



## **FDR Annual Compliance Attestation for Cooperative Advantage D-SNP**

My organization is considered a First-Tier Entity as we provide administrative or health service functions for Cooperative Advantage D-SNP. The Centers for Medicare and Medicaid Services (CMS) requires any individual or organization that contracts with a Medicare Advantage Plan Sponsor to provide administrative or health service functions to comply with various CMS compliance program requirements. These requirements are listed below and apply to all services your organization provides for Cooperative Advantage D-SNP business. The requirements also apply to any Downstream Entities your organization uses for Cooperative Advantage D-SNP business.

By completing this attestation, you certify that your organization is committed to ensuring compliance with CMS and Cooperative Advantage requirements.

### **1. General Compliance & Fraud, Waste and Abuse (FWA) Training and Education**

My organization provides general compliance training to all applicable employees (including temporary employees and volunteers), governing board members, and contractors, within 90 days of hire or contracting and annually thereafter. (§50.3.1)

YES  NO

My organization provides FWA training to all applicable employees (including temporary employees and volunteers), governing board members, and contractors within 90 days of hire or contracting and annually thereafter. (§50.3.2)

YES  NO

My organization has been deemed to have met the FWA training and education requirements through enrollment into Medicare Part A and B of the Medicare program or through accreditation as a supplier of Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) supplier. (§50.3.2)

YES  NO

### **2. Code of Conduct and/or Compliance Program Policies**

My organization has a Code of Conduct and/or Compliance Program policies that explain its commitment to comply with federal and state laws, ethical behavior and compliance program operations, which are distributed to all employees, (including temporary employees and volunteers), governing board members, and contractors within 90 days of hire or contracting, upon revision, and annually thereafter. (§50.1.3)

YES  NO

### **3. Exclusion List Screenings**

Our organization screens our employees (including temporary workers and volunteers),

consultants and governing body members against the Office of Inspector General (OIG) and General Services Administration (GSA) exclusions list prior to initial hire or contracting and monthly thereafter and have ensured that no persons or entities were found to be on such lists. (§50.6.8)

YES  NO

#### **4. Reporting Mechanisms**

My organization has communicated to employees how to report any suspected or detected noncompliance or potential fraud, waste, or abuse, and that it is their obligation to report without fear of retaliation or intimidation against anyone who reports in good faith.

YES  NO

My organization maintains confidential and anonymous mechanisms for applicable employees to report suspected and detected non-compliance either internally or anonymously. In turn, we report these concerns to the Cooperative when they occur.

YES  NO

#### **5. Offshore Operations**

My organization and/or our Downstream Entities engage in offshore services that involves the receipt, processing, transferring, handling, storing or accessing of Protected Health Information (PHI).

YES  NO

If you answered yes, you are required to complete the Cooperative's Medicare Advantage Offshore Services Attestation for each entity. Please return the completed attestation(s) to [compliance@group-health.com](mailto:compliance@group-health.com).

#### **6. Downstream Entity Oversight**

My organization uses Downstream Entities for Cooperative Advantage business.

YES  NO

If you answered yes, my organization conducts oversight (e.g., monitoring/auditing, obtains annual attestations) to ensure that they comply with all applicable Medicare laws, rules, and regulations that apply to me as a First-Tier Entity, and communicates and requires compliance with Medicare compliance program requirements described in this attestation. (§50.6.6)

YES  NO

#### **7. Operational Oversight**

My organization will remain in compliance with all applicable CMS guidance during the term of the agreement with the Cooperative. We immediately report all suspected or known instances of noncompliance and/or FWA activity to the Cooperative. Our organization includes in its policies and procedures an outline of the process

YES  NO

My organization will, upon request, furnish such information that the Cooperative deems is necessary to validate that the representations made in this attestation are accurate.

YES  NO

### **8. Record Retention and Availability**

My organization understands and agrees to maintain supporting documentation (e.g. training materials, attestations, certificates, OIG and GSA exclusion screening search results, dissemination of COC and/or compliance program policies, reporting mechanisms, etc.) for a period of at least ten (10) years and will, upon request, furnish evidence of the above to the Cooperative, CMS, and/or agent of CMS upon request. (§50.3.2)

YES  NO

### **Attestation Authorization**

I certify, as an authorized representative of my organization, that the statements made above are true and correct to the best of my knowledge. In addition, my organization will furnish evidence, upon request, and understands that the inability to provide this evidence may result in a request by the Cooperative for a Corrective Action Plan (CAP) or other contractual remedies such as contract termination.

<b>Name of Provider/Organization:</b>	
<b>Organization's Authorized Representative (Print Name and Title):</b>	
<b>Organization's Authorized Representative (Phone # and E-mail Address):</b>	
<b>Signature of First-Tier Organization's Authorized Representative:</b>	<b>Date:</b>