

APPENDIX XVIII – Compliance Program Crosswalk

INSTRUCTIONS: Applicants must complete and upload in HPMS the following chart, which contains the required elements for a Compliance Plan. Applicant must identify specifically (i.e., the .pdf page number) where in its compliance plan the following elements are located.

Compliance Plan Elements	Page and paragraph where element located
A. Applicant's legal entity name	
B. Explicit statement indicating that the compliance plan applies to Medicare Part D (and Part C if an MA-PD applicant)	
C. Written policies, procedures, and standards of conduct must include the following components in 42 CFR §423.504(b)(4)(vi)(A):	
1. Articulate the applicant's commitment to comply with <u>all applicable Federal and State standards</u> .	
2. Describe compliance expectations as embodied in the standards of conduct.	
3. Describe the implementation and operation of the compliance program.	
4. Provide guidance to employees and others on dealing with potential compliance issues.	
5. Identify how to communicate compliance issues to appropriate compliance personnel.	
6. Describe how potential compliance issues will be investigated and resolved by the applicant.	
7. Include a policy of non-intimidation and non-retaliation for good faith participation in the compliance program, including, but not limited to, reporting potential issues, investigating issues, conducting self-evaluations, audits and remedial actions, and reporting to appropriate officials.	
D. Measures that prevent, detect, and correct fraud, waste, and abuse. (42 CFR § 423.504(b)(4)(vi))	

Compliance Plan Elements	Page and paragraph where element located
E. Measures that prevent, detect, and correct noncompliance with CMS' program requirements. (42 CFR § 423.504(b)(4)(vi))	
F. Designate a compliance officer and a compliance committee who report directly to and are accountable to applicant's chief executive or senior management and include the following three components in 42 CFR §423.504(b)(4)(vi)(B):	
1. The compliance officer, vested with the day-to-day operations of the compliance program, <u>must be an employee</u> of the applicant, parent organization or corporate affiliate. The compliance officer may not be an employee of the applicant's first tier, downstream or related entity.	
2. The compliance officer and the compliance committee must periodically report directly to the governing body of the applicant on the activities and status of the compliance program, including issues identified, investigated, and resolved by the compliance program.	
3. The governing body of the applicant must be knowledgeable about the content and operation of the compliance program and must exercise reasonable oversight with respect to the implementation and effectiveness of the compliance programs.	
G. Establish, implement and provide effective training and education for employees including the chief executive and senior administrators or managers, governing body members, first tier, downstream, and related entities must include the following components in 42 CFR § 423.504(b) (4)(vi)(C):	
1. Training and education must occur at least annually and must be part of the orientation for new employees, including the chief executive and senior administrators or managers; governing body members; and first tier, downstream and related entities,	

Compliance Plan Elements	Page and paragraph where element located
2. An indication that first tier, downstream, and related entities who have met the fraud, waste, and abuse certification requirements through enrollment into the Medicare program or accreditation as a Durable Medical Equipment, Prosthetics, Orthotics, and supplies (DMEPOS) are deemed to have met the training and educational requirements for fraud, waste, and abuse.	
H. Establish and implement effective lines of communication, ensuring confidentiality, as described in in 42 CFR § 423.504(b) (4)(vi)(D):	
1. The compliance officer, members of the compliance committee, the applicant's employees, managers and governing body.	
2. The applicant's first tier, downstream, and related entities.	
3. The lines of communication (e.g., free telephone hotlines) must be accessible to all, including first tier, downstream, and related entities.	
4. Include a method for anonymous and confidential good faith reporting of potential compliance issues, as they are identified.	
I. Well-publicized disciplinary standards and implementation of procedures, which encourage good faith participation in the compliance program by all individuals. These standards must include the following policies per 42 CFR § 423.504(b) (4)(vi)(E):	
1. Expectations for reporting compliance issues and assisting in their resolution.	
2. Identify non-compliant or unethical behavior.	
3. Provide for timely, consistent, and effective enforcement of the standards when noncompliance or unethical behavior is determined.	

Compliance Plan Elements	Page and paragraph where element located
J. Establish and implement an effective system for routine monitoring and identification of compliance risks. The system should include: internal monitoring and audits and, as appropriate, external audits, to evaluate the applicant, including first tier entities', compliance with CMS requirements and the overall effectiveness of the compliance program. 42 CFR § 423.504(b) (4)(vi)(F)	
K. Establish and implement procedures and a system for promptly responding to compliance issues as they are raised, investigating potential compliance problems identified in the course of self-evaluations and audits, correcting such problems promptly and thoroughly to reduce the potential for recurrence, and ensure ongoing compliance with CMS requirements. The procedures must include the following components per 42 CFR § 423.504(b) (4)(vi)(G):	
1. If the applicant discovers evidence of misconduct related to payment or delivery of items or services under the contract, it must conduct a timely, reasonable inquiry into that conduct.	
2. The applicant must conduct appropriate corrective actions (e.g., repayment of overpayments and disciplinary actions against responsible individuals) in response to a potential violation of item 1, above.	
3. The applicant should have procedures to voluntarily self-report potential fraud or misconduct related to the Medicare program to CMS or its designee.	