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FDR Compliance Newsletter

October 2017 – Issue 15

CMS audit protocols and common conditions

The Centers for Medicare & Medicaid Services (CMS) performs program audits on sponsors like Aetna, who offer Medicare Part C and D plans. These include Medicare Advantage (MA), Prescription Drug Plans (PDP) and/or Medicare Medicaid Plans (MMP). The audits ensure that we deliver benefits according to the terms of our contract with CMS. CMS releases the audit protocols of these reviews and summaries of any deficiencies or conditions they find. This is helpful information to plan sponsors and their associated first tiers.

In April 2017, CMS released their 2017 audit protocols. The protocols help us monitor, audit and oversee our Medicare plan operations. They may also help you. As an Aetna first tier entity, your compliance and performance impacts Aetna's overall compliance program effectiveness. To download and review the 2017 CMS Audit Protocols, go to the CMS website at: <https://www.cms.gov/Medicare/Compliance-and-Audits/Part-C-and-Part-D-Compliance-and-Audits/ProgramAudits.html>.

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- [Medicare Managed Care Manual](#)
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- [Aetna's Code of Conduct](#) (updated 12/2016)
- [CMS's General Compliance Training](#)
- [CMS's FWA Training](#)
- **Exclusion lists:**
 - [OIG's List of Excluded Individuals and Entities \(LEIE\)](#)
 - [GSA's System for Award Management\(SAM\)](#)

Also, in May 2017, CMS released the 2016 Part C and Part D Program Audit and Enforcement Report. It has a summary of the common conditions CMS found during their program audits of Medicare plan sponsors. Understanding the common conditions of Medicare plan sponsors can inform your internal auditing and monitoring efforts. Here's a summary of the common conditions with Compliance Program Effectiveness (CPE):

- 1) Sponsor did not review the Office of Inspector General (OIG) and General Services Administration (GSA) exclusion lists for any new employee, temporary employee, volunteer, consultant or governing body member before they hired or contracted and monthly thereafter.
 - FDRs must screen their [applicable](#) employees against the OIG and GSA exclusion lists before they hire and monthly thereafter.
- 2) Sponsor did not create, implement and provide timely and effective compliance and fraud, waste and abuse (FWA) training and education for its employees. They must also provide this training to the CEO, senior administrators and managers and its governing body members involved in the administration or delivery of Parts C and D benefits.

- FDRs must ensure that their [applicable](#) employees complete the training. This includes the CMS Medicare Parts C and D FWA training (unless deemed) and the Medicare Parts C and D General Compliance training. And they must do this within 90 days of hire and annually. To ensure the integrity and completeness of training, sponsors can't change the content of the CMS training modules. CMS may update these training modules every year.
- 3) Sponsor didn't create and implement effective lines of communication for confidential and anonymous reporting of potential FWA issues as they are found.
 - FDRs must communicate to their applicable employees the reporting mechanisms for reporting potential non-compliance and FWA. This includes the obligation to report with non-retaliation and have a process for reporting concerns to Aetna that impact Aetna. FDRs can use these Aetna's reporting mechanisms in our [poster](#).

4) Sponsor did not monitor and/or audit first tier entities to ensure they fulfill compliance requirements.

- Aetna has a robust FDR Oversight program, which includes monitoring and auditing our first tier entities. We may select you for audit and/or monitoring activities. And we may require you to submit documents to support your compliance. FDRs should also have internal monitoring and auditing activities to ensure you and your downstream entities comply with Medicare Compliance program requirements.

For more information on the common conditions, CMS audit result trends and CMS' enforcement actions , please feel free to review the full 2016 Part C and Part D Program Audit Enforcement Report at: https://www.cms.gov/Medicare/Compliance-and-Audits/Part-C-and-Part-D-Compliance-and-Audits/Downloads/2016_Program_Audit_Enforcement_Report.pdf.

What is section 1557?

Section 1557 is the nondiscrimination provision of the Affordable Care Act (ACA). The law prohibits discrimination on the basis of race, color, national origin, sex, age or disability in health programs or activities that receive federal financial assistance.

- Covered entities must provide language assistance services, including oral interpretation and written translation services upon request.
- Covered entities must include the language assistance taglines and a nondiscrimination notice on significant communications and publications. These taglines have information on how to request language assistance services. The nondiscrimination notice includes some of the covered entity's obligations under 1557 and has information on how to file a complaint.
- Covered entities must make all information available to individuals with disabilities. The formats must meet digital accessibility requirements.

Aetna complies with the provisions of Section 1557. If you have questions about how it affects you, contact your legal or human resources departments.

Our Medicare Compliance outreach program

Are you new to Aetna Medicare plans, or recently updated your contract with us to include a Part C and/or Part D plan? Then our FDR team may select you for an outreach call. These calls are a great opportunity for you to ask questions about the initial FDR training packet you received from us or on any other compliance requirements. These calls help us discuss Medicare FDR expectations. They serve as a great "self-check" of your organization's compliance without the stress of an audit.

Not new to Aetna Medicare plans, but still wish to chat with us about Medicare compliance program requirements? You can simply request a call by writing to Medicare Compliance at MedicareFDR@aetna.com and someone from our department will reach out to your organization.

Have you read our FDR Guide?

Do you have a question about the CMS Medicare compliance requirements? We want you to understand what CMS expects from you and make it easy for you to comply. That's why we created a short and simple tool to help you learn everything to comply with these program requirements.

We created our handy FDR Medicare [Compliance Program Guide, or FDR Guide](#). It helps you find answers to important questions. You'll find answers to questions like: "Who can complete an attestation for my organization?" Not sure how often your [applicable](#) employees must take the CMS [Medicare Parts C and D](#)

[General Compliance Training](#) and [Combating Medicare Parts C and D Fraud, Waste, and Abuse training](#)? You can find the answer to this as well. And learn about other Medicare compliance program regulations for FDRs. The back of the guide has our FDR toolbox which has many helpful materials.

Check out [the FDR Guide](#).

If you still have questions simply write to our friendly Medicare Compliance FDR team at MedicareFDR@aetna.com!

Report to Aetna actual or potential fraud, waste and abuse OR non-compliance:

FDRs can have their own internal processes in place for reporting, however, instances which impact Aetna's Medicare business should be reported back to us by using one of the methods below:



By phone:
1-888-891-8910
(7 days a week, 24 hours a day)



Over the internet:
<https://aetna.alertline.com>



By mail:
Corporate Compliance
P.O. Box 370205
West Hartford, CT 06137-0205

Employee samples: What to, and what not to include

Are you prepared to supply documentation? We may need supporting documents for your:

- Employees' training completion dates
- Code of conduct acknowledgement
- Results of your OIG and GSA exclusion screenings

You need to provide these types of compliance evidence in response to requests by CMS or in the event of a CPE audit with us.

Some of our FDRs are concerned about supplying these types of documents. They don't want to share employee-specific information. And we understand! We will never require personal information in these records.

It's simple to protect your employees and comply. We take securing personal information very seriously. Before you send any employee data to us, make sure you exclude all personal information such as home addresses, date of birth, criminal background checks, etc.



What is an FDR

First tier, downstream and related entities

First tier entity is any party that enters into a written arrangement, acceptable to CMS, with a Medicare Advantage organization or Part D plan sponsor or applicant. They agree to provide administrative or healthcare services to a Medicare-eligible individual under the Medicare Advantage program or Part D program.

Downstream Entity is any party that enters into a written arrangement, acceptable to CMS, with persons or entities involved with the Medicare Advantage benefit or Part D benefit. And this party is below the level of the arrangement between a Medicare Advantage Organization or applicant or a Part D plan sponsor or applicant and a first tier entity. These written arrangements continue down to the level of the ultimate provider of both health and administrative services.