Planning Ahead – Safeguarding the Efficiency of your Medicare Compliance Program

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Aetna's Background

Aetna was founded in 1853. Aetna is one of the nation's leading providers of health care, dental, pharmacy, group life, and disability insurance. One of the nation's largest health and benefits companies with almost 50,000 employees worldwide.

Aetna's Mission is to build a healthier world with healthcare centered around people using a diverse product portfolio.

- A range of insurance and employee benefits products
- Programs and services that help control rising costs while striving to improve the quality of health care
- Tools and information to help people make better-informed decisions about their health care and financial well-being

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Aetna's Part C and D Product Offerings

Aetna offers a comprehensive Individual and Group Medicare product portfolio to meet the varied needs of beneficiaries and plan sponsors who offer group retiree medical benefits.

We offer Medicare Advantage plans (MA) in a majority of states plus D.C., Stand-alone Medicare prescription drug plan products (PDP) are offered in all 50 states and D.C, Aetna's national Medicare Advantage PPO is offered to group plan sponsors for members in all 50 states plus D.C.

- Medicare Advantage (MA): HMO and PPO plans
- Medicare Advantage with Prescription Drug (MAPD): HMO and PPO plans that include prescription drug coverage
- Special Needs Plan (SNP) for dual eligible beneficiaries
- Value Based Insurance Design (VBID)
- Prescription Drug Plan (PDP): Standalone prescription drug coverage offered alongside Original Medicare and Medicare Supplement plans
- Medicare-Medicaid Plans (MMP)-Demonstration Plans in 3 states (IL, OH and MI).

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Aetna's CMS Program Audit Experience

2013

Aetna's CMS Program Audit
(6 CPE Findings)

Coventry's CMS Performance Audit
(5 CPE Findings)

2014

Aetna's CMS Validation Audit
(CPE Findings)

Coventry's CMS Validation Audit
(CPE Findings)

2015

Aetna's CMS Program Audit
(No CPE Findings)

2016

Aetna's CMS Validation Audit
(No CPE Findings)

Required to do day-to-day CPE activities, including the annual Third Party CPE Review, while remediating the Performance Audit Findings = **Resource Intensive & Stressful**

Annual 3rd Party Compliance Program Effectiveness Review

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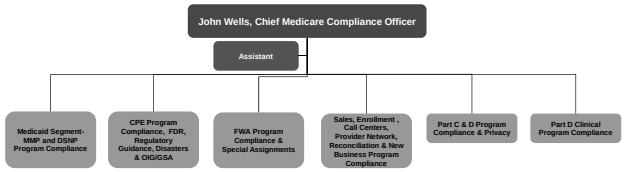
Aetna's Medicare Compliance Organization Design



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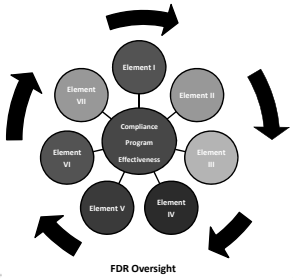
Medicare Compliance Focus: Detection, Remediation and Prevention

Ensuring Aetna meets CMS requirements outlined in Chapter 9/21 for an Effective Compliance Program (7 Elements) including:

- Regulatory Guidance Distribution, Interpretation, and Validation
- Part C & Part D Program Oversight
- Direct/Ongoing Communication with CMS
- Medicare Compliance and Fraud, Waste, and Abuse (FWA) Training
- CMS' Risk Assessment Process & Work Plan
- Targeted Auditing and Monitoring activities
- Escalation and Management of Compliance Risks
- CMS required Medicare Compliance Officer
- Medicare Compliance Committee
- First Tier, Downstream, and Related Entity (FDR / Vendor / Delegate) Oversight/ Coordination
- Provide consultation on initiatives and CMS requirements



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How did we get there?

- Cross Departmental Leadership developed a responsibility matrix
- Leadership Support
- Culture Change

Medicare Compliance	Operations Integrity	Internal Audit	Medicare Business
•CMS required, independent, compliance group •Responsible for ensuring Aetna meets CMS requirements defined in Chapters 9 & 21 •Accountable for Effective Compliance Program (7 Elements) including: •Risk Assessment •Scheduled Monitoring and Audits to ensure ongoing compliance with CMS, federal and state regulations •Management of Compliance Issues •Regulatory Guidance	•Embedded within Medicare business •Designed to ensure compliance *and* business optimization. •Supports implementation of new regulatory guidance. •Supports business in addressing corrective actions. •Helps business develop compliant strategies and practices.	•Monitor Compliance Annually for Compliance Program Requirements •Serves the Audit Committee of the Board of Directors and assists management in achieving goals by conducting independent and objective assurance and consulting activities •Conducts Internal Audits, Special Projects, SDLC (System Development Life Cycle) reviews and Facilitated Self-Assessments ("FSA")	•Implements CMS requirements •Administers all CMS Program requirements •Self Monitoring •Manage their FDR Contracts

Compliance is everyone's responsibility

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Examples of What Aetna Medicare Compliance Does Not Do

Applications	Bids	PBM Oversight (Day-to-Day)	Implementation of Regulatory Guidance	Metrics Monitoring (OMT)
Perform Quality Control Monitoring Reviews	Annual Materials (e.g. ANOCs, EOCs, SBs)	Identify Process Remediation/ Improvement Opportunities	Past Performance Scorecard	Part C & D Data Reporting and Annual Data Validation
Agent Oversight	Marketing Material Review and Submission	Operational CMS Performance Audit Oversight	Annual Enrollment Period Coordination	Operational Policy & Procedures

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Aetna's Compliance Program Best Practices

- During a CMS Program Audit, Compliance Team needs to spend time focusing on Compliance Program Effectiveness
- Medicare Compliance Organizational Design is Important
  - Dedicate a team to focus on Compliance Program Effectiveness
  - Include RNs and Pharmacists to provide oversight for Formulary Administration, Organization Determinations and Coverage Determines, Appeals and Grievances
- Development of a Strategic System of record for Medicare Compliance Program Effectiveness; reducing manual work and increase transparency
- Continually evaluate Audit and Tracer Readiness -- know where we are at
- Complete a 3rd Party Compliance Program Effective Review Annually

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Focus on Compliance Program Effectiveness needs to be part of the Plan Sponsor's day-to-day Compliance Activities

- Conduct ongoing training to ensure Medicare Compliance staff are aware of changes and are able to apply to their work activities to ensure Program Audit requirements are understood.
- Operationalize populating the CPE universes as activities are completed
- Thoroughly complete CMS' Protocol Attachment IA, Self-Assessment Questionnaires, at least annually.
  - Gather all documentation into a central repository that is utilized to support the completion of the questions.
- Utilize CMS' Protocol Pre-Audit Issue Summary, for Self-Disclosure tracking with your CMS Account Management team.

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Thank you