

FDR Compliance Newsletter

Mercy Care Advantage 4750 S. 44th Place, Ste 150 Phoenix, AZ 85040

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Reporting issues of noncompliance and FWA to Mercy Care

As a Medicare First Tier, Downstream and/or Related Entity (FDR), you have an obligation to report issues of noncompliance and Fraud, Waste and Abuse (FWA) to Mercy Care in a timely manner. The requirement for reporting can be found in the Medicare Managed Care Manual: [Chapter 21 — Compliance Program Guidelines](#), and the Prescription Drug Benefit Manual [Chapter 9— Compliance Program](#), section 50.4.2 Communication and Reporting Mechanisms.

Mercy Care has included this requirement in our FDR contracts and addendums and annual FDR attestations. We also evaluate compliance with this requirement as part of Compliance Program Effectiveness (CPE) oversight reviews. CMS expects Mercy Care to disclose suspected or detected Medicare program non-compliance **within 48-72 hours** of identification, even if root cause analysis is still be conducted. Mercy Care has this same disclosure expectation for our FDRs.

FDR employees can report suspected or detected non-compliance or potential FWA directly to the MCA Medicare Compliance Team via email at: MercyCareAdvantageMedicareCompliance@AETNA.com. FDR employees may also use the CVS Health Ethics Line to report anonymously by calling toll-free at (877) CVS-2040.

Document retention requirements

Mercy Care requires our FDRs to keep documentation related to the Medicare services your organization performs on our behalf for at least ten **(10) years**. This includes documentation related, but not limited, to:

- Training records
- Office of Inspector General/General Services Administration (OIG/GSA) screenings Policies and
- Standards of Conduct, including records of updates and distribution
- Conflict of interests
- Reports of and responses to suspected non-compliance and/or fraud, waste, or abuse Human Resources
- records, including disciplinary actions
- Auditing and monitoring Downstream Oversight activities Corrective actions taken

Your organization needs to have a policy in place that outlines your organization's document retention policy and process, and that your organization regularly self-reviews to ensure that employees understand your policy.

Exclusion and preclusion lists

Mercy Care is subject to both exclusion and preclusion list screening requirements for Medicare plans. CMS requires that we screen against the below lists at least monthly.

Office of Inspector General List of Excluded Individuals/Entities (OIG LEIE) include the individuals and entities currently excluded from participation in the Medicare, Medicaid or other federally funded health care program.

General Services Administration System for Award Management (GSA SAM) List includes parties who have been excluded from receiving federal contracts, certain subcontracts, and federal financial and non-financial assistance and benefits.

CMS Preclusion List includes providers and prescribers who are precluded from receiving payment for Medicare Advantage (MA) items and services or Part D drugs furnished or prescribed to Medicare beneficiaries.

The preclusion list and exclusion files do have some overlap. Excluded providers will be on the preclusion list. But precluded providers who are not excluded will not be on the exclusion file. Therefore, if Mercy Care identifies a provider on the OIG LEIE, we must also check the Preclusion List. We must deny payment for a health care item or service provided by an individual or entity on one of the Exclusion and/or Preclusion Lists. In addition, we must reject pharmacy claims (or deny a beneficiary request for reimbursement) for a Part D drug that is prescribed by an individual on one of these lists.

If Mercy Care determines that payments were made to excluded or precluded providers for Medicare services, we must **attempt to recoup** any recoverable payments.

As our FDR, you have an obligation to **review these lists**, as they relate to the Medicare services your organization performs on our behalf and take the needed actions to ensure that **only eligible providers receive payments** for Medicare services following Medicare payment rules. If you find a positive match during monthly exclusion screening, you must **disclose your finding** to Mercy Care.