

Pre-Delegation Assessment Date:

Objective: As a Medicare Advantage Organization (MAO) contracting with the Centers for Medicare and Medicaid Services (CMS), CHRISTUS Health Plan (CHP) is required to conduct initial and ongoing oversight activities to ensure that all First Tier, Downstream, and Related Entities (FDRs) comply with all laws, rules, and CMS instructions applicable to delegated activities.

Instructions: Please review the CMS requirements below and confirm whether your organization has these Policies & Procedures, supporting documentation, and processes in place. If available, please provide copies of policies and supporting documents and indicate the file name in the table below.

If you have any questions about this request or would like any additional information, please reach out via email at Vanessa.Williams3@christushealth.org. Please return this questionnaire and all supporting documents to the email listed above. Thank you for your assistance in fulfilling CHP's oversight responsibility.

Organization Information				
#	Questions	Yes	No	Response and/or Detail
1	Legal Name of FDR			
2	First Tier, Downstream, or Related Entity			
3	Names of Primary Contact(s) at Organization and Contact Information (email and phone)			
4	Signed Master Services Agreement and/or Statement(s) of Work	<input type="checkbox"/>	<input type="checkbox"/>	
5	Signed Business Associate Agreement	<input type="checkbox"/>	<input type="checkbox"/>	
6	Contracts Include Regulatory Language and/or Attachments	<input type="checkbox"/>	<input type="checkbox"/>	
7	List of Delegated Functions			Choose an item.
	If Responded "Other" above, please list functions			
8	Is the Organization accredited by a recognized accrediting entity such as URAC or NCQA?	<input type="checkbox"/>	<input type="checkbox"/>	
9	If responded "No" to previous question, does the organization agree to work with CHP to meet applicable standards?	<input type="checkbox"/>	<input type="checkbox"/>	
10	To the best of your knowledge, does the organization have any conflicts of interest with CHP related to delegated functions?	<input type="checkbox"/>	<input type="checkbox"/>	
11	Does the organization utilize any off shoring for any activities related to functions delegated by CHP?	<input type="checkbox"/>	<input type="checkbox"/>	

Policies and Procedures (as applicable)				
#	Description of Policy/Procedure	Provided?		Document/File Name
		Yes	No	
1	Monitor Adherence to Performance Standards	<input type="checkbox"/>	<input type="checkbox"/>	
2	Identify Actual or Suspected Fraud, Waste, and Abuse and Notify CHP	<input type="checkbox"/>	<input type="checkbox"/>	
3	Identify Suspected or Actual Security Breaches including Privacy Violations and Notify CHP	<input type="checkbox"/>	<input type="checkbox"/>	
4	Monitor Regulatory Changes and Update Internal Documentation and Processes Related to Delegated Functions	<input type="checkbox"/>	<input type="checkbox"/>	
5	Annual and New Employee Training for General Compliance and FWA Upon Hire and Annually Thereafter	<input type="checkbox"/>	<input type="checkbox"/>	
6	Annual New Employee HIPAA/HITECH Training	<input type="checkbox"/>	<input type="checkbox"/>	
7	OIG/GSA, CMS Preclusion Lists Screenings Upon Hire and Annually Thereafter	<input type="checkbox"/>	<input type="checkbox"/>	
8	Disciplinary Actions for Violations of Privacy or Security Regulations, FWA, or Standards of Conduct	<input type="checkbox"/>	<input type="checkbox"/>	
9	Annual Review and Updates of all Policies and Procedures Related to Delegated Activities	<input type="checkbox"/>	<input type="checkbox"/>	
10	Record Retention for Trainings of Employees for 10 years	<input type="checkbox"/>	<input type="checkbox"/>	
11	Auditing and Monitoring Program Related to Delegated Functions	<input type="checkbox"/>	<input type="checkbox"/>	
12	Any Policies and Procedures Specific to Delegated Functions i.e., Claims Processing; Call Centers; Provider Networks; Credentialing; Member Complaints, Appeals, and Grievances; Member & Provider Termination Notifications; Others	<input type="checkbox"/>	<input type="checkbox"/>	

Supporting Documentation (as applicable)				
#	Description of Supporting Documentation	Provided?		Document/File Name
		Yes	No	
1	Evidence of Staff Training for Compliance and FWA Occurring Upon Hire and Annually Thereafter	<input type="checkbox"/>	<input type="checkbox"/>	
2	Evidence of OIG/GSA, CMS Preclusion Screenings for New and Existing Employees	<input type="checkbox"/>	<input type="checkbox"/>	
3	Evidence of Regulator Changes/Updates Provided to Staff	<input type="checkbox"/>	<input type="checkbox"/>	

4	Documentation of Disciplinary Actions Taken Against Employees Resulting from Violation of CMS Requirements	<input type="checkbox"/>	<input type="checkbox"/>	
5	Evidence of Security of Facility/Facilities Where CHP Member Information is Accessible	<input type="checkbox"/>	<input type="checkbox"/>	
6	Business Continuity Plan and current SOC I report,	<input type="checkbox"/>	<input type="checkbox"/>	
7	Most Recent Audited Financial Statements	<input type="checkbox"/>	<input type="checkbox"/>	
8	Copy of Each Type of and Cadence of Performance/Utilization Reports to be Provided to CHP	<input type="checkbox"/>	<input type="checkbox"/>	

Downstream Oversight (Only Applies to First Tier Entities)				
#	Description of Policy/Procedure	Provided?		Document/File Name(s)
		Yes	No	
1	List of Downstream Entities and Functions Delegated			
2	Policy and Evidence of Regular Oversight of Downstream Entities Related to CHP Functions/Services	<input type="checkbox"/>	<input type="checkbox"/>	
3	Policy and Evidence of Screening of Downstream Entities against OIG/GSA and CMS Preclusion lists prior to contracting and monthly thereafter.	<input type="checkbox"/>	<input type="checkbox"/>	