

Medicare Compliance FDR newsletter

Quarter 2, 2025

Why compliance newsletters?

At CVS Health®, compliance is at the core of everything we do. It protects our members, strengthens our partnerships, and upholds our responsibility to deliver quality care. One of the ways we support this commitment is through our quarterly Compliance Newsletter.

Why every quarter?

We want to keep you informed and engaged without overwhelming your inbox. A quarterly cadence gives us enough time to gather meaningful updates, share key trends, and ensure First-Tier, Downstream and Related Entities (FDRs) are aligned with regulatory expectations and CVS Health® standards.

Our goal with each issue

Every newsletter is designed to support your compliance efforts by providing:

Important updates:

From CMS guidance to policy changes, we highlight what's new, what's required and what's next.

Lessons learned:

We share oversight activity observations, common findings and examples to help you evaluate your compliance in these areas.

Training & oversight reminders:

We reinforce core responsibilities around oversight, reporting and education.

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Quick links

- **[Medicare Managed Care Manual](#)**
- **[Medicare Prescription Drug Benefit Manual](#)**
- **[CVS Health Code of Conduct \(updated March 2025\)](#)**

Exclusion list links:

- **[OIG list of excluded individuals and entities \(LEIE\)](#)**
- **[GSA System for Award Management \(SAM\)](#)**

Link 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.

Resources at your fingertips:

Access updated tools, links to policies and procedures and contact information for compliance reporting.

Supporting a culture of compliance

This newsletter is more than just updates, it's a tool to help us stay connected. FDRs staying informed helps us meet our obligations with confidence.

Perfect recipe for compliance success

At CVS Health®, compliance is a team effort and just like the perfect salsa, it's all about using the right ingredients in the right proportions. Whether you're new to the kitchen or a seasoned chef, here's the recipe that helps keep your compliance program flavorful, effective and always audit-ready.

FDR compliance salsa recipe serves: Your organization and the members we support

Prep time: Ongoing, all year round

Ingredients:

1 cup policies & procedures

- A strong foundation of written standards tailored to your operations.
- Be sure they're updated regularly and shared with your teams.

2 tablespoons Standards of Conduct

- Stir in clear expectations for ethical behavior and reporting concerns.
- This sets the tone for your compliance culture.

3 cloves employee training

- Spice things up with initial and annual training and track it.
- Ensure everyone knows their role in staying compliant.

½ cup monitoring & auditing

- Check your mixture often, it's how you find gaps, address risks and continuously improve.

A pinch of reporting mechanisms

- Hotline, email or another tool. Make sure it's easy for staff to speak up without fear of retaliation.

1 dash of oversight of downstream entities

- Don't forget: if you work with subcontractors, their compliance is your responsibility, too.

Extra ingredients:

- A quarterly review of program effectiveness adds extra flavor and keeps your compliance salsa fresh!

Instructions:

- Mix all ingredients consistently throughout the year.
- Adjust based on CMS updates, internal oversight findings, or operational changes.
- Share with all team members, leadership and downstream entities.
- Serve with confidence your compliance program as the main course.

Final tip:

The best salsa takes care, consistency, and attention to detail, just like your compliance efforts. Keep following your recipe and make adjustments as needed. When CVS Health® comes to the table, we will be impressed with what you have prepared.

Thank YOU for continuing to partner with us, and for maintaining a culture of compliance. Don't be afraid to tweak your recipe if needed.

Overview of Section 1557

Section 1557 of the Affordable Care Act (ACA) under Title 42, Part 18116, prohibits discrimination in health care programs and activities based on race, color, national origin, age, disability or sex. In April 2024, the Department of Health and Human Services (HHS) finalized revised regulations implementing Section 1557 under Title 45, Part 92, with staggered effective dates beginning in July 2024.

This rule applies to health programs or activities that receive federal financial assistance, such as Medicare and Medicaid, in addition to other health programs or activities defined in the law.

Key Requirements:

- **Limited English proficiency (LEP) language assistance services**
 - Provide language assistance services to ensure effective access to health care for individuals with limited English proficiency.
 - Types of Services:
 - Translation and interpretation services.
 - Written materials in multiple languages.
 - Training for staff to assist LEP individuals.
 - LEP individuals must be informed of their right to receive language assistance at no cost.
- **Communicating with individuals who have disabilities**
 - Communication with individuals with disabilities must be as effective as communication with others.
 - Alternative communication methods may include:
 - American Sign Language interpreters
 - Large print materials
 - Captioning of videos
 - Readable PDF or Braille documents
- **Reasonable modifications**
 - Covered entities must consider reasonable modifications to policies or procedures to provide equal access and an equal opportunity to participate to individuals with disabilities.
- **Non-discrimination in Health Insurance Coverage or other Health-related coverage**
 - In providing/administering health insurance coverage, we cannot discriminate based on race, color, national origin, age, disability or sex.
 - We cannot, based on race, color, national origin, age, disability, or sex:
 - Deny, cancel, limit or refuse to issue or renew health insurance coverage.
 - Deny or limit coverage of a claim, or impose additional cost sharing or restrictions.
 - Use discriminatory marketing practices or benefit designs.
 - Utilize benefit designs that do not provide health insurance or related coverage in the best community settings for individuals with disabilities, or that could lead to them being placed in facilities or isolated from others.
 - We can, if we have a legitimate, non-discriminatory reason:
 - Deny or limit coverage.
 - Decide the health service fails to meet coverage requirements, such as medical necessity.
- **Patient Care Decision Tools**
 - Patient care decision support tools are automated (e.g., artificial intelligence (AI) tools) or non-automated tools (e.g., flowcharts) used to support clinical decision making.
 - We cannot discriminate on the basis of race, color, national origin, sex, age or disability through the use of these tools.
 - We must make reasonable efforts to identify tools that use these factors

and to mitigate the risk of discrimination from tools identified.

- **Grievances**

- Provide a way for individuals to file a grievance if they believe we have not met our obligations under section 1157. Our Civil Rights Coordinator can be contacted at Coordinator1557@cvshealth.com.

As our partners providing health care programs and activities, it is important that you understand these requirements. Your contract with us requires you to follow all state and federal laws.

Medicare compliance crossword puzzle

S G E D U R O D K T S W T Z P
D O R H X C I K O C I R Q O O
R V U H Q V H P I C A D H P L
A E D Q E K X H Y I U I U W I
D R E I C P T L N M M M Q A C
N S C H N E E I L V S X E R Y
A I O O A H N T R O P E R N Y
T G R Z I G E L H R G W Y Q T
S H P T L A L U I W R F R E S
J T Z I P C W H T G W B X B N
G Q K N M V X Q H F E R J U Q
R C I H O V B C H U I K G F U
K I F E C R E G U L A T I O N
K G S G O V E R N A N C E V Y
Y J G K T N E M E C R O F N E

1. Audit
2. Enforcement
3. Oversight
4. Regulation
5. Compliance
6. Ethics
7. Policy
8. Report
9. Document
10. Governance
11. Procedure
12. Risk

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 CMS. And you can rely on us for the teamwork and support you need.

Read our **Aetna FDR Guide**; it includes a toolbox of resources. If you need the **CVS Health FDR Guide**, contact us.

Past newsletters are available on [Aetna.com](https://www.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)**
- **Visit** [CVSHealth.com/Ethicsline](https://www.CVSHealth.com/Ethicsline)
- **Write to** Chief Compliance Officer, CVS Health, One CVS Drive, Woonsocket, RI 02895

Earning the trust of our customers

