

2018 Aetna Medicare Compliance Program Guidelines Provider Attestation

This attestation confirms your organization received Aetna’s educational training packet, which included our online [First Tier, Downstream and Related Entity \(FDR\) Medicare Compliance Program Guide](#). It also confirms your receipt and review of Aetna’s associated online provider manual and your commitment to comply with the Centers for Medicare & Medicaid Services (CMS) requirements¹. These requirements are listed below and apply to all services your organization, as Aetna’s First Tier Entity², provides for Aetna Medicare business³. The requirements also apply to any of the Downstream Entities⁴ you use for Aetna Medicare business.

1. Code of Conduct(COC) and/or Compliance Policies

My organization has adopted either [Aetna’s](#) or a comparable COC and/or Compliance Program policies which were distributed to employees within 90 days of hire, upon revision, and annually thereafter.

2. CMS’ Fraud, Waste and Abuse (FWA) Training

My organization’s applicable employees either completed CMS’ [Combating Medicare Parts C & D Fraud, Waste, and Abuse Training](#) module within 90 days of hire and annually thereafter **OR** they were “deemed” to have met the FWA training requirement. [Deeming status is acquired through our enrollment in Parts A or B of the Medicare program or through our accreditation as a supplier of Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS)]. If not “deemed” the training was completed on Medicare Learning Network (MLN) or was incorporated, unmodified, into our existing training materials/systems, such as links to CMS’ FWA training module that were inserted into our organization’s existing training or into our provider manual/materials for distribution and review.

3. CMS’ General Compliance Training

My organization’s applicable employees completed CMS’ [Medicare Parts C & D General Compliance Training](#) module within 90 days of hire and then annually thereafter. The training was completed on the Medicare Learning Network (MLN) or was incorporated, unmodified, into our existing training materials/systems, such as links to CMS’ general compliance training module that were inserted into our organization’s existing training or into our provider manual/materials for distribution and review.

4. 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 OIG and the SAM exclusion lists prior to hire or contracting, and monthly thereafter, for our employees and Downstream Entities. My organization removes any person/entity from work on Aetna Medicare business if found on these lists.

5. Reporting Mechanisms

My organization communicated to employees how to report suspected or detected non-compliance or potential FWA, 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 report concerns [directly to Aetna](#) or maintains confidential and anonymous mechanisms for employees to report internally. In turn, we report these concerns to Aetna, when applicable.

6. Offshore Operations

For any work my organization performs that involves the receipt, processing, transferring, handling, storing or accessing of Protected Health Information (PHI), my organization either doesn’t do the work offshore, doesn’t have Downstream Entities that do the work offshore, or does the work offshore (ourselves or through a Downstream Entity) but has submitted Aetna’s [Offshore Services Attestation: Required Information](#) form and obtained approval from an authorized Aetna network representative to do so.

7. Downstream Entity Oversight

My organization either doesn’t use Downstream Entities, or uses Downstream Entities for Aetna Medicare business and conducts robust oversight to ensure that they comply with all the requirements described in this attestation (e.g. FWA training, OIG and GSA’s SAM exclusion screening, etc.) and any applicable laws, rules and regulations.

8. Operational Oversight

My organization conducts internal oversight of the services that we perform for Aetna Medicare business to ensure that compliance is maintained with applicable laws, rules and regulations.



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If emailing the attestation below, please email it to: medicaidmmpfdr2@AETNA.com

I certify, as an authorized representative of my organization, that the statements made above are true and correct to the best of my knowledge. Also, my organization agrees to maintain documentation supporting the statements made above. We'll maintain this documentation in accordance with federal regulations and our contract with Aetna, which is no less than ten (10) years. My organization will produce this evidence, upon request. My organization understands that the inability to produce this evidence may result in a request by Aetna for a Corrective Action Plan (CAP) or other contractual remedies such as contract termination.

First Tier Organization's Authorized Representative Printed Name and Title

Signature of First Tier Organization's Authorized Representative

Date

First Tier Organization Name Printed

First Tier Organization Mailing Address

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

**Please list all applicable Tax IDs, or attach a listing*

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: CY2015 Final Rule CMS-4159-F published May 23, 2014; 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 For purposes of this attestation, "Aetna Medicare business" includes Medicare Advantage HMO and PPO plans, Medicare-Medicaid Plans (MMPs), and standalone Medicare prescription drug plans (PDPs) offered by Aetna or Coventry under contract with CMS. For the sake of clarity, the references in this attestation to the Medicare Advantage or Medicare Advantage organization(s), program(s), or benefit(s), or to Part D or Part D sponsor(s), plan sponsor(s), program(s), or benefit(s), shall expressly include and encompass Medicare-Medicaid Plans (MMPs). Within the attestation, the terms "applicable employee" and "Downstream Entity" refer only to those providing administrative or health care services for Aetna's Medicare business.

⁴ 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)