

FDR compliance newsletter

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Training your staff on compliance issues

Centers for Medicare and Medicaid Services (CMS) requires First Tier, Downstream, Entities (FDRs) to ensure their employees, contractors and downstream entities have training on key compliance policies. This must happen within 90 days of hire or contracting. Then they must have yearly training and when there are updates. Most FDRs outline their key compliance policies in a Code of Conduct. They meet training duties by issuing the code or by providing a training course on their code to employees and others.

CMS specifies that a Code of Conduct outline the overarching principles and values of the company. It should include these components:

- A framework of the organization's compliance program
- Expectations that employees behave in an ethical manner
- Discussion of reporting mechanisms for issues of noncompliance and potential fraud, waste and/or abuse
- The expectation that all reported issues must be reported, and will be addressed and corrected
- An understanding that compliance is everyone's responsibility, from the top to the bottom of the organization

(See [sections 50.1 and 50.1.1 of Chapter 9 and 21](#) for more details on requirements.)

FDRs have the option of distributing the [CVS Health Code of Conduct](#) to employees and others. Or they can use their own code written for their organization. If taking this second option, your code must be substantially similar to the CVS Health Code of Conduct. It must also meet the CMS requirements described above.

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- Document retention requirements

Quick links

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

Exclusion list links:

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

If the link doesn't work due to internet browser issues, you can access the site directly at [SAM.gov/SAM/](#)

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.

When CVS Health® conducts an audit or monitoring event to review an FDR's compliance with Code of Conduct requirements, we look at your Code of Conduct or Compliance policies to ensure the components described above are included, and test to ensure that your organization is distributing the Code to employees within 90 days of hire or contracting, upon updates and annually.

We saw a variety of areas for improvement after the 2021 compliance audits. Below is a summary of some of the common areas of focus. There is also a self-check suggestion that will help you receive favorable findings in 2022.

Frequently identified areas for improvement	Self-check suggestion
Perform OIG and GSA screenings on employees and governing body members	Validate that you follow a written process for screening employees, including governing body members, against BOTH the OIG and GSA lists. If you screen manually, be sure you are spelling names properly. Ensure you have screen shots with date/time stamps.
Oversee downstream entities that perform services for CVS Health, as applicable	<p>If your organization works with downstream entities to perform services for Aetna or CVS Health business, make sure you can show oversight of their work. This includes having an FDR oversight policy, compliance attestations, evidence of auditing and monitoring, and/or documentation of oversight of performance.</p> <p>Also be certain that Aetna and/or CVS Health is aware of this relationship and of any offshore services the entity may do for you.</p>
Perform OIG and GSA screenings on downstream entities, as applicable	If you contract with downstream entities for services for Aetna or CVS Health business, make sure you follow a written process to screen them against BOTH the OIG and GSA lists. You should do so before contracting with them. And then monthly thereafter. If you screen manually, be sure to spell the names of the entities properly. Maintain screen shots with date and time stamps.
Report non-compliance, fraud, waste, and/or abuse to CVS Health	Ensure your organization follows policy to report compliance, fraud, waste and/or abuse to plan sponsors. Doing so is a CMS requirement. Make sure your employees are aware of reporting processes. These may include the CVS Ethics Line. And be sure you widely publicize those processes at the organization.

Document retention requirements

All FDRs must retain **all Medicare documentation** for at least 10 years. Example: If there is an audit in process, you must keep 10 years or until the audit is over, whichever is later. This includes any documentation related to the services your organization performs for CVS Health. This includes (but is not limited to) documentation for:

- OIG/GSA exclusion screenings
- Policies and Standards of Conduct, including records of updates and distribution
- Reports of and responses to suspected non-compliance and /or fraud, waste or abuse

- HR records, including disciplinary
- Auditing and monitoring
- Corrective actions taken

Be sure your organization has a policy in place that outlines your document retention policy and process. And that your organization regularly ensures your employees understand you must retain **all Medicare documentation** for at least 10 years.

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