Passport Advantage Dual Special Needs Plan
Health Care Providers Compliance and Training Requirements
Frequently Asked Questions & Answers

1. Why did I receive notice to complete training for Passport Advantage-Dual Special Needs Plan (DSNP)?
   i. As a Healthcare Provider, or Healthcare Provider Group that is contracted with Passport Advantage DSNP, you are considered to be a FDR (See definition below #2). Therefore you are required to ensure that your organization (you, your employees, your downstream and related entities) complete the required training and meet compliance expectations.

2. What is a FDR?
   i. FDR stands for First Tier, Downstream and Related Entities.
      i. First Tier Entity: is any party that enters into a written arrangement, acceptable to CMS, with an MAO 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.
      ii. Downstream Entity: is any party that enters into a written arrangement, acceptable to CMS, with persons or entities involved with the MA benefit or Part D benefit, below the level of the arrangement between an MAO 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.
      iii. Related Entity: means any entity that is related to an MAO or Part D sponsor by common ownership or control and
         1. Performs some of the MAO 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 materials to the MAO or Part D plan sponsor at a cost of more than $2,500 during a contract period.

3. Why is Passport requesting these requirements and training?
   i. The Centers for Medicare & Medicaid Services (CMS) mandates that all contracted FDR’s complete the compliance requirements and requires Sponsors (Passport Advantage DSNP) to ensure that this is done. CMS requires Passport Advantage DSNP to conduct oversight of contracted entities to ensure they are meeting CMS compliance expectations for Part C & D related responsibilities. One of those oversight responsibilities is to ensure FDR’s complete training.

4. What is the Purpose of this attestation?
   i. Passport’s purpose in this request is that our contracted healthcare providers verify receipt, acknowledgement and understanding of the training materials and compliance requirements. The attestation helps meet contractual obligations to comply with CMS requirements, and Passport Advantage’s policies and procedures and verifies completion of the requirements.

5. Does this requirement apply to my organization?
   i. Yes; because you or your organization is a FDR by virtue of being contracted with Passport Advantage.

6. Who can sign the Attestation?
   i. The healthcare provider contracted or the individual authorized to complete attestations and acknowledgements on behalf of your organization. Please make sure that person is not only authorized but can confirm the requirements were satisfactorily met.

7. What is the OIG (Office of Inspector General) & GSA (General Services Administration) exclusion list(s)?
i. OIG’s List of Excluded Individuals/Entities (LEIE) & GSA’s Excluded Parties Lists System (EPLS) provides information to the health care industry, patients and the public regarding individuals and entities currently excluded from participation in Medicare, Medicaid and all other Federal health care programs. Individuals and entities who have been reinstated are removed from the LEIE. The purpose of this screening is to ensure individuals/employees, who are determined by the government to be disqualified from working in Medicare, do not perform any work for Passport Advantage.

8. **What must I do if an employee is listed on the exclusion list?**
   i. If any person is found to be on the exclusion list, you are required to immediately remove them from any work related directly or indirectly to Federal health care programs, including Medicare. Please notify Passport Advantage’s Compliance Department at **1-855-512-8500** in the event this occurs.

9. **How do I access the Exclusions database?**
   i. Please visit the OIG website at [http://oig.hhs.gov/exclusions](http://oig.hhs.gov/exclusions) & [http://www.epls.gov](http://www.epls.gov) to access the database, as well as obtain further information.

10. **Does every Provider in my organization need to sign an Attestation?**
    i. That will be determined by how you are contracted with Passport Advantage DSNP. If every provider in your organization has a direct contract with Passport Advantage DSNP, then yes, each healthcare provider will need to complete an attestation. If you are contracted through a Group Contract, your organization’s authorized representative is signing and attesting for your organization that all requirements met for all Providers included in the contract. Please see the Provider Attestation for further detail.

11. **Does every Provider need to meet training and compliance requirements listed in the Attestation?**
    i. **Yes**, Every Provider, who handles our (Passport Advantage DSNP) Medicare business, must take the training and meet compliance requirements. This is defined as all employees, including temporary workers and volunteers, who provide health or administrative services in connection with the plan—essentially anyone performing work on behalf of Passport Advantage.

12. **Are all Staff members in the organization required to meet the training and compliance requirements?**
    i. **Yes**, All Staff, who handles our (Passport Advantage DSNP) Medicare business, must take the training and meet compliance requirements. This is defined as all employees, including temporary workers and volunteers, who provide health or administrative services in connection with the plan—essentially anyone performing work on behalf of Passport Advantage.

13. **Is this a one-time requirement?**
    i. **No**, this will be required within 90 days of contracting and then annually thereafter.

14. **My organization is already deemed for Fraud, Waste and Abuse (FWA) & General Compliance (GC) and education requirements, why do I have to do this?**
    i. You do not need to repeat the FWA training required by CMS if this has already been done for the current plan year. The attestation states you have met this requirement, so when you sign, that is what you are attesting to. You only need to complete the FWA/GC training through the provided CMS link if you or those in your organization have not already done so for the calendar year. You can also submit certificates of completion for your Staff, along with the Attestation, if that is your choice.

15. **My organization already has in place similar training and compliance requirements; do we still have to do this?**
    i. You will not need to repeat the CMS required FWA/GC training if you have already done so through CMS’s Medicare Learning Network (MLN). You will need to complete and attest to the remaining requirements listed in the attestation. Once this is complete and/or confirmed, then you can complete the Attestation stating as such. You can also submit certificates of completion for your Staff, along with the Attestation, if that is your choice.
16. My organization has already completed these requirements for a different Medicare Sponsored plan; do we still have to do this?
   i. You will not need to repeat the CMS required FWA/GC training if you have already done so through CMS’s Medicare Learning Network (MLN). You will need to complete and attest to the remaining requirements listed in the attestation. Once this is complete and/or confirmed, then you can complete the Attestation stating as such. You can also submit certificates of completion for your Staff, along with the Attestation, if that is your choice.

17. What do I need to do, to complete this requirement?
   i. Please confirm that all items listed in the attestation, your organization is confirming, are met.
   ii. Once that is done, fill out the attestation by authorized individual, and return to Passport Advantage either through electronic email version or hard copy from our Website.

18. What will happen if I do not fulfill this requirement?
   i. Failure to follow Medicare Program Requirements and CMS guidance can lead to serious consequences including but not limited to; contract termination, criminal penalties; exclusions from participation; civil monetary penalties.

19. What time frame does my organization have to complete these trainings and requirements?
   i. Please complete and return attestations, no later than 60 days from receipt date.

20. What documentation do I need to retain for proof of meeting training requirements?
   i. Proof of completion may be in form of employee attestations, attendance/training logs, completion certificates through the CMS MLN website, or other means determined by you to best represent fulfillment of your obligations. You should retain evidence of completion for all employees and Downstream and/or Related Entities for at least 10 years. Passport or CMS may request this evidence to ensure compliance.

21. What documentation does Passport Advantage DSNP need after completion of training and meeting compliance requirements?
   i. Passport obtains attestations from Providers (dependent on how you are contracted- see FAQ #10) to confirm completion. In addition you are also welcome to send back the training certificates from the FWA/GC training on the MLN. If you do send back these certificates- we still need the attestation as it addresses additional requirements, not just FWA/GC training.

22. Why do I need to retain training records for 10 years?
   i. This is mandated per CMS. Sponsors are accountable for maintaining records for a period of 10 years of the time, attendance, topic, certificates of completion (if applicable), and test scores of any tests administered to their employees, and must require FDRs to maintain records of the training of the FDRs’ employees.

23. Where can I obtain further information regarding CMS requirements?
   i. Requirements for plan sponsors and their first-tier, downstream or related entities, which include health care providers, are outlined in Title 42 of the Code of Federal Regulations, Part 422.503. In addition, there is guidance in Chapter 9 of the CMS Prescription Drug Benefit Manual and Chapter 21 of the Medicare Managed Care Manual.

24. Who should I contact for further questions?
   i. Please contact Provider Services @ 1-844-859-6152.