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FDR Compliance Newsletter

January 2019 – Issue 20

Help your Medicare patients avoid and report scams

Medicare will never call beneficiaries uninvited and ask for personal or private information to get their new Medicare Number and card. Scam artists may try to get personal information (like their current Medicare Number) by contacting them about their new card. If your Medicare patient is asked for their information, for money, or someone threatens to cancel their health benefits if they don't share their personal information, have them call **1-800-MEDICARE (1-800-633-4227)** or **TTY 1-800-377-4950**.

They can also contact the Office of Inspector General (OIG) at:

Phone: **1-800-HHS-TIPS (1-800-633-4227)**
or **TTY 1-800-377-4950**

Fax: **1-800-223-8164**

Mail: U.S. Department of Health & Human
Services Office of Inspector General
ATTN: OIG Hotline Operations
P.O. Box 23489
Washington, DC 20026

The new Medicare Number is also called the Medicare Beneficiary Identifier (MBI) and is replacing the current Social

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Quick links

- [Archived newsletters](#)
- [Aetna's FDR guide](#) (updated 3/2018)
- [Medicare managed care manual](#)
- [Medicare managed 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.

Security-based Health Insurance Claim Number (HICN) on Medicare health insurance cards. We will continue to accept the HICN through the [transition period](#).

Find [identity theft](#) resources for people with Medicare.

Prohibition to Billing Dually Eligible Individuals Enrolled in the Qualified Medicare Beneficiary (QMB) Program

All Medicare Advantage provider and suppliers—not only those that accept Medicaid—are prohibited from charging individuals enrolled in the QMB program for Medicare deductibles, coinsurance, or copays. Providers who inappropriately bill individuals enrolled in QMB are subject to sanctions. See [QMB Billing Requirements FAQs](#) pages six and seven include special instructions and guidelines.

For more Information please visit the following web page:

- [QMB Program](#)

Affordable Care Act (ACA) Section 1557

As part of the Affordable Care Act (ACA), Congress enacted a broad new law — ACA Section 1557 — that generally prohibits most health insurers, including Aetna, from discriminating on the basis of race, color, national origin, sex, disability or age. A central element of the ACA Section 1557 rules is a requirement that covered entities provide special aids to persons with communication disabilities, such as the deaf and hard of hearing, so they can equally access and benefit from their services. Aetna expects all First Tier,

Downstream, and Related Entities (FDRs) to comply with ACA Section 1557.

The “effective communication” baseline rule

As an Aetna FDR, you are obligated to:

1. Ensure all communications with the deaf and hard of hearing are as effective as those with other persons
2. Provide appropriate auxiliary supports and services to the deaf and hard of hearing, whenever necessary to afford them an equal opportunity to benefit from their services. When deciding whether a particular aid should be provided, keep in mind that the general goal is to ensure all communications with individuals who are deaf or hard of hearing must be *effective*.

Individuals qualifying for auxiliary supports and services

Individuals qualify for auxiliary supports and services if:

1. They are deaf or hard of hearing
2. They are in one of the classes of people covered by the regulations

The term “deaf” includes individuals who do not hear well enough to rely on their hearing to process speech and language. The term “hard of hearing” includes individuals with conditions that affect the frequency or intensity of their hearing. A deaf or hard of hearing person would be covered by Section 1557 if they are substantially limited in hearing or substantially limited in some other major life activity because of hearing loss. An individual may be considered deaf or hard of hearing even if their hearing loss is eased by the use of a hearing aid or cochlear implant.

Auxiliary support and service options

The regulations include a long, but non-exhaustive list of auxiliary supports and services that may be provided in a particular instance. The list includes, among other possibilities:

- Qualified interpreters, who can provide services on-site (e.g., face-to-face) or remotely through technology such as video remote interpreting (VRI)
- Use of written materials and exchange of written notes
- Voice, text and video-based telecommunications products (e.g., video relay/VRS)
- Text telephones (TTYs)

There are many other options, though all must be provided free of charge to the deaf or hard of hearing individual. Any special technology such as VRI or VRS must meet technical and operational standards and users must be properly trained. The appropriate aid to use will depend on the disabled individual, the type of communication and the context. When deciding the aid to provide, primary consideration should be given to the request of the disabled person. Aids should also be provided in a timely manner and in such a way that protects the privacy and independence of the individual.

Persons qualified to act as interpreters

Interpreters used by covered entities (whether interpreting in-person or via VRI) should be qualified. A qualified interpreter may use one of several methodologies, but must:

1. Adhere to generally accepted interpreter ethics principles, including client confidentiality
2. Be able to interpret effectively, accurately, and impartially, both receptively and expressively, using any

necessary specialized vocabulary, terminology and phraseology

You must not require a deaf or hard of hearing person to bring someone with him/her to interpret, nor should you rely on an adult companion or child to interpret, unless:

1. In an emergency involving an imminent threat to the safety or welfare of the individual or the public and no other interpreter is available
2. The person requests interpretation from their companion, and reliance on the companion is determined to be appropriate.

For more from the Office of Civil Rights on effective communications for persons who are hard of hearing, go to the [U.S. Department of Health and Human Services website](#).

FDR Training Updates

Beginning in 2019, the Centers for Medicare & Medicaid Services (CMS) removed the requirement for FDRs to complete CMS-issued general compliance and fraud, waste and abuse (FWA) training on the Medicare Learning Network (MLN). This was finalized through a [Final Rule](#) effective June 15, 2018.

CMS expects that organizations continue to provide compliance training for the services provided by their FDRs. Aetna will continue to issue initial and annual compliance training packets to our FDRs. We'll also continue to conduct routine monitoring, auditing and oversight of our FDRs. For 2019, we'll focus our Medicare Compliance program reviews on:

- Standards of Conduct and/or Compliance Policies
- US Department of Health & Human Services Office of Inspector General (OIG) and General Services

Administration's System for Award Management (SAM) exclusion screening

- Reporting mechanisms
- Downstream entity oversight
- Operational oversight

Please take a few minutes to review our [FDR Guide](#) to ensure you have internal processes in place to support your compliance with these requirements. If you have questions on these requirements, please let us know.

Updates to our Code of Conduct, New Ethics Line

We're excited to share that CVS Health has completed its acquisition of Aetna. The combination of CVS Health and Aetna is a transformative moment for our company and our industry. Aetna, which is a CVS Health company, will now follow the [CVS Health Code of Conduct](#) (Code) which lays the foundation for what we expect from our colleagues; reflects what our customers, business partners and key stakeholders can expect from us as a company; and includes new information on how to report issues or concerns to the CVS Health Ethics Line. We give the Code to our FDRs during their initial orientation and each year thereafter. You can access the Code [online](#); or to request a copy of our Code, email us at MedicareFDR@aetna.com.

Confidential email address:
Ethics.BusinessConduct@CVS.com

By Phone: (877) CVS-2040
Over the internet: www.CVSHealth.com/EthicsLine
Confidential fax: (847) 559-3835
By mail:

Chief Compliance Officer
CVS Health
One CVS Drive
Woonsocket, RI 02895



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.