td>Distribute Senior Preferred’s Code of Conduct to your employees.</td>
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<tr>
<td><strong>Compliance Department Policies</strong></td>
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<tr>
<td>Senior Preferred’s Code of Conduct explains our compliance program, and these applicable compliance program policies provide more detail about our Medicare compliance program.</td>
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<tr>
<td><strong>OIG and GSA Exclusion Screening</strong></td>
<td>Before hire/contracting and monthly thereafter for your employees and Downstream Entities.</td>
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<tr>
<td>- Complete OIG exclusion list screening.</td>
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<tr>
<td>- Complete GSA’s SAM exclusion list screening.</td>
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<tr>
<td>Maintain evidence of exclusion/debarment verification. Evidence may include screen prints of the exclusion results, exclusion reports, etc. Evidence must clearly show the name of the individual/entity checked; date of hire; what exclusion list was screened; date the source was verified, and results of the check.</td>
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<tr>
<td><strong>Record Retention</strong></td>
<td>Retain evidence for a minimum 10 years</td>
</tr>
<tr>
<td>Maintain records and supporting documentation for a period of 10 years and furnish evidence of the above to Senior Preferred and CMS upon request.</td>
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<tr>
<td><strong>Reporting Mechanisms</strong></td>
<td>Issues of noncompliance or FWA must be reported immediately</td>
</tr>
<tr>
<td><strong>How do I report noncompliance or potential FWA to Senior Preferred?</strong></td>
<td></td>
</tr>
<tr>
<td>This Compliance Reporting Poster provides ways for reporting issues that impact Senior Preferred. Feel free to share this throughout your organization so that your employees know how to report concerns. This poster can also be distributed to any of your Downstream Entities or Related Entities.</td>
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</tr>
<tr>
<td><strong>Monitoring and Oversight</strong></td>
<td>Annual (high risk)</td>
</tr>
<tr>
<td><strong>Downstream Entity oversight</strong></td>
<td>Periodic (medium and low-risk)</td>
</tr>
<tr>
<td>You must conduct oversight of your Downstream Entities. This can be done by requesting attestations from your Downstream Entities to monitor their compliance.</td>
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### Offshore Subcontracting Attestation

FDR’s who use an offshore subcontractor to perform services that involve the processing, transferring, handling, storing or accessing of Medicare member PHI, must complete this **Offshore Subcontract Attestation** and return the completed form to Senior Preferred at SeniorPreferred.FDR@Quartzbenefits.com.

### Other tools

| Chapter 21 of the Medicare Managed Care Manual | Intermittent when there are questions or concerns regarding compliance |
| Chapter 9 of the Prescription Drug Benefit Manual | |

### FDR FAQs (Frequently Asked Questions)

If you have questions that we didn’t answer in this guide, review our FDR Frequently Asked Questions located under “Resources” [here](#).
Compliance
Do the Right Thing. Compliance Begins with You.

You are obligated to report any compliance issues.

The following compliance resources are available –

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone Number</th>
<th>Title</th>
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<tbody>
<tr>
<td>Kelly Skifton</td>
<td>(608) 881-8151</td>
<td>AVP, Compliance and Government Regulatory Ops</td>
</tr>
<tr>
<td>Kristie Meier</td>
<td>(608) 643-1402</td>
<td>Sr. Managing Attorney and Compliance Officer</td>
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Confidential Compliance Reporting

<table>
<thead>
<tr>
<th>Method</th>
<th>Phone Number</th>
<th>Email Address</th>
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<td>(608) 644-3495</td>
<td><a href="mailto:compliance.hotline@quartzbenefits.com">compliance.hotline@quartzbenefits.com</a></td>
</tr>
<tr>
<td>Toll-free</td>
<td>(844) 492-2996</td>
<td></td>
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<tr>
<td>Email</td>
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<td><a href="mailto:compliance.hotline@quartzbenefits.com">compliance.hotline@quartzbenefits.com</a></td>
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Anonymous

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<td>Mail</td>
<td>840 Carolina Street</td>
</tr>
<tr>
<td></td>
<td>Sauk City, WI 53583</td>
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