



Healthcare provider compliance program education and training requirements for first-tier, downstream and related entities FAQ

General information about compliance requirements

1. Q: Do these compliance requirements apply to my organization?

A: All providers serving patients with Medicare, Medicaid (Humana Healthy Horizons®), Medicare-Medicaid dual plans and Medicare Advantage (MA) Special Needs Plans (SNPs) are required to comply with the requirements.

2. Q: What are the compliance requirements for Humana-participating healthcare providers?

A: The Centers for Medicare & Medicaid Services (CMS) and Humana's Medicaid and dual Medicare-Medicaid contracts mandate that all Humana-contracted healthcare providers adhere to annual compliance program requirements. These requirements are outlined in 2 Humana documents:

- [Compliance Policy for Contracted Healthcare Providers and Third Parties \(Compliance Policy\)](#)
- [Ethics Every Day for Contracted Healthcare Providers and Third Parties \(Standards of Conduct\)](#)

Healthcare providers and those supporting their contract(s) with Humana are required to review these 2 documents, or materially similar content, to ensure sufficient awareness of the compliance requirements.

Fraud, waste and abuse (FWA) training and tracking of its completion also are required of those supporting a Humana plan. Organizations are responsible for implementing content to meet the FWA training requirement. In doing so, the organization may integrate related content from Humana documents.

Other training requirements apply to those supporting SNPs and/or plans administered by Humana for Medicaid or dual-eligible Medicare-Medicaid beneficiaries.

Humana suggests educational requirements be completed within 30 days of contract or hire and annually thereafter.

Confirmation of compliance with the applicable requirements outlined above helps healthcare providers meet their contractual obligation to comply with CMS requirements and Humana's contracts with state Medicaid agencies.

3. Q: What is a First-tier, Downstream or Related Entity (FDR)?

A: FDR is a CMS term adopted by Humana. The guidance in this document is for Humana FDRs. An FDR is any contracted third party performing work on Humana's behalf in an administrative or healthcare services capacity for Humana Medicare, Medicaid and/or dual-eligible Medicare-Medicaid beneficiaries. The term FDR includes, but is not limited to, healthcare providers who are delegated and nondelegated, pharmacies, delegated agents, suppliers or vendors.

- First-tier entity – A party that enters a written arrangement with a Humana entity to provide administrative or healthcare services for beneficiaries with any of the above-named plans (e.g., a healthcare services organization with hospitals and clinics that contracts directly with Humana).
- Downstream entity – A party that enters a written arrangement to support a MA plan, Medicare prescription drug plan or Medicaid plan administered by Humana; and is below the level of the arrangement between Humana and a first-tier entity.

Downstream entity status continues down to the level of the ultimate provider of a service or product. Examples include:

- Hospitals and healthcare practitioners in a group contracted with Humana as a first-tier entity
- An entity contracted by the first-tier group to perform billing or claim functions
- Related entity – Any entity 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 that perform a plan function or provide healthcare services in which Humana has an investment interest.

4. Q: What do I need to do to fulfill my compliance requirements?

A: Follow these steps if your organization is contracted as a Humana-participating Medicare, Medicaid and/or dual-eligible Medicare-Medicaid provider:

- Assure your organization has a plan to deploy and track FWA training each calendar year for those supporting the organization's Humana contract.
- Sign in to or register on www.availity.com/essentials.
- Once signed in to Availity Essentials™ (formerly Availity Portal), select "Payer Spaces > Humana" on the top navigation bar.
- On the Humana Payer Spaces page, select Humana Learning Center.
- Select the Compliance training category and search for and enroll in the appropriate annual compliance training requirements.

Note: If your organization also performs a delegated function, such as credentialing claims processing or participates in a clinical health services program (such as disease management), Humana will require annual Medicare training to be completed. If so, Humana will notify your organization.

5. Q: Why is Humana requiring me to take this training?

A: Humana has contracts with government agencies that require its contracted third parties to adhere to compliance requirements, including training on specific topics per plan type (as shown in this table):

Agency	Plan Type
CMS	Medicare-related
	SNPs
State agencies overseeing Medicaid or Medicare-Medicaid plans	Humana Healthy Horizons® (Medicaid) plans in Florida, Indiana, Kentucky, Louisiana, Ohio, Oklahoma, South Carolina, Virginia and dual Medicare-Medicaid plans in Illinois

6. Q: Who from my organization should complete training?

A: Someone authorized to complete training and acknowledgments on behalf of your organization should complete the applicable training. However, all organizations who must conduct training and education are required to track distribution of compliance policies, standards of conduct and training completion status for those supporting Humana Medicare and/or Medicaid business.

7. Q: My office supports Medicaid and dual Medicare-Medicaid patients. How do I know if I need to complete the Medicaid-specific training?

A: You are required to complete the Humana Medicaid-specific training if your organization has a contract to render healthcare services for a patient with a Humana Healthy Horizons Medicaid plan.

8. Q: Which healthcare practitioners in our organization must complete the training requirements?

A: All healthcare practitioners, employees and subcontractors of an entity contracted to support Humana Medicare, Medicaid and/or dual Medicare-Medicaid plans must review, understand and comply with the requirements outlined in applicable training materials.

Because practitioners could have more than one arrangement to support Humana (group and/or direct contract), please note:

- If your organization has a group contract with Humana, coordinate within your organization to have one person responsible for compliance complete the applicable training and include a list of Tax Identification Numbers (TINs) when promoted to do so.
- If any healthcare practitioner in your organization has a direct contract with Humana, that individual must complete a training for the plans he or she supports directly.

Among the expectations outlined in the training material are that a contracted party:

- Train its employees and subcontractors supporting Humana Medicare, Medicaid and/or dual Medicare-Medicaid products, per the materials' requirements.
- Keep records to confirm the training was completed.

9. Q: Do non-healthcare personnel have to take Medicaid compliance training?

A: Yes, but not on every topic.

- At least 2 Medicaid trainings apply to non-healthcare personnel supporting a Humana contract related to a Humana Medicaid plan. These are:
 - **Health, Safety and Welfare Training**
 - **Cultural Competency Training**
- Humana Medicaid training and orientation materials apply primarily to healthcare practitioners, but non-healthcare personnel may need to review the materials to ensure sufficient understanding of matters applicable to related administrative responsibilities. Humana defers to your organization to determine when non-healthcare personnel need to be trained on content for the separate topics of "Medicaid Training" and "Orientation" based on duties they perform that pertains to Medicaid-eligible beneficiaries. That said, Humana acknowledges that your organization may, in turn, decide only certain content for these other topics applies to these individuals and direct them accordingly.

10. Q: Do I have to complete the SNP training?

A: You must complete SNP training if you are serving a patient with a Humana MA health maintenance organization (HMO) or preferred provider organization (PPO) SNP.

11. Q: Are these trainings a one-time requirement?

A: No, they are not one-time requirements. Training must be completed upon hire or contract and annually thereafter.

Humana notifies all Humana-participating Medicare, Medicaid and/or dual Medicare-Medicaid providers at least annually that they must complete these requirements.

12. Q: Is the material the same each year after the initial requirement?

A: The material is not the same year after year. However, Humana's commitment to compliance does not change, so the bulk of the material is retained.

As clarification becomes necessary or new requirements arise, Humana modifies its documents. To simplify your review of compliance materials, each of these documents contains a section titled "Notable changes."

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

A: Your organization still must:

- Adhere to the requirements outlined in Humana's Compliance Policy and Standards of Conduct.
- Conduct and track applicable training and record completions where required by Humana to confirm compliance with the training and corresponding requirements outlined in the training.

Depending on the state in which you are contracted, your organization does not have to use Humana materials to meet the requirements. However, Humana documents provide a good means to assess the training content used. Additionally, Humana reserves the right to request documentation (e.g., policies and tracking records) showing that your organization has an effective compliance program that incorporates the requirements.

14. Q: Where can I find more information about the CMS requirements?

A: Requirements for plan sponsors, such as Humana and its FDRs that include healthcare providers, are outlined in federal regulations and 2 CMS manuals. All sources can be accessed by selecting the following links:

[42 C.F.R. § 422.503](#)

[CMS Prescription Drug Benefit Manual Chapter 9 CMS Medicare Managed Care Manual, Chapter 21](#)

15. Q: What will happen if I do not fulfill any compliance program requirement addressed here and fully outlined in the Compliance Policy and Standards of Conduct documents?

A: You will be noncompliant with Humana requirements, which may result in disciplinary action (up to termination of your agreement or contract).

Web access

16. I'm not registered for Availity Essentials. How do I register?

A: To register, follow these step-by-step directions: [Register and Get Started with Availity Essentials - Overview](#)

17. Q: I am having difficulty registering or signing into Availity Essentials or resetting my password.

Whom do I contact for help?

A: Availity Client Services. Call toll free at 800-AVAILITY (282-4548), Monday – Friday, 8 a.m. – 8 p.m., Eastern time.

18. Q: What if I have a question not addressed in this FAQ?

A: Please call Humana Provider Relations at 800-457-4708, Monday – Friday, 8 a.m. – 8 p.m., Eastern time.