2025 Provider Compliance Program Education and Training Requirements

Attestation is not required. Your office does not need to tell Humana once your training is complete.

The purpose of this communication is to explain the provider compliance program education and training requirements and why they are needed. We also share answers to FAQs from contracted dental providers.

Notable changes to this document for 2025

Humana has changed the document title for the current year and updated the layout of the document.

- **Document title:** The year is changed to reflect the current year.
- Document layout: The layout is updated for a more consistent look and feel.

Q1: Do compliance requirements apply to my organization?

A: Yes. Adherence to compliance requirements addressed in this document applies to your organization if you are a contracted healthcare provider or provider entity with Humana Dental's preferred provider organization (PPO) network or Medicare PPO network.

Q2: What are Humana's compliance program requirements for contracted healthcare providers?

A: Humana requires completion of compliance program requirements. The purpose of our notification is to advise of the following, current-year versions of documents that detail compliance requirements and where they are available:

- Compliance Policy for Contracted Healthcare Providers and Third Parties
- Ethics Every Day for Contracted Healthcare Providers and Third Parties

The above documents, or materially similar content, must be distributed to those providing a service to, or performing a function for, Humana's Medicare-eligible members. Additionally, those individuals and contracted parties must be trained by your organization on combating fraud, waste and abuse (FWA). Your organization is responsible for tracking the training as well as developing FWA training material or using another training. However, content from one or both Humana documents listed in the bullets above and referenced later in this FAQ may be integrated into the FWA training.

Humana recommends providers complete these educational requirements within 30 days of contract or hire and annually thereafter.

Q3: What is a first-tier, downstream or related entity?

A: A first-tier, downstream or related entity (FDR) is a Centers for Medicare & Medicaid Services (CMS) term adopted by Humana, and these guidance documents are for FDRs performing or supporting Humana's dental services. It essentially refers to any party performing work on Humana's behalf in an administrative or healthcare services capacity in relation to Medicare-eligible individuals who are members of a corresponding Humana Medicare Advantage (MA) plan. The term FDR includes, but is not limited to, contracted healthcare providers who are delegated and nondelegated, which includes dentists and pharmacies, as well as delegated entities, delegated agents, suppliers and vendors.

First-tier entity: A first-tier entity is a party that enters into a written arrangement with a Humana entity to perform administrative services for, or provide healthcare services to, Medicare-eligible beneficiaries who are members of

a Humana MA plan and who purchased a supplemental dental plan that uses the Humana Dental PPO network (e.g., A dental provider entity or call center contracted directly with Humana is a first-tier entity.).

Downstream entity: A downstream entity is a party that enters into a written arrangement to support a Humana MA plan and is below the level of the arrangement between Humana and a first-tier entity. This continues down to the level of the ultimate provider of a service or product. For example, while a dental group contracted directly with Humana is a first-tier entity, the dental care practitioners in the group are downstream entities. In addition, the group may contract with another downstream entity to perform billing or claim functions.

Related entity: A related entity is any entity that is related to Humana by common ownership or control. Within this scope are Humana subsidiaries, either wholly or partially owned, as well as joint ventures and companies in which Humana has an investment interest that perform a plan function or provide healthcare services.

Q4: What do I need to do to fulfill this requirement?

A: Follow these steps this calendar year:

- 1. Review the compliance program materials posted at <u>Humana.com/Fraud</u>
- 2. Provide the materials, or materially similar documents, to all individuals and contracted parties performing a function for, or providing service to, Humana's members in certain MA plans who purchased a supplemental dental plan that uses Humana Dental's PPO network
- 3. Train those parties on combating FWA
- 4. Be sure your organization tracks when all applicable parties were provided or accessed the training materials

Note: If your organization also performs a delegated function, such as provider credentialing, an annual Medicare education and training attestation at an organization level may be required. If so, Humana will notify your organization.

Q5: Why is Humana requiring me to do this?

A: These CMS requirements must be met upon the execution of an initial contract, and at least annually thereafter, so FWA can be minimized and necessary disciplinary action can be taken for FWA or noncompliance.

Q6: Who in my organization is responsible for ensuring these compliance requirements are being met?

A: Your organization must have a designated individual responsible for compliance. This includes compliance of those employed or contracted to perform a function for, or provide services to, Humana's members in certain MA plans who purchased a supplemental dental plan that uses Humana's PPO network.

Q7: Which healthcare practitioners in our organization are required to review the material, be trained on FWA and adhere to the requirements outlined in them?

A: All healthcare practitioners are required to review, understand and comply with the requirements outlined in the compliance policy and standards of conduct documents and the FWA training material.

Note: These requirements are not limited to healthcare practitioners but apply to all who provide a service to, or perform a function for, Humana members in certain MA plans who purchased a supplemental dental plan that uses Humana Dental's PPO network (e.g., administrative staff, hygienists, etc.).

Q8: Are trainings and the corresponding attestation(s), along with review of the policies listed in response to question 2, one-time requirements?

A: No, these are not one-time requirements. Your organization is required to provide compliance program material, standards of conduct material and FWA training upon hire or contract and annually thereafter, and you must ensure the material is reviewed. Humana sends notifications at least annually to your organization as a reminder that all Humana-participating providers and those supporting their contract with Humana must complete these requirements.

Q9: Is the material the same each year after the initial attestation requirement?

A: No, the material referenced in question 2 is not the same each year. However, Humana's commitment to compliance does not change, and the bulk of the content is retained. As clarifications are necessary or new requirements arise, Humana adds them to its documents. To simplify your review of Humana materials, there is a notable changes section in both of the following documents:

- Compliance Policy for Contracted Healthcare Providers and Third Parties
- Ethics Every Day for Contracted Healthcare Providers and Third Parties

Q10: My organization has its own similar documents and training, or we have already completed similar training and education furnished by another organization. Do I still have to do this for Humana?

A: You must adhere to the requirements outlined in the compliance policy and standards of conduct documents made available by Humana. Education requirements also include, but are not limited to:

- Developing FWA training or using another training on that topic
- Conducting and tracking FWA training

Your organization does not have to use Humana materials to meet the compliance education and training requirements. However, the Humana documents are a good reference to assess the training content used by your organization. Humana reserves the right to request documentation, including policies, training materials used and tracking records, to assess whether an effective compliance program incorporating the requirements is in place.

Q11: Where can I find more information about the CMS requirements?

A: Requirements for plan sponsors, such as Humana and their FDRs (includes dental providers), are outlined in the Code of Federal Regulations and two CMS manuals. These materials are publicly available online and can be accessed at the link(s) below:

- 42 C.F.R. § 422.503 (Please open in different web browser if this link does not work.)
- CMS Prescription Drug Benefit Manual, Chapter 9
- CMS Medicare Managed Care Manual, Chapter 21

Additional clarifications

Q12: What will happen if I do not fulfill compliance program requirements addressed here and outlined in the compliance policy and standards of conduct documents?

A: You will be out of compliance with CMS and Humana requirements. Any related deficiencies for your organization identified by Humana Dental could result in disciplinary action (up to termination of your agreement or contract).

Q13: What if I have a question that is not addressed in this FAQ?

A: Additional questions about these requirements can be directed to the Humana Customer Care department at 800-833-2223, Monday – Friday, 8 a.m. – 8 p.m., Eastern time.

