

# FDR Compliance Newsletter

July 2017 – Issue 14

## Completing the CMS training modules through provider guides

FDRs and certain employees must complete the following CMS training:

- [Medicare Parts C and D General Compliance](#)
- [Combating Medicare Parts C and D Fraud, Waste, and Abuse](#)

They need to do this within 90 days of hire/contracting and then annually (every calendar year). They can do the training online through the CMS Medicare Learning Network (MLN) website. Or they can download and incorporate it (unmodified) into their organization's training system.

CMS offers a third option to health care providers. Providers can complete the training by incorporating the unmodified content into written documents (for example, provider guides, participation manuals, etc.). This can be as easy as adding direct links to the unmodified CMS training modules (like the links above) within your provider guide. If you use this method, be sure to collect documentation from your provider employees or provider downstream entities. You'll need this to confirm their review of your

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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 our 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 his Medicare compliance subject matter experts to [MedicareFDR@aetna.com](mailto:MedicareFDR@aetna.com).*

provider guide. This is your evidence of completion.

You may also insert the links to the CMS training modules into your training system the same way.

You must keep documentation of completed training for at least 10 years. Although CMS is suspending collection of completion records, the training requirements still exist. So you should ensure your organization is compliant with the training.

We've incorporated the compliance requirements, including the CMS training modules, into our *Office Manual for Health Care Professionals*. Use this handy [link](#) to review the Medicare information included in our provider guide.

## Updates to our Medicare compliance policies

We've posted updated versions of our Medicare compliance policies. If you support our Medicare business, you should review and understand these policies and procedures. You can get the updated policies [here](#).

## Did you receive a grievance or complaint?

Have you had a grievance or complaint from an Aetna Medicare Advantage member? Not sure what to do with it? You should forward all grievances and complaints to us.

CMS defines a grievance as any complaint or dispute, other than an organization determination, expressing dissatisfaction with how a Medicare health plan or delegated entity provides health care services. The definition

applies even if remedial action can be taken. CMS defines complaints as any dissatisfaction expressed to a Medicare health plan, provider, facility or quality improvement organization (QIO) by an enrollee. Complaints can be either verbal or in writing. This can include concerns about provider operations or health plans such as:

- Waiting times
- Attitudes of health care personnel
- Adequacy of facilities
- Respect for members
- The rights of members to get services or receive payment for services paid for upfront



## 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. The purpose is to provide administrative services or health care services to a Medicare-eligible person 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. It's 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 arrangements continue down to the level those who provide both health and administrative services.

Related entity means any entity related to a Medicare Advantage organization or Part D sponsor by common ownership or control does one of either:

- Performs some of the Medicare Advantage or Part D plan sponsor's management functions under contract or delegation
- Furnishes services to Medicare enrollees under an oral or written agreement
- 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

Members may also submit complaints about a plan's refusal to provide services to which they feel they're entitled.

If you get a grievance or complaint from an Aetna member, simply send it to us. We'll handle them. You can transfer the member to our customer service department. You'll find the phone number on the Aetna ID card. Or you can email it to us at [MedicareOralGrievanceUnitMailbox@aetna.com](mailto:MedicareOralGrievanceUnitMailbox@aetna.com).

Please don't share this email address with members. In your email, include as much information as possible, such as the member's name and ID number. Also fully describe the issue.

## Do you need to complete an offshore attestation?

Do you have a vendor or subcontractor who handles protected health information (PHI)? Do they have a location offshore that will be handling PHI? If so, you may need to complete the offshore attestation process. If you aren't sure, we can help.

CMS considers MA and PDP sponsors "contractors" because they deliver Medicare Part C and Part D benefits. If a sponsor contracts with an organization to help fulfill Medicare Part C or D requirements, then CMS considers the organization a subcontractor. Subcontractors include all *first tier, downstream, and related entities*.

Offshore refers to any country that is not one of the 50 United States (U.S.), or a U.S. territory such as American Samoa, Guam, Northern

Marianas, Puerto Rico, and the Virgin Islands. Some examples of offshore Countries include Mexico, Canada, India, Germany, and Japan. Offshore subcontractors can be American-owned companies with portions of their operations outside of the U.S. Or they can be foreign-owned companies with operations outside of the U.S. Offshore subcontractors provide services performed by workers located in offshore countries, regardless of whether they're employed by American or foreign companies. CMS wants attestations when sponsors contract directly or indirectly with offshore entities that *receive, process, transfer, handle, store, or access beneficiary PHI*. The information can be verbal or written.

### Examples of PHI include:

- Beneficiary name
- Birth date
- Address
- Social Security number
- Health insurance claim number
- Patient identifier
- Medical diagnosis
- Medical history
- Treatment records
- Type of provider visited
- Use of health care services
- Payment information
- Evidence of insurance coverage
- Any information that could reasonably identify a beneficiary

For example, let's say a PDP sponsor provides PHI to a company in the U.S. that further contracts with and provides that beneficiary PHI to an offshore company in Mexico. Then, the PDP should submit an offshore subcontract attestation for the company in Mexico.

CMS requires contractors to complete the attestation process *within 30 calendar days of contracting*. The process then repeats annually. In order to meet our CMS reporting obligations relating to offshore contracting, We require that our first tier entities that that on their own or through a downstream entity *receive, process, transfer, handle, store, or access beneficiary PHI* complete an attestation for us to enable us to comply with our reporting obligations with CMS. We have to approve your offshore vendor relationship in advance. If you've contracted with a vendor and haven't notified us, please do so *immediately*. You should also contact us if you're negotiating an offshore contract. We can help if you're unsure. You can either contact your Aetna relationship manager or send an inquiry to [MedicareOffshoreAttestations@aetna.com](mailto:MedicareOffshoreAttestations@aetna.com).

**Please don't share this email address with members.** In your email, include as much information as possible, such as the member name and ID number. Also fully describe the issue.

## 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**