



Centers for Medicare & Medicaid Services (CMS) Requirements for Downstream Entities

As an Aetna* First Tier, you may choose to subcontract with Downstream Entities who provide administrative or health care services on the First Tiers' behalf for Medicare Advantage, Medicare-Medicaid Plans (MMPs), Dual Special Needs Plans (DSNPS), and Medicare prescription drug plans (PDP) product lines. If you choose to subcontract in this manner, your organization is required by CMS to make sure that your Downstream Entities abide by all laws and regulations that apply to them. This includes ensuring:

- Contractual agreements contain all CMS-required provisions
- They comply with all of the Medicare compliance program requirements
- They comply with any applicable Medicare operational requirements

As an Aetna First Tier, you must conduct sufficient oversight (i.e., auditing and monitoring) to test and ensure that your Downstream Entities are compliant. You must retain evidence of oversight completion, ensure root cause analysis is conducted for any deficiencies, and implement corrective actions or take disciplinary actions such as contract termination, as necessary, to prevent recurrence of noncompliance. These audit and monitoring results may be requested by Aetna or CMS.

Which of the First Tiers' subcontractors are Downstream Entities?

Not every subcontractor is considered a Downstream Entity. Only those entities who provide administrative or health care services for Aetna's Medicare Advantage and Prescription Drug Plan products may be Downstream Entities. The grid below has examples of Downstream Entities. This is not a complete list. If you have questions about which entities would be considered Downstream Entities for your organization or if you have subcontractors that are not on this list, we can help. Just send an email to MedicareFDR@aetna.com

Examples of Downstream Entities	Examples of subcontractors who are not Downstream Entities
<ul style="list-style-type: none">• Contracted providers (e.g. physicians, chiropractors, dentists)• Contracted nurses and nurses' aides• Contracted laboratory and radiology technicians• Contracted pharmacists and	<ul style="list-style-type: none">• Housekeeping and custodial organizations• Grounds and maintenance worker organizations• Temporary agencies supplying non-clinical administrative and clerical staff

- pharmacy technicians
- Contracted therapists, social workers, home health aides, medical coding staff, medical records staff, or medical directors
- Contracted billing staff, including certified coders, and pharmacy or medical claim processors
- Contracted organizations for administering Aetna's medical or pharmacy benefits including customer service who answer benefit specific questions or staff making decisions on Aetna's behalf (e.g. clinical decisions, medical organization determinations or pharmacy coverage decisions such as prior authorizations)
- Outsourced human resources or payroll companies
- Machine repairmen
- Mail service organizations
- Organizations that are not used for Aetna's Medicare product lines

*As used above, "Aetna" refers to a subsidiary company of CVS Health, including but not limited to Aetna Health companies, Aetna Better Health companies, Aetna Life Insurance Company, Coventry Health and Life Insurance Company, Coventry Health Care companies, First Health Life & Health Insurance Company, SilverScript Insurance Company, and those joint venture entities in which a CVS Health subsidiary company has ownership interests who offer or administer, under contract with CMS, Medicare Advantage, Medicare-Medicaid Plans (MMPs), Dual Special Needs Plans (DSNPS), and Medicare prescription drug plans (PDP) ("Aetna Medicare business")