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FDR Compliance Newsletter

April 2017 – Issue 13

Updates made to required training modules

The Centers for Medicare & Medicaid Services (CMS) recently posted updated versions of *Combating Medicare Parts C & D Fraud, Waste, and Abuse Training* and *Medicare Parts C & D General Compliance Training* on their Medicare Learning Network (MLN). Use the new modules to train your affected employees and downstream entities this year. You can:

- Complete the web-based training via the MLN;
- Download and incorporate the unmodified content into your existing training system; or
- Download and incorporate the unmodified content into written documents for providers (e.g., provider guides, participation manuals, etc.).

Remember—general compliance and fraud, waste and abuse (FWA) training must occur within 90 days of hire/contracting and annually thereafter. View our grid if you're not sure which of your employees or downstream entities must complete the training. Need more help? Email us at **MedicareFDR@aetna.com**.

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Quick links

- **Archived newsletters**
- **Aetna's FDR Guide** (updated 3/2017)
- **Medicare Managed Care Manual**
- **Medicare Prescription Drug Benefit Manual**
- **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)**

*Aetna maintains a comprehensive Medicare Compliance Program. It includes communication with Aetna Medicare FDRs. Dedicated to Aetna's Medicare Compliance Program is John Wells, Medicare Compliance Officer. 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**.*

Report non-compliance and suspected FWA to us

Your organization plays a big part in helping us identify non-compliance and FWA concerns and issues. And CMS requires effective lines of communication as part of an effective compliance program.

When to report issues

You must report non-compliance or suspected FWA concerns to us when they impact our Medicare business. If you identify issues that affects us, let us know. We'll work with you to ensure the issue is corrected.

How to report issues

Our downloadable poster is a great way to let your employees know how to report non-compliance or potential FWA issues to us. Feel free to share it throughout your organization.

Your employees can report their concerns directly to us. Or you can put an internal process in place where your employees report their concerns to you first. Then you report the issues to us.

Either way, your employees should understand they have an obligation to report non-compliance and FWA issues to us and doing so won't cause retaliation. You must have a non-retaliation or retribution policy in place for anyone who reports their concerns in good faith.

Updates made to our Code of Conduct

We recently updated our Code of Conduct, which we provide to our FDRs during their initial orientation/onboarding and annually thereafter. To request a copy of our Code of Conduct, email us 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

CAPs and root cause analyses

If you don't comply with CMS requirements, you'll have to develop a corrective action plan (CAP) based on a root cause analysis.

What's a CAP?

A CAP is an organized, step-by-step action plan for fixing your non-compliance issues and preventing them from recurring. It also provides a mechanism for monitoring your progress towards compliance.

Your CAP must be thoroughly documented and include reasonable timelines for specific achievements. Our CAP template can help you do this.

To be effective, the actions in your CAP must address what caused the non-compliance issue in the first place. That's where the root cause analysis comes in.

What's a root cause analysis?

A root cause analysis provides you with the "why" a non-compliance issue occurred. It ensures you understand the underlying problem so you can create actions items that correct it appropriately.

How do I perform a root cause analysis?

Analyze your workflows to find out the cause-and-effect chain that created the issue. A variety of problem-solving techniques can be used to do this. For example, you could form a small team of people familiar with your processes to brainstorm possible causes of the deficiency. This team would dig down past the symptoms of the issue to root out its actual cause.

The team's analysis could result in the discovery of multiple root causes. One "Why" may actually lead to another, as there can be multiple causes for a problem. A fishbone diagram may be useful in capturing the root causes your team identifies.

Root cause/CAP action examples

Problems may arise from people, processes or systems. Some common root causes and associated CAP actions include, but aren't limited to, the following:

People

Root cause	CAP action
Employees weren't aware of CMS requirements or were inadequately trained.	Train staff on requirements.
Staffing levels were inadequate.	Hire new personnel to support process needs.
Downstream contractor refuses to be compliant.	Terminate contractual relationship with contractor.

Processes

Root cause	CAP action
Policy was unclear or inaccurate for the CMS requirements.	Revise policy to clearly include CMS requirements and train staff on new policy.
There was a lack of oversight to ensure process compliance.	Develop and implement ongoing monitoring process to validate compliance with CMS requirements.

Systems

Root cause	CAP action
Current system cannot support training volume.	Acquire and implement new training system that meets volume demands.

These are just a few examples. Your root causes and CAPs will be specific to your deficiency and organization. If you have any questions, we can help. Just email us at **MedicareFDR@aetna.com**.

MMPs for dual eligibles

"Dual eligible beneficiaries" is a general term that describes individuals who are enrolled in both Medicare and Medicaid.

In April 2011, CMS launched state demonstration Medicare-Medicaid plans (MMP) to integrate care for full-benefit dual eligible individuals in an effort to expand access to integrated programs that coordinate Medicaid and Medicare benefits. The demonstration is testing two models of care: a capitated model and a managed fee-for-service model.

A longstanding barrier to coordinating care for MMP enrollees has been the financial misalignment between Medicare and Medicaid. To address this issue, CMS is testing models with states to better align the financing of these two programs and integrate primary, acute, behavioral health and long-term services and support for their Medicare-Medicaid enrollees.

An MMP is one way to get coverage for health care bills that Medicare doesn't pay. MMPs include all basic Medicare coverage, plus other coverage to fill the gaps in Medicare coverage. The extent of coverage beyond Medicare, the size of premiums and copayments, and decisions about paying for treatment are all controlled by the managed care plan itself, not by Medicare.

Just like Medicare FDRs, MMP FDRs must comply with Medicare required Compliance Program Effectiveness (CPE) requirements. You may have to complete an FDR attestation that self-reports your compliance with CPE requirements such as:

- You've adopted our (or a comparable) code of conduct and/or compliance program policies and distributed them to all employees within 90 days of hire, upon revision, and annually thereafter.
- Your applicable employees completed CMS' *Combating Medicare Parts C & D Fraud, Waste, and Abuse Training* module within 90 days of hire and annually thereafter **OR** were "deemed" to have met the FWA training requirement. (Deeming status is acquired through your enrollment in Parts A or B of the Medicare program or through your accreditation as a supplier of durable medical equipment, prosthetics, orthotics and supplies.)

  If not "deemed" to have met the requirement, your applicable employees completed the training via the MLN or you incorporated it, unmodified, into your existing training materials/systems.
- Your applicable employees completed CMS' *Medicare Parts C & D General Compliance Training* module within 90 days of hire and annually thereafter. The training was completed via the Medicare Learning Network (MLN) or was incorporated, unmodified, into your existing training materials/systems.
- You screen the OIG and SAM exclusion lists prior to hire or contracting, and monthly thereafter, for all your employees and downstream entities. You remove any person/entity from work on Aetna Medicare and Medicaid business if they're found on these lists.
- You communicate to employees how to report suspected or detected non-compliance or potential FWA, and that it's their obligation to report without fear of retaliation or intimidation against them if they report in good faith.
- You ask your employees to report concerns directly to Aetna **OR** you maintain confidential and anonymous mechanisms for employees to report internally. In turn, you report these concerns to Aetna, when applicable.
- For any work you perform that involves the receipt, processing, transferring, handling, storing or accessing of protected health information (PHI), you don't do the work offshore, you don't have downstream entities that do the work offshore, or you do the work offshore (yourself or through a

downstream entity) but you've obtained approval from an authorized Aetna representative to do so.

- You don't use downstream entities, or you use downstream entities for Aetna Medicare business and you conduct robust oversight to ensure they comply with all the requirements described in your FDR attestation (e.g., FWA training, OIG and GSA's SAM exclusion screening, etc.) and any applicable laws, rules and regulations.
- You conduct internal oversight of the services you perform for Aetna Medicare business to ensure compliance is maintained with applicable laws, rules and regulations.

If you're required to fill out an attestation, your authorized representative must certify that the above statements are true and correct to the best of his or her knowledge. You must also certify that you agree to maintain documentation supporting the statements made above in accordance with federal regulations and your contract with Aetna, which is no less than 10 years.

If you have questions about MMP plans, email us at **MedicaidMMPFDR@aetna.com**.

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 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