

**ATTACHMENT I-D**  
**MEDICARE ADVANTAGE AND PRESCRIPTION DRUG COMPLIANCE PROGRAM**  
**EFFECTIVENESS (CPE)**  
**SIU/FWA QUESTIONNAIRE (FWA-Q)**

This questionnaire is designed to assist CMS in understanding the unique qualities of your organization's CPE program operations. Please enter your responses to the questions below and upload the completed form to HPMS within 15 business days of receiving your audit engagement letter.

**Name of Sponsoring Organization:**

Enter your response here

**Contract Numbers:**

Enter your response here

**Name and Title of Person Completing Questionnaire:**

Enter your response here

**Date Completed:**

Select date

This questionnaire will assist CMS with understanding the sponsoring organization's program to prevent, detect, and correct suspected fraud, waste, and abuse for their Medicare line of business.

We recognize that your time is valuable and appreciate your availability to provide responses to our questions regarding the compliance program. The responses to these questions may be discussed during the onsite portion of the CPE audit.

If multiple individuals are responsible for the operations and oversight of first-tier, downstream and related entities (e.g., Corporate Compliance Officer, SIU Director, Ethics and Integrity Officer, Investigators) and have different responses to the questions, please consolidate responses and incorporate into one document.

**PRA Disclosure Statement**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1000 (Expires: 6/30/2023). The time required to complete this information collection is estimated to average 701 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact 1-800-MEDICARE.

**Program Audit Data Request  
Compliance Program Effectiveness (CPE)  
SIU/FWA Questionnaire (FWA-Q)**

Please specifically note the following when completing the questionnaire:

- “You” refers to your organization, not necessarily a specific person.
- “Employees” refer to employees, including senior management, who support your Medicare business.
- “Compliance Officer” refers to the compliance officer who oversees the Medicare business.
- “CEO” refers to the Chief Executive Officer of the organization or the most senior officer, usually the President or Senior Vice President of the Medicare line of business.
- “Compliance Program” refers to your Medicare compliance program.
- If the Medicare contract holder is a wholly owned subsidiary of a parent company, references to the governing body, CEO, and highest level of the organization’s management are to the board, CEO, and management of the company (parent or subsidiary/contract holder) that the organization has chosen to oversee its Medicare compliance program.
- “FDRs” refer to the organization’s first-tier, downstream and related entities contracted to perform an administrative or healthcare service to enrollees on behalf of the sponsoring organization.
- “First Tier Entity” refers to any party that enters into a written agreement, acceptable to CMS, with a sponsoring organization to provide administrative services or health care services to a Medicare eligible individual under the Parts C and/or D program.
- “Downstream Entity” refers to any party that enters into a written agreement, acceptable to CMS, with persons or entities involved with the Medicare Parts C and/or D benefit, below the level of the arrangement between a sponsoring organization and a first tier entity. These written agreements continue down to the level of the ultimate provider of both health and administrative services.
- “Related Entity” refers to any entity that is related to a sponsoring organization by common ownership or control, and
  - performs some of the a sponsoring organization’s management functions under contract or delegation,
  - furnishes services to Medicare enrollees under an oral or written agreement, or
  - leases real property or sells materials to the sponsoring organization at a cost of more than \$2,500 during a contract period.
- If the Medicare contract holder is a wholly owned subsidiary of a parent company, references to the governing body, CEO, and highest level of the organization’s management are to the governing body, CEO and management of the company (parent or subsidiary/contract holder) that the organization has chosen to oversee its Medicare compliance program.

**Program Audit Data Request  
Compliance Program Effectiveness (CPE)  
SIU/FWA Questionnaire (FWA-Q)**

1. How long have you been employed with a sponsoring organization and been involved with FWA prevention and detection activities?

Enter your response here

2. Is FWA managed by one individual or a team/department, such as the compliance department or special investigations unit(SIU)?

Enter your response here

3. Provide a general overview of the unit/department responsible for conducting surveillance and methods of investigation relating to potential FWA (e.g., number of personnel, types of detection and prevention activities).

Enter your response here

4. Describe the working relationship between the compliance department and SIU as it relates to the compliance program.

Enter your response here

5. Describe a few of the mechanisms that exist for employees, providers, enrollees, and FDRs to report compliance, ethics, and FWA concerns and how are they advertised internally and externally. Please indicate if multiple hotline numbers are used to report various categories of compliance and FWA inquiries.

Enter your response here

6. How many reports did the hotline(s) receive during the audit review period? If there are multiple hotline numbers to report various categories of compliance and FWA inquiries, please separate responses for each hotline number.

Enter your response here

7. From your perspective, does the number of calls received demonstrate the effectiveness of your reporting mechanisms?

Enter your response here

8. How often do you check the hotline and what assurance do you have that the hotline is confidential?

Enter your response here

9. Describe proactive measures to investigate suspicions of FWA and inappropriate payments made by the sponsoring organization.

Enter your response here

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SIU/FWA Questionnaire (FWA-Q)**

**10.** How does the organization engage participation from the Investigations MEDIC (I-MEDIC), law enforcement, and other business partners on suspected FWA cases or investigations?

Enter your response here

**11.** How many suspected FWA cases were referred to the I-MEDIC and/or law enforcement agency within the audit review period?

Enter your response here

**12.** Describe the triage process for cases referred to the SIU for fraud investigation, including timeframes associated with the intake and validation functions.

Enter your response here

**13.** Describe how data analytics or data analysis software are used to monitor potential FWA activity and identify unusual patterns in the delivery of Medicare Parts C and/or D benefits (e.g., queries for pharmacy patterns, provider billing, drug utilization).

Enter your response here

**14.** What types of reports from the PBM assist with identifying potential and suspected unusual trends, utilization patterns, provider billing practices that pose the greatest risk to the Medicare program?

Enter your response here

**15.** Does the organization use the Fraud, Waste and Abuse (FWA) Tracking Tool module that is available to users in the Health Management Plan System (HPMS)? This tool replaced the Medicare Advantage and Part D PLATOTM FWA tracking tool. If yes, also explain whether the use of the Fraud, Waste and Abuse (FWA) Tracking Tool module has been effective for your organization.

Enter your response here

**16.** Provide an overview that describes the organization's monitoring activities in the HEAT Medicare Strike Force cities. HEAT is the joint HHS-DOJ Health Care Fraud Prevention and Enforcement Action Team. The list of the cities can be found at:

<https://oig.hhs.gov/fraud/strike-force/>

Enter your response here

**17.** How are the CMS fraud alerts issued through HPMS incorporated into FWA prevention and detection, monitoring, and audit activities?

Enter your response here

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**18.** Highlight a few accomplishments of the FWA operations/SIU during the audit review period.

Enter your response here
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**19.** Do you have any questions or comments for CMS?

Enter your response here
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