



## Aetna, A CVS Health Company Medicare Compliance Program Guidelines First Tier Attestation

This attestation confirms your organization received Aetna's [First Tier, Downstream and Related Entity \("FDR"\) Medicare Compliance Program Guide](#). It also confirms your commitment to comply with the Centers for Medicare & Medicaid Services (CMS) requirements<sup>1</sup>. These requirements are listed below and apply to all services your organization, as Aetna's First Tier Entity<sup>2</sup>, provides for Aetna Medicare business<sup>3</sup>. The requirements also apply to any of the Downstream Entities<sup>4</sup> you use for Aetna Medicare business.

### 1. Standards of Conduct and/or Compliance Policies

My organization has Standards of Conduct and/or Compliance Program policies that explain its commitment to comply with federal and state laws, ethical behavior and compliance program operations. They are distributed to employees within 90 days of hire, upon revision, and annually thereafter.

### 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 [OIG](#) and the [SAM](#) exclusion lists prior to hire or contracting, and monthly thereafter, for our employees and Downstream Entities. My organization immediately removes any person/entity from working on Aetna Medicare business if found on either of these lists, and we will notify Aetna right away.

### 3. Reporting Mechanisms

My organization communicates to employees how to report 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 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.

### 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, we have submitted Aetna's [Offshore Services Attestation: Required Information](#) form and have received approval from an authorized Aetna representative.

### 5. Downstream Entity Oversight

My organization either doesn't use Downstream Entities, or uses Downstream Entities for Aetna Medicare business and conducts oversight to ensure that they abide by all laws, rules and regulations that apply to me as a First Tier Entity. This includes ensuring that my organization's:

- 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

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 including CMS regulatory/sub-regulatory guidance.

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, for a period of 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.



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Medicare Compliance Program Guidelines  
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\_\_\_\_\_  
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) ]

<sup>1</sup> 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.

<sup>2</sup> First Tier Entity is any party that enters into a written arrangement, acceptable to CMS, with a Medicare Advantage Organization or Part D plans 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)

<sup>3</sup> For purposes of this attestation, “Aetna Medicare Business” means Medicare Advantage, Medicare-Medicaid Plans (MMPs), Dual Special Needs Plans (DSNPs), and/or Medicare prescription drug plans (PDP), offered or administered by a subsidiary company of CVS Health, including but not limited to Aetna Health companies, Aetna Better Health companies, Aetna Life Insurance Company, Coventry Health and Life Insurance Company, Coventry Health Care companies, First Health Life & Health Insurance Company, SilverScript Insurance Company, and those joint venture entities in which a CVS Health subsidiary company has ownership interests (any of whom individually or collectively here are referred to as “Aetna”),

<sup>4</sup> 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 plans 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)