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# FDR Compliance Newsletter

July 2015 – Issue 6

## Final Rule: Changes for 2016

We must ensure FDRs provide general compliance and fraud, waste and abuse (FWA) training to their employees. They need to complete them within 90 days of hire/contracting, and annually from then on. CMS issued a **Final Rule** that aims to reduce the training burden for FDRs.

### Starting in 2016

As of January 1, 2016, FDRs must use the CMS training to meet general compliance and FWA training requirements.

### How to complete the CMS training

FDRs need to train employees using one of these methods:

- Using the web-based training course on the CMS Medicare Learning Network (MLN)
- Adding CMS training modules into existing training methods

### How to complete courses on the MLN

CMS's training is available on the MLN **web-based platform**. The training course title is "Medicare Parts C and D Fraud, Waste and Abuse Training and Medicare Parts C and D General Compliance Training (February 2013)."

Employees need to register to take the course. After they complete it, they'll receive a certificate of completion. We'll accept this certificate as evidence of completing their general compliance and FWA training.

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## Quick links

- [Medicare Managed Care Manual](#)
- [Medicare Prescription Drug Benefit Manual](#)
- [Office of Inspector General \(OIG\) exclusion list](#)
- [General Services Administration exclusion list](#)
- [Aetna's Code of Conduct](#)
- [CMS' Medicare Parts C and D Fraud, Waste and Abuse Training and General Compliance and Fraud Waste and Abuse Training](#)

NOTE: The course is dated February 2013 and is the most current version of training. Employees and downstream entities can still complete this training to satisfy the Medicare compliance program training requirements.

*Aetna maintains a comprehensive Medicare Compliance Program. It includes communication with Aetna Medicare FDRs. John Wells, Medicare Compliance Officer, is dedicated to Aetna's Medicare Compliance Program. He's based in Maryland. You can send questions or concerns for John and/or his Medicare compliance subject matter experts to [MedicareFDR@aetna.com](mailto:MedicareFDR@aetna.com).*

## How to include CMS courses in your regular training

You can download the CMS training module and add it to your existing training methods. If you use an online learning center, you can add the CMS module to your learning center and assign it to employees.

You may also add more information to the training. But you can't change the CMS training content.

## Keep proper records

Keep completion certificates or other proof of training for at least 10 years. If you use training logs or reports as evidence of completion, they must include:

- Employee names
- Dates of employment
- Dates of completion
- Passing scores (if captured)

## Make sure that the training is complete

As an FDR, you're responsible for ensuring that your employees and downstream employees, complete the required training. And they need to do it within 90 days of hire/contracting and annually from then on.

We verify FDR's compliance with training requirements during audit, and as part of our annual attestation collection. CMS may also request evidence of FDR training completion.

# First Tier vs Downstream Entity

Do you know the differences between a First Tier and a Downstream Entity?

**We contract with First Tier Entities** directly. We know who they are, because we have a direct relationship with them.

**Downstream Entities** are contracted with our First Tier entities. Since we did not contract with them, we don't always know who they are.

## Why does it matter?

We require First Tiers to oversee their Downstream Entities. This includes ensuring:

- Their contracts have the required terms and conditions
- There is an oversight strategy in place to monitor/audit compliance with CMS rules and regulations
- The required training and education is provided on a timely basis



## What is an FDR

### CMS definitions of First Tier, Downstream and Related Entity:

**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.

**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.

**Related Entity** means any entity that is related to a Medicare Advantage Organization or Part D sponsor by common ownership or control and:

- Performs some of the Medicare Advantage Organization or Part D plan Sponsor's management functions under contract or delegation; or
- Furnishes services to Medicare enrollees under an oral or written agreement; or
- Leases real property or sells materials to the Medicare Advantage Organization or Part D plan Sponsor at a cost of more than \$2,500 during a contract period.

## Do we have a Downstream Entity?

We rely on First Tiers to identify their Downstream Entities. Only they can answer that question. They need to review their contractual relationships and identify those individuals and entities who may be our Downstream Entities. These questions may help your organization find potential Downstream Entities:

- Do they work on Aetna's Medicare business?
- Do they provide administrative or health care services?

More guidance is available in **Chapter 9/21** in the Medicare Managed Care Manual. Let us know if you need our help to check if a subcontractor is a Downstream Entity.

## Monitoring and oversight tools

First Tiers must oversee their Downstream Entities. They may use attestations to monitor compliance. We have an **attestation** available that you may modify and use for this purpose.

### Check yourself

We have a **tool** available for FDRs to do a self-assessment of their compliance program. First Tiers can modify it and use it to assess compliance of their Downstream Entities.

The tool is a checklist which helps assess compliance with the Centers for Medicare & Medicaid Services (CMS) requirements.

### Toolbox of Resources

We keep a full **toolbox of resources** to help FDRs. If

you can't find what you're looking for, let us know so we can help: **MedicareFDR@aetna.com**.

## Keeping members informed

When a provider ends their contract from our Medicare network, we provide 30 days advance notice to our members.

### Why?

We want to let our members know so they have time to find another provider.

It's also a CMS requirement. It states that Medicare Advantage and Part D plans are to make a good faith effort to give a written notice if a contract has ended with a provider/pharmacy. And you need to send this at least 30 calendar days before the termination effective date.

When a contract ends and it involves a primary care provider, all enrollees who are patients of that primary care provider must receive a notice. For other provider types, all enrollees who regularly use the provider/pharmacy's services must receive a notice.

We have templates of the termination letters which our business partners, vendors and delegated entities use.

Let us know if you have any questions. Or, you can contact your Relationship Manager.

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

FDRs can have their own internal processes for reporting. But, you must use one of the methods below to report back instances that impact Aetna's Medicare business.



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



Online:  
**<https://aetna.alertline.com>**



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