

# FDR Compliance Newsletter

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### Archived FDR Newsletters

<https://www.mercycareplan.com/providers/FDR/>

This newsletter is provided solely for informational purposes and is not intended as legal advice. Questions concerning the application or interpretation of any law mentioned in this newsletter should be discussed with your attorney.



## Help your Medicare patients avoid and report scams

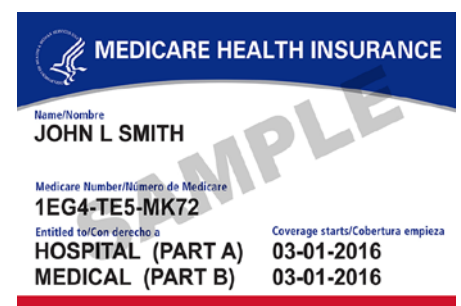
Medicare will never call beneficiaries uninvited and ask for personal or private information to get their new Medicare Number and card. The new Medicare Number is also called the Medicare Beneficiary Identifier (MBI) and is replacing the current Social Security-based Health Insurance Claim Number (HICN) on Medicare health insurance cards. Scam artists may try to get personal information (like their current Medicare Number) by contacting them about their new card. If your Medicare patient is asked for their information, for money, or someone threatens to cancel their health benefits if they don't share their personal information, have them call the following phone numbers to report this critical information.

### To report potential scams:

**1-800- MEDICARE (1-800-633-4227)**  
or **TTY 1-800-377-4950.**

They can also contact the Office of Inspector General (OIG) at: **1-800-HHS-TIPS (1-800-447-8477)**

**Or Mail:** U.S. Department of Health & Human Services Office of Inspector General. ATTN: OIG Hotline Operations P.O. Box 23489 Washington, DC 20026



## Affordable Care Act (ACA) Section 1557- reminder

As part of the Affordable Care Act (ACA), Congress enacted a broad new law — ACA Section 1557 — that generally prohibits most health insurers, including MCA, from discriminating on the basis of race, color, national origin, sex, disability or age. A central element of the ACA Section 1557 rules is a requirement that covered entities provide special aids to persons with communication disabilities, such as the deaf and hard of hearing, so they can equally access and benefit from their services. As a reminder, MCA expects all First Tier, Downstream, and Related Entities (FDRs) to comply with ACA Section 1557.

## Prohibition to Billing Dually Eligible Individuals Enrolled in the Qualified Medicare Beneficiary (QMB) Program

Reminder: All Medicare Advantage provider and suppliers- not only those that accept Medicaid-are prohibited from charging individuals enrolled in the QMB program for Medicare deductibles, coinsurance, or copays. Providers who inappropriately bill individuals enrolled in QMB are subject to sanction. See [QMB Billing Requirements FAQs](#) pages six and seven include special instructions and guidelines.

## 2019 MCA Benefit Changes

The following benefits changes are effective January 1, 2019:

**Vision Benefit:** MCA will cover up to \$275 for contact lenses and eyeglasses (frames and lenses) every TWO years. **Over the Counter (OTC):** MCA will cover up to \$55 every month allowance towards non-prescription medicine and personal care items. **Transportation:** Increased to 26 one-way routine transportation trips every year (or 13 round trips) to access covered MCA supplemental benefits. **Chiropractor:** Routine chiropractic visits 12 per year (reduced from 20 visits in 2018) to manipulate the spine and correct subluxation.

## Updates to our Code of Conduct, New Ethics Line

We're excited to share that CVS Health has completed its acquisition of Aetna. Aetna and Aetna Medicaid Administrators, LLC, provide daily operational plan management services for the Mercy Care and Mercy Care Advantage Plans. Aetna, which is a CVS Health company, will now follow the [CVS Health Code of Conduct](#) (Code). This new Code also applies to Mercy Care. The Code includes new information on how to report issues or concerns to the CVS Health Ethics Line. You can access the Code [online](#); or to request a copy of the Code, email us at: [MercyCareAdvantageMedicareCompliance@AETNA.com](mailto:MercyCareAdvantageMedicareCompliance@AETNA.com).



## FDR Training Updates

Beginning in 2019, the Centers for Medicare & Medicaid Services (CMS) removed the requirement for FDRs to complete CMS-issued general compliance and fraud, waste and abuse (FWA) training on the Medicare Learning Network (MLN). This was finalized through a Final Rule effective June 15, 2018. CMS expects that organizations continue to provide compliance training for the services provided by their FDRs. MCA will continue to issue initial and annual compliance training packets to our FDRs. We'll also continue to conduct routine monitoring, auditing and oversight of our FDRs.

For 2019, we'll focus our Medicare Compliance program reviews on:

- Standards of Conduct and/or Compliance Policies
- US Department of Health & Human Services Office of Inspector General (OIG) and General Services Administration's System for Award Management (SAM) exclusion screening
- Reporting mechanisms
- Downstream entity oversight
- Operational oversight

The updated CMS Guidance is available at 83 FR 16440. If you have questions about this change, please contact Chris Macias.