



July 28, 2009

## New Medicare education requirements

This notification is to inform you of a requirement from the Centers for Medicare & Medicaid Services (CMS) for annual compliance training related to fraud, waste and abuse awareness. This training requirement applies to all organizations that provide health care services or administrative services for a Medicare-eligible individual under the Medicare Advantage or Medicare Part D programs. This requirement affects you as a provider of health care services to Medicare members. As a result of this CMS requirement, all of your organization's employees (including managers and directors) will need to complete the required compliance training by **December 31, 2009**.

You will be responsible for administering this training and tracking your organization's completion of it. Although you may choose how to monitor your employees' completion of the training, we have enclosed for your convenience a sample training log for individuals to sign after completion of the training. Within 30 days of your organization completing the training, **but no later than January 15, 2010**, an officer or director from your organization will need to attest to your organization's completion of the training by completing and returning the enclosed attestation form to each health plan that you contract with.

If your organization has contracted with other entities to provide health care services or administrative services on behalf of Medicare Advantage or Part D members, you will need to make the compliance training materials available to those entities. In addition, you will be required to attest that your organization has obtained attestations from those entities that they (as well as any entities that they contract with that are responsible for the administration or delivery of services to Medicare members) have completed the fraud, waste and abuse compliance training.

Upon request, you may be asked to provide the attestations from those entities, as well as copies of their training logs and those of your organization. As reminder, please retain a photocopy of all documentation related to this training for the required record retention period of 11 years.

### Access the training

Blue Cross and Blue Shield of Minnesota is offering online training at no cost at the sites listed below. Enclosed please see the required attestation and sample training log. Please note that in accordance with CMS guidance, you are not permitted to develop your own fraud, waste and abuse compliance training for purposes of this requirement.

- Go to **[providers.bluecrossmn.com](http://providers.bluecrossmn.com)** and on the "Education center" page, select "learn more" under the Medicare education section.
- At **[www.yourmedicareolutions.com](http://www.yourmedicareolutions.com)**, select "For Providers" then "Provider Guide."
- At **[www.mnhealthplans.org/tools/links.cfm](http://www.mnhealthplans.org/tools/links.cfm)**

### Questions?

If you have questions, please contact provider service at **(651) 662-5200** or **1-800-262-0820**.

Enclosure: Attestation of Training Completion

Distribution: All participating providers

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# Attestation of Training Completion

As a first tier, downstream or related entity, \_\_\_\_\_ (Organization Name) attests that it has administered appropriate education and training to detect, correct and prevent potential fraud, waste and abuse, as required by the final rule issued in the Federal Register for 42 CFR Parts 422 and 423 of the Medicare Program on December 5, 2007.

Please select the method of education and training that your organization chose to comply with the final rule requirement:

- Reviewed this training and education provided by the Blue Cross and Blue Shield of Minnesota and Blue Plus.
- Reviewed training and education provided by another Medicare Advantage and Part D sponsor or another source.  
\_\_\_\_\_. (Organization/Source Name)

By signing below, you attest that your organization will furnish training logs and certifications from downstream entities upon request to your local Plan Sponsors to validate that training was completed.

This attestation is valid through Dec. 31 of the calendar year.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Organization Name

\_\_\_\_\_  
Tax ID

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip Code

Please sign and return by FAX (651) 662-0077 or  
Mail to: Blue Cross and Blue Shield of Minnesota, P.O. Box 64560, St. Paul, MN 55164-0560.