

Action Required Regarding 2020 CMS Compliance Requirements and Attestation

Dear Valued Partner:

As a partner with Aetna Better Health of Illinois you are required to be compliant with all applicable federal, state, and Centers for Medicare & Medicaid Services *(CMS)* regulations. By completing the following attestation, you certify that your organization is committed to ensuring compliance with all applicable federal, state and CMS regulations.

This letter serves as our official request for your compliance with all federal, state and CMS requirements. Please complete this form in its entirety and return within **30 days** of this notice to ABHILVendorCompliance@AETNA.com.

<u>Aetna Better Health of Illinois Compliance Education:</u> We are required to communicate through our Aetna Better Health/CVS Health Code of Conduct the importance and expectation of compliance. Please disseminate the attached Code of Conduct to any individuals or entities you employ or contract to perform administrative health services on behalf of Aetna Better Health of Illinois. You are required to retain your dissemination records for a minimum of 10 years. The Aetna Better Health /CVS Health Code of Conduct is found here:

https://www.aetnabetterhealth.com/content/dam/aetna/medicaid/illinois/providers/pdf/CVS%20Healt h%20Code%20of%20Conduct.pdf

Please select your organization's chosen method of compliance by checking the appropriate boxes below.

□ The Aetna Better Health/CVS Health Code of Conduct was distributed to our organization. We have provided the Aetna Better Health/CVS Health Code of Conduct to all of our employees initially within 90 days of hire or contracting, upon revision, and will continue to provide it annually thereafter.

□ My organization utilizes our own Code of Conduct (COC), which is comparable to the Aetna Better Health/CVS Health Code of Conduct and has been made available to all of our employees initially within 90 days of hire or contracting, upon revision, and will continue to provide it annually thereafter.

Fraud, Waste, and Abuse (FWA) & General Compliance Training: You are required to complete the General Compliance and Fraud, Waste and Abuse (FWA) training upon contracting with us and annually thereafter. The training must be completed by each individual you employ as well as each associate of the entities you contract to perform administrative health services on behalf of Aetna Better Health of Illinois.

CMS Fraud, Waste, and Abuse Training:

https://www.aetnabetterhealth.com/content/dam/aetna/medicaid/illinois/providers/pdf/Provider%20Experience%20Provider%20Fraud%20Waste%20and%20Abuse%20Training.pdf

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CMS General Compliance Training: <u>https://www.cms.gov/Outreach-and-Education/Medicare-</u> Learning-Network-MLN/MLNProducts/Downloads/MedCandDGenCompdownload.pdf

My organization trains all personnel involved in the administration or delivery of Aetna Better Health's benefits within 90 days of hire (or 90 days of contracting), and on an annual basis thereafter on Fraud, Waste, and Abuse and/ or General Compliance.

Please select your organization's chosen method of compliance by checking the appropriate box below.

My organization utilizes CMS Medicare Learning Network (MLN) FWA training and General Compliance education modules, with certificates of completion available upon request.
My organization downloads and incorporates the content of the CMS standardized FWA and General Compliance training modules from the CMS website into our existing compliance training materials/systems. We ensure the CMS module content that is included is not modified beyond the modifications to the appearance of the content (i.e. font, color, background, format, etc.) and that we can provide proof of training completion upon request.

Exclusion Screenings: CMS requires that each individual you employ as well as each associate of the entities you contract to perform administrative health services on behalf of Aetna Better Health of Illinois are screened against the OIG (LEIE) and GSA exclusion lists prior to hire and monthly thereafter.

Inspector General (OIG), List of Excluded Individuals/Entities (LEIE): <u>https://exclusions.oig.hhs.gov/</u> General Services Administration System (GSA):

https://www.sam.gov/SAM/pages/public/searchRecords/search.jsf

□ My organization attests that we review the OIG and GSA exclusion listings prior to the hiring or contracting of all personnel involved in the administration or delivery of Aetna Better Health's benefits and on a monthly basis thereafter.

<u>Cultural Competency Training</u>: Please review and disseminate the attached Aetna Better Health Cultural Competency training to any individuals or entities you employ or contract to perform administrative health services on behalf of Aetna Better Health of Illinois. You are required to retain your dissemination records for a minimum of 10 years.

Aetna Better Health Cultural Competency Training:

https://www.aetnabetterhealth.com/content/dam/aetna/medicaid/illinois/providers/pdf/Provider%20 Cultural%20Competency%20Training.pdf

<u>Critical Incidents/Significant Events Training</u>: Please review and disseminate the attached Aetna Better Health Critical Incidents/Significant Events training to any individuals or entities you employ or contract to perform administrative health services on behalf of Aetna Better Health of Illinois. You are required to retain your dissemination records for a minimum of 10 years. If a Critical Incident/Significant

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Event involves an Aetna Better Health enrollee, you must notify us within 1 business day from the time the incident/event is identified.

Aetna Better Health Critical Incidents/Significant Events Training:

https://www.aetnabetterhealth.com/content/dam/aetna/medicaid/illinois/providers/pdf/Critic al%20Incident%20Remediation%20Training%20Video%20Series_Part%201.pdf

https://www.aetnabetterhealth.com/content/dam/aetna/medicaid/illinois/providers/pdf/Critical%20In cident%20Remediation%20Training%20Video%20Series_Part%202.pdf

Non-discrimination:

□ My organization does not discriminate on the basis of race, color, national origin, sex, age or disability in certain health programs or in accordance with Section 1557 of the Affordable Care Act of 2010.

Section 1557 of the Patient Protection and Affordable Care Act www.hhs.gov/civil-rights/for-individuals/section-1557/index.html

Oversight of Downstream Entities: (Only applicable if your organization subcontracts delegated Aetna

Better Health functions to another organization).

Please select your organization's chosen method of compliance by checking the appropriate box below.

□ My organization ensured that our downstream entities contracted to perform services on the behalf of the organization received Aetna Better Health/CVS Code of Conduct Policy within 90 day of contracting, upon revision, and annually thereafter.

□ My organization provided our Code of Conduct and Compliance Policies to our downstream entities within 90 day of contracting, upon revision, and annually thereafter.

□ Not Applicable - My organization does not subcontract functions to other organizations

<u>Offshore Subcontractor Reporting:</u> My organization **DOES DOES NOT** engage in offshore operations for any administrative or healthcare services related to Aetna Better Health of Illinois business.

<u>Subcontractor Information</u>: If your organization subcontracts any of the function delegated to you by Aetna Better Health, please list the subcontractors below.

Subcontractor Name	Delegated Function	Offshore Functions? (Yes or No)

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As authorized representative for the below named organization, I certify that the above statements are true to the best of my knowledge, and that my organization maintains records that support our compliance.

Organization Name*			
Organization Address, Line 1*			
Line 2			
City*	State*	Zip Code*	1
Organization's Authorized Represer	ntative*		
Organization's Authorized Represer	ntative's Titl	e*	
Organization's Authorized Represer	ntative Phor	ne Number*	
Organization's TIN Number*			

Date:*

Click or tap to enter a date.