

This attestation confirms your organization received Aetna’s educational training packet, which included our [First Tier, Downstream and Related Entity \(“FDR”\) Medicare Compliance Program Guide](#). It also confirms your commitment to comply with the Centers for Medicare & Medicaid Services (“CMS”) requirements<sup>1</sup>. These requirements are listed below and apply to all services your organization, as Aetna’s First Tier Entity<sup>2</sup>, provides for Aetna Medicare business<sup>3</sup>. The requirements also apply to any of the Downstream Entities<sup>4</sup> you use for Aetna Medicare business.

### 1. Code of Conduct(“COC”) and/or Compliance Policies

My organization has adopted either [Aetna’s](#) or a comparable COC and/or Compliance Program policies which were distributed to all employees within 90 days of hire, upon revision, and annually thereafter.

### 2. CMS’ Fraud, Waste and Abuse (“FWA”) Training

My organization’s employees either completed CMS’ [Combating Medicare Parts C & D Fraud, Waste, and Abuse Training](#) module within 90 days of hire and annually thereafter **OR** they were “deemed” to have met the FWA training requirement. [Deeming status is acquired through our enrollment in Parts A or B of the Medicare program or through our accreditation as a supplier of Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS)]. If not “deemed” the training was completed on Medicare Learning Network (MLN) or was incorporated, unmodified, into our existing training materials/systems.

### 3. CMS’ General Compliance Training

My organization’s employees completed CMS’ [Medicare Parts C & D General Compliance Training](#) module within 90 days of hire and then annually thereafter. The training was completed on the Medicare Learning Network (MLN) or was incorporated, unmodified, into our existing training materials/systems.

### 4. Office of Inspector General (OIG) and General Services Administration’s System for Award Management (SAM) exclusion screening

My organization screens the US Department of Health & Human Services Office of Inspector General (OIG) and the General Services Administration’s System for Award Management (SAM) exclusion lists prior to hire or contracting, and monthly thereafter, for all of our employees and Downstream Entities. My organization removes any person/entity from work on Aetna Medicare business if found on these lists.

### 5. Reporting Mechanisms

My organization communicated to employees how to report suspected or detected non-compliance or potential FWA, and that it is their obligation to report without fear of retaliation or intimidation against anyone who reports in good faith. My organization either requests employees report concerns [directly to Aetna](#) or maintains confidential and anonymous mechanisms for employees to report internally. In turn, we report these concerns to Aetna, when applicable.

### 6. Offshore Operations

For any work my organization performs that involves the receipt, processing, transferring, handling, storing or accessing of Protected Health Information (“PHI”), my organization either doesn’t do the work offshore, doesn’t have Downstream Entities that do the work offshore, or does the work offshore (ourselves or through a Downstream Entity) but has obtained approval from an authorized Aetna representative to do so.

### 7. Downstream Entity Oversight

My organization either doesn’t use Downstream Entities, or uses Downstream Entities for Aetna Medicare business and conducts robust oversight to ensure that they comply with all the requirements described in this attestation (e.g. FWA training, OIG and GSA’s SAM exclusion screening, etc.) and any applicable laws, rules and regulations.

### 8. Operational Oversight

My organization conducts internal oversight of the services that we perform for Aetna Medicare business to ensure that compliance is maintained with applicable laws, rules and regulations.

I certify, as an authorized representative of my organization, that the statements made above are true and correct to the best of my knowledge. Also, my organization agrees to maintain documentation supporting the statements made above. We’ll maintain this documentation in accordance with federal regulations and our contract with Aetna, which is



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no less than ten (10) years. My organization will produce this evidence, upon request. My organization understands that the inability to produce this evidence may result in a request by Aetna for a Corrective Action Plan (CAP) or other contractual remedies such as contract termination.

\_\_\_\_\_  
First Tier Organization’s Authorized Representative Printed Name and Title

\_\_\_\_\_  
Signature of First Tier Organization’s Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
First Tier Organization Name Printed

\_\_\_\_\_  
First Tier Organization Mailing Address

\_\_\_\_\_  
Tax ID# (TIN)/Employer ID# (EIN) ]

<sup>1</sup> CMS’s guidance for Medicare Advantage organizations and Part D sponsors are published in both, Pub. 100-18, Medicare Prescription Drug Benefit Manual, Chapter 9 and in Pub.100-16, Medicare Managed Care Manual, Chapter 21, and are identical in each.

<sup>2</sup> First Tier Entity is any party that enters into a written arrangement, acceptable to CMS, with a Medicare Advantage Organization or Part D plan sponsor or applicant to provide administrative services or healthcare services to a Medicare eligible individual under the Medicare Advantage program or Part D program. (See, 42 C.F.R. §§ 422.500 & 423.501)

<sup>3</sup> For purposes of this attestation, “Aetna Medicare business” includes Medicare Advantage HMO and PPO plans and standalone Medicare prescription drug plans (PDPs) offered by Aetna or Coventry under contract with CMS. Within the attestation, the terms “employee” and “Downstream Entity” refer only to those supporting Aetna’s Medicare business.

<sup>4</sup> Downstream Entity is any party that enters into a written arrangement, acceptable to CMS, with persons or entities involved with the Medicare Advantage benefit or Part D benefit, below the level of the arrangement between a Medicare Advantage Organization or applicant or a Part D plan sponsor or applicant and a first tier entity. These written arrangements continue down to the level of the ultimate provider of both health and administrative services. (See, 42 C.F.R. §§ 422.500 & 423.501)