FDR compliance newsletter

April 2019 – Issue 21

2018 FDR CPE common findings

We're required to conduct oversight of our first-tier, downstream and related entities (FDRs). This includes routine monitoring and auditing for the Medicare compliance program effectiveness (CPE) requirements. For 2018, the most common findings related to the required exclusion screening of employees and downstream entities against lists from the Office of Inspector General (OIG) and the U.S. General Services Administration (GSA).

Federal law prohibits Medicare, Medicaid and other federal health care programs from paying for items or services provided by a person or entity that's excluded from these programs. Our FDRs must check exclusion lists from ***both*** the OIG and the GSA before hiring or contracting, and monthly after that. This is to confirm that employees and downstream entities performing administrative and/or health care services for our Medicare plans aren't excluded from participating in federally funded health care programs.

You can use these websites to perform the required exclusion list screening:

- **OIG List of Excluded Individuals and Entities (LEIE)**
- **GSA's System for Award Management (SAM)**

Retain evidence. You can use logs or other records to document that you've screened each employee and downstream entity according to

In this issue

Quick links

- **Last Month's Newsletter**
- **Aetna's FDR guide (updated 3/2018)**
- **Medicare managed care manual**
- **Medicare prescription drug benefit manual**
- **CVS Health Code of Conduct (updated 12/2018)**

Exclusion list links:

- **OIG's list of excluded individuals and entities (LEIE)**
- **GSA's System for Award Management (SAM)**
  - *If the link does not work due to internet browser issues, please access the site directly at https://www.sam.gov/SAM/*

Aetna maintains a comprehensive Medicare compliance program. It includes communication with Aetna Medicare FDRs. Dedicated to Aetna's Medicare compliance program is Patrick Jeswald, Medicare compliance officer. You can send questions or concerns to Patrick at **MedicareFDR@aetna.com**.

current laws, regulations and CMS requirements. Be sure to keep evidence of the screening conducted including:

- Date of occurrence
- Results of the screening
- Any actions taken if sanctioned individuals or entities were identified

We have a sample screening log available to use.

You're not alone. We're also required to check these exclusion lists before hiring or contracting with any new employee, temporary employee, volunteer, consultant, governing body member or FDR, and monthly thereafter.

Take action. If any of your employees or downstream entities are on one of these lists, you must immediately remove them from work directly or indirectly related to our Medicare plans. Then let **us** know right away.

Questions? Contact us at **MedicareFDR@aetna.com.**

CMS completes distribution of new Medicare card

The Centers for Medicare & Medicaid Services (CMS) recently finished distributing more than 61 million new cards to people with Medicare. The new cards don't contain a member's Social Security number (or health insurance claim number). Instead they feature a unique, randomly assigned number known as a Medicare beneficiary identifier (MBI). The MBI has eleven characters combining numbers and upper case letters (no special characters). This helps protect against personal identity theft and fraud.

CMS reports that Medicare patients are successfully using their new cards in doctors' offices and other health care facilities. More than half of the claims they're processing now include the new MBI. This has meant a smooth transition to the new cards.

You can help protect **the identity of your Medicare patients** by using the new Medicare beneficiary identifiers (MBIs) right away.

- **Ask your Medicare patients for their new Medicare card when they come for care.** If they've received a new card, but don't have it with them at the time of service, remind them they can use **MyMedicare.gov** to get their new Medicare number**.**
- **Use the Medicare administrative contractors' (MAC) secure MBI look-up tool.** You can look up MBIs for your Medicare patients who don't have their new cards when they come for care.

Additional information on the MBI is available on **CMS.gov.**

CMS releases program audit FAQs

CMS gets questions about Medicare Parts C and D and Medicare-Medicaid Plan (MMP) program audits.

They recently posted frequently asked questions (FAQs) they've received through their Parts C and D program audit mailboxes from organizations/sponsors, and their responses to the questions. The Q&A relate to Medicare Parts C and D record layouts (as found in the current protocols and data collection instruments).

CMS said the industry can benefit from the information in the FAQs and improve the audit process. You can find them on **CMS.gov.** They'll update the document periodically and post the updates on the audit web page.

We're reviewing these FAQs. and will let you know if there are any changes in our approach to populating the universes.

Prevent, detect and report fraud, waste and abuse

Beginning in 2019, FDRs are no longer required to complete CMS-issued general compliance and fraud, waste and abuse (FWA) training. However, it remains a critical component of an effective Medicare compliance program. We want our

What is an FDR?

FDR = First tier, downstream and related entities

A **first tier** entity is any party that enters into a written arrangement with our organization to provide administrative or health care services for our Medicare business.

A **downstream** entity is any party that enters into a written arrangement with persons or entities below the level of the first tier's arrangement with our organization. These arrangements continue down to the level of the ultimate provider of both health and administrative services.

A **related** entity is an entity that is linked to our organization by common ownership or control, and provides functions to support our Medicare business.

FDRs to know how to prevent, detect and report fraud, waste and abuse.

You play an important role in protecting the integrity of the Medicare program. To combat fraud, waste and abuse, you need to know how to prevent your organization from engaging in abusive practices and/or civil or criminal law violations.

Fraud, waste and abuse defined

- **What is fraud?** Intentional misuse of information in order to persuade another to part with something of value or to surrender a legal right. It could also be an act of planned deception or misrepresentation
- **What is abuse?** Providing information or documentation for a health care claim in a manner that improperly uses program resources for personal gain or benefit, yet without sufficient evidence to prove criminal intent.
- **What is waste?** To use, consume, spend or expend thoughtlessly or carelessly.

Medicare fraud and abuse Laws: Federal laws governing Medicare fraud and abuse include all of the following:

- Federal False Claims Act (FCA)
- Anti-Kickback Statute (AKS)
- Physician Self-Referral Law (Stark Law)
- Social Security Act
- United States Criminal Code

These laws state the criminal, civil, and administrative remedies the government may impose when they find evidence of fraud and abuse. Violating these laws may result in nonpayment of claims, civil money penalties, exclusion from all federal health care programs and criminal and civil liability.

The CMS website provides more information, including FWA training options.

How to report to us. If you identify potential fraud, waste or abuse that affects our Medicare contracts, please notify us right away. We have a reporting poster available for you.

aetna®

aetna.com

72.22.100.1-SP (4/19)