

FDR compliance newsletter

June 2022 – Issue 33

Reporting to Aetna®

Do you need to report a potential issue of noncompliance? First Tier, Downstream and Related Entities (FDRs) are required to report all potential issues to us in a timely manner. There are a number of ways to report:

- Call us — CVS Health® Ethics Line
1-877-CVS-2040 (1-877-287-2040)
- Online — CVS Health Ethics Line
CVSHealth.com/EthicsLine
- Write us — Chief Compliance Officer,
CVS Health, 1 CVS Dr., Woonsocket, RI 02895

All reports are private. Share the information with your employees and downstream entities. Or keep it as a reference tool and use your own internal processes for reporting and collecting these issues. Refer to our [Code of Conduct](#) for more on our reporting guidelines. If you use your own code of conduct or compliance policies, you must include a process for reporting all compliance and Fraud Waste and Abuse (FWA) issues that impact Aetna. You must enforce a zero-tolerance policy for retaliation. There can be no retaliation against or coercion of anyone reporting suspected misconduct.

Have questions or concerns? Send an email to MedicareFDR@Aetna.com to reach Patrick Jeswald, Medicare Chief Compliance Officer, and his team of experts.

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Quick links

- [Archived newsletters](#)
- [Aetna FDR guide \(updated July 2021\)](#)
- [Medicare managed care manual](#)
- [Medicare prescription drug benefit manual](#)
- [CVS Health® Code of Conduct \(updated May 2022\)](#)

Exclusion list links:

- [OIG list of excluded individuals and entities \(LEIE\)](#)
- [GSA System for Award Management \(SAM\)](#)

Links not working? Go to SAM.gov/SAM/ to access the site directly.

We have a robust Medicare compliance program. It includes communication with our Medicare FDRs. Patrick Jeswald is our dedicated Medicare Compliance Officer. You can send questions or concerns to him at MedicareFDR@Aetna.com.

Self-review: Preparing for CVS Health® FDR auditing and monitoring activities in 2022

When CVS Health schedules an audit with or conducts a monitoring activity on FDRs, the primary purpose is to validate compliance with Chapter 9 Prescription Drug Benefit Manual and Chapter 21 Medicare Managed Care Manual and contractual obligations existing between the FDR and CVS Health. These five items are key examples of what we may look at in an audit or monitoring event. Conduct a self-review by marking “YES” or “NO” after each element.

1. Code of Conduct: My organization distributes either the CVS Health Code of Conduct or our own Code of Conduct (which has substantially similar content) to applicable employees within 90 days of hire or beginning work on the CVS Health account, when we make changes and annually.

YES__ NO__

2. Exclusion screenings: My organization screens applicable employees and downstream entities against the OIG and GSA exclusion lists. We also keep evidence showing the result of the screening, and the date of it, for at least 10 years. We promptly remove any excluded employees from working on the CVS Health account. We have a policy that describes how our screening process meets these requirements.

YES__ NO__

3. Record retention: My organization’s policy is to retain Medicare documents for at least 10 years.

YES__ NO__

4. Oversight of downstream vendors: My organization **either:**

- Does not use any vendors that meet the definition of FDR (as described in Chapter 9 of the Prescription Drug Benefit Manual or Chapter 21 of the Medicare Managed Care Manual) to perform services on behalf of CVS Health business, **or**
- Uses FDRs and are able to provide documentation of effective oversight (such as an FDR oversight policy, compliance attestations, evidence of auditing and monitoring activities, and/or documentation of oversight of performance)

YES__ NO__

5. Corrective Action Plans (CAPs): My organization **either:**

- Has not been issued a CAP by CVS Health, **or**
- Has been issued a CAP and we have corrected and maintained compliance (We can show ongoing compliance through documented evidence.)

YES__ NO__

How did you do? If you were not able to answer ‘YES’ to every element, make corrections to your processes today. Doing so may save you from a corrective action plan tomorrow!

Medicare Addendum Contract

A question we sometimes hear from FDRs is “Does my organization have a contractual obligation to meet Medicare requirements and/or be audited by Aetna®?” The answer is “yes.”

When an FDR contracts with CVS Health® and/or Aetna to do administrative or health care services related to Medicare, an addendum is part of your contract. It details the FDR’s Medicare duties. It also addresses certain key topics, such as:

- Exclusion screening duties
- Compliance program requirements
- Record retention obligations
- Audit participation requirements

Not familiar with your organization’s Medicare Addendum? You might want to take a few minutes to review it. It’s a good time to reacquaint yourself with it.

This newsletter is provided solely for your information and is not intended as legal advice. If you have any questions concerning the application or interpretation of any law mentioned in this newsletter, please contact your attorney.

Aetna refers to 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 who offer or administer, under contract with CMS, Medicare Advantage, Medicare-Medicaid Plans (MMPs), Dual Special Needs Plans (DSNPS), and Medicare prescription drug plans (PDP) (“Aetna Medicare business”).

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