Sample Only – Not for Submission to Aetna

<Company Name>

Medicare Compliance Program Guidelines
First Tier, Downstream, and Related Entities (FDRs) Attestation

This attestation confirms your organization commitment to comply with the Centers for Medicare & Medicaid Services (CMS) requirements[1]. A summary of these requirements are listed below and apply to all services your organization, as <Company Name> First Tier Entity[2], provides for Medicare business. The requirements also apply to any of the Downstream Entities[3] you use for Aetna Medicare business.

1. **Standards of Conduct and/or Compliance Policies**
   My organization has established Standards of Conduct and/or Compliance Program policies that demonstrate a commitment to comply with federal and state laws, ethical behavior and compliance program operations. They are distributed to employees[4] within 90 days of hire, upon any revisions, and annually thereafter. My organization has distributed Conflict of Interest (COI) information to all employees and governing body members within 90 days of hire/appointment, upon revision, and annually thereafter that includes a description of COI, how to report potential or actual COI, and the actions the FDR Vendor takes when a potential or actual COI is reported.

2. **US Department of Health & Human Services Office of Inspector General (OIG) and General Services Administration's System for Award Management (SAM) exclusion screening**
   My organization screens the U.S. Department of Health & Human Services Office of Inspector General (OIG) and General Services Administration System for Award Management (SAM) exclusion lists prior to hire or contracting, and monthly thereafter, for our employees and Downstream Entities. My organization immediately removes any person or entity from working on Medicare business if found on either of these lists, and we will immediately notify <Company Name>.

3. **Reporting Mechanisms**
   My organization communicates to employees the procedures for reporting suspected or detected non-compliance or potential Fraud, Waste, or Abuse, and that it is their obligation to report without fear of retaliation or intimidation against anyone who reports in good faith. My organization either requests employees to report concerns directly <Company Name> or maintains confidential and anonymous mechanisms for employees to report internally. In turn, we report these concerns to <Company Name>, when applicable.

4. **Offshore Operations**
   If my organization and/or our Downstream Entities perform work that involves the receipt, processing, transferring, handling, storing or accessing of Protected Health Information (PHI) offshore, or work involving the receipt, processing, transferring, handling, storing or accessing of Protected Health Information (PHI) is being performed offshore, we confirm that we have submitted the Offshore Services Attestation form and received approval from an authorized <Company Name> representative.

5. **Downstream Entity Oversight**
   If applicable, my organization oversees our Downstream Entities, for Medicare business and conducts oversight to ensure that they abide by all laws, rules and regulations that apply to my organization as a FDR, including:
   - Contractual agreements with Downstream Entities contain all CMS-required provisions
   - Downstream Entities comply with the Medicare compliance program requirements described in this attestation
   - Downstream Entities comply with any applicable Medicare operational requirements

6. **Operational Oversight**

<Company Name>

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My organization conducts internal oversight of the services that we perform for Medicare business to maintain compliance with applicable laws, rules, and regulations including CMS regulatory/sub-regulatory guidance.

I certify, as an authorized representative of my organization, that the statements above are true and accurate to the best of my knowledge. My organization agrees to maintain documentation supporting these in compliance with federal regulations in our contract and with Aetna for a minimum of (10) years. Upon request my organization will provide evidence. Failure to do so may result in a request for a Corrective Action Plan (CAP) or other contractual remedies such as contract termination.

_____

FDR Organization's Authorized Representative Printed Name and Title

_____ _____

Signature of FDR Organization's Authorized Representative Date

_____

FDR Organization Name Printed

_____

FDR Organization Mailing Address

_____

Tax ID# (TIN)/Employer ID# (EIN)

_____

[1] CMS's guidance for Medicare Advantage organizations and Part D sponsors are published in both, Pub. 100-18, Medicare Prescription Drug Benefit Manual, Chapter 9 and in Pub.100-16, Medicare Managed Care Manual, Chapter 21, and are identical in each. Other applicable CMS regulatory/sub-regulatory guidance includes but is not limited to: CY2019 Final Rule CMS-4182-F published April 16, 2018; 42C.F.R.§§422 & 423; and associated CMS Manuals and HPMS memos.

[2] 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 to provide administrative services or healthcare services to a Medicare eligible individual under the Medicare Advantage program or Part D program. (See, 42 C.F.R. §§ 422.500 & 423.501)

[3] 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, 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. (See, 42 C.F.R. §§ 422.500 & 423.501)