

Medicare Compliance FDR newsletter

Quarter 4, 2023

Updated Code of Conduct

The **CVS Health® Code of Conduct** was recently updated. We encourage you to read it.

The Code of Conduct lays the foundation for what we expect from our colleagues and reflects what our customers, business partners, and key stakeholders can expect from us as a company. It also includes information on how to report issues or concerns. Our first tier, downstream or related entity (FDR) receives the **CVS Health Code of Conduct** through initial and annual training. You can always access our Code of Conduct [online](#).

As a (FDR) to CVS Health, you can choose to use CVS Health Code of Conduct, or your organization own Code of Conduct (if the content is equal to or go above the CVS Health Code of Conduct).

2024 Medicare Advantage Organizations Oversight Activities

On October 24, 2023, the Centers for Medicare & Medicaid Services (CMS) made an announcement. They announced their goal to conduct focused audits on how Medicare Advantage (MA) and Medicare Advantage Prescription Drug plans comply with the new coverage criteria and utilization management (UM) requirements from the 2024 Final Rule.

Beginning in January 2024, the Medicare Parts C and D Oversight and Enforcement Group will begin doing [routine and focused audits](#) of organization to review their compliance with UM

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- [Medicare managed care manual](#)
- [Medicare prescription drug benefit manual](#)
- [CVS Health Code of Conduct \(updated November 2023\)](#)

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, including communication with our Medicare FDRs. Our Medicare Compliance Officer is Patrick Jeswald. Questions or concerns? Email MedicareFDR@Aetna.com.

Requirements.

- Focused audits will be limited in scope and include Organization Determinations, Appeals and Grievances (ODAG) and Compliance Program Effectiveness (CPE).
- Routine program audits will be conducted as they have been.

CMS may select plans for a focused audit regardless of whether they had a Program Audit in 2021 or 2022. Also, plans with a Program Audit in 2023 can have a Validation Audit or be selected for a focused audit.

On December 19, CMS announced that through this combination of routine and focused audits, they expect to evaluate the UM-related performance of plans serving approximately 88% of people with MA.

CMS will provide companies selected for a focused audit with other instructions and guidance after CMS starts the focused audit.

Relationship between policies and evidence

As an FDR to CVS Health®, your company must be able to show compliance with the requirements outlined in the [Medicare Managed Care Manual Chapter 21](#) and the [Prescription Drug Benefit Manual Chapter 9, Compliance Program Guidelines](#).

CVS Health completes oversight reviews of our FDR's Compliance Programs. Your organization may be asked to provide use with the following:

Code of Conduct and Compliance Policies

- ✓ Policy that explains how distribution happens within 90 days of hire, annually, and when changes are made
- ✓ Evidence includes the Code of Conduct and Compliance Policies that were distributed as

well as documents that show the sampled employees received. Documentation may vary, but could include:

- Screenshots from your training system
- Training reports that show completed training dates by employee
- An email sent to employees with the Code of Conduct and Compliance Policies attached

Exclusion screenings

- ✓ Policy that explains how your organization completes the Office of Inspector General List of Excluded Individuals/Entities ([OIG](#)) and General Services Administration System for Award Management ([GSA SAM](#)) screenings prior to hire/contracting and monthly thereafter. You must also tell what happens if a positive match is found.
- ✓ Evidence includes documentation to show that the sample employees and downstream entities, if applicable, were screened.
 - Documentation from the outside entity that performs screenings on your behalf (if applicable)
 - Screenshots from exclusion record with date stamp.

Reporting mechanisms

- ✓ Policy that explains your organization goals for employees to report compliance issues, non-retaliation for reporting, and requirements for your company to report CVS Health/Aetna issues to us.
- ✓ Evidence includes documentation of how your organization communicates the process to report compliance concerns and your organization non-retaliation policy.

Downstream oversight

If your company uses downstream entities to support CVS Health® and/or Aetna Medicare business, the following will apply:

- ✓ Policy that explains how your organization support CVS Health and/or Aetna Medicare business. Topics that should be covered in the policy include contractual terms and how your company:
 - Ensures these entities conduct exclusion screenings of their employees.
 - Oversees the operations of the downstream entity, and
 - Manages corrective action and/or disciplinary actions, when appropriate.
- ✓ Includes examples of your oversight activities for both compliance program requirements and operations of downstream activities.

Avoiding Conflict of Interest

A Conflict of Interest (COI) may occur when an FDR or its employees allow the risk of personal gain to control the way they oversees job duties and responsibilities.

A COI may also happen if any outside activities stop an FDR or its employees from doing job duties or lead to the use of resources for other than company purposes. FDRs and their employees must always avoid a COI.

Situations involving a COI may not always be clear or easy to resolve. Some situations that may present a real or potential COI include, but are not limited to:

- Outside employment
- Participation in outside organizations including board positions
- Financial interest in a competitor
- Employment of relative

Our FDRs must have a policy that explains conflict of interest, how to report a possible COI, and the actions your company takes when a COI occurs. This policy needs to be given at time of hire or beginning to work on the CVS Health or Aetna Medicare business, as well as annually.

The method for distribution of COI information may vary, but some examples of distribution include:

- Electronic training that includes COI information
- Distribution of a COI policy
- Including COI in your Code of Conduct Signed attestation

You must keep evidence of your compliance with these requirements for no fewer than 10 years.

Looking for resources?



Our relationship with you — a first tier, downstream or related entity (FDR) — is important to us. We need you to help fulfill our contracts with the CMS. And you can rely on us for the teamwork and support you need.

You can read [our Aetna FDR Guide](#); it includes a toolbox of resources. In addition, archived newsletters are available [online](#). If you would like the CVS Health FDR Guidebook, a past newsletter, or have questions, you can email us at MedicareFDR@Aetna.com.

Need to report noncompliance or potential fraud, waste, and abuse (FWA)?

Here are the different ways to report:

- **Call** the CVS Health Ethics Line at **1-877-287-2040 (TTY: 711)**
 - **Go online** to cvshealth.com/ethicsline
- Write to** Chief Compliance Officer, CVS Health
One CVS Drive, Woonsocket, RI 02895