Santa Clara Family Health Plan™

First Tier[1], Downstream[2] and Related Entities[3] (FDR) Annual Compliance Attestation

Santa Clara Family Health Plan (SCFHP) is committed to operating a health plan that meets the requirements of all applicable laws and regulations of the Medicare Advantage and Part D programs (MA-PDs), including Medicare-Medicaid Plans (MMPs) (collectively referred to as Medicare Advantage Organizations (MAOs)). As part of an effective compliance program, the Centers for Medicare and Medicaid Services (CMS) requires MAOs to ensure that any FDRs to which the provision of administrative and/or health care services are delegated are also in compliance with applicable laws, regulations and contractual obligations. This attestation confirms your organization's commitment to comply with the CMS requirements[4] and the contractual obligations between SCFHP and your organization. These requirements are listed below and apply to all services your organization, as SCFHP's FDR, provides for SCFHP's MMP. The requirements also apply to any of the Downstream Entities you use for SCFHP's MMP product.

1. Standards of Conduct (SOC), Compliance Program, and compliance policies [check the option that applies]

- ☐ My organization has adopted SCFHP's SOC, Compliance Program, and Compliance Policies. This information is distributed to applicable employees within 90 days of hire, upon revision, and annually thereafter.
- ☐ My organization has established and publicized compliance policies, SOC, Compliance Program, and compliance reference material that meet the requirements set forth by CMS in 42 CFR § 422.503 (b)(4)(vi)(A) and 42 CFR § 423.504(b)(4)(vi)(A). This information is distributed to applicable employees within 90 days of hire, upon revision, and annually thereafter.

2. Fraud, waste, and abuse ("FWA") training from CMS [check the option that applies]

- ☐ My organization's applicable employees, contractors, and FDRs completed CMS' Medicare Learning Network (MLN) "Combating Medicare Parts C & D Fraud, Waste, and Abuse Training" module within 90 days of hire and annually thereafter.
- ☐ My organization has fulfilled the FWA training requirement via another FWA training that incorporates the CMS standardized training offered through the MLN, unmodified, into our existing training materials/systems as outlined by CMS requirements.
- ☐ My organization has fulfilled the FWA training requirement using its own internally-developed training program. A copy of the FWA training program has been delivered to SCFHP for review and approval that it was met the CMS standard.

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[1] First Tier Entity is any party that enters into a written arrangement, acceptable to CMS, with an MAO or applicant to provide administrative services or healthcare services to a Medicare eligible individual under the Medicare Advantage program or Part D program. (See, 42 C.F.R. §§ 422.500 & 423.501)

[2] Downstream Entity is any party that enters into a written arrangement, acceptable to CMS, with persons or entities involved with the Medicare Advantage benefit or Part D benefit, below the level of the arrangement between a Medicare Advantage Organization or applicant or a Part D plan sponsor or applicant and a first tier entity. These written arrangements continue down to the level of the ultimate provider of both health and administrative services. (See, 42 C.F.R. §§ 422.500 & 423.501)

[3] A Related Entity is any entity that is related to an MAO or Part D sponsor by common ownership or control and: (1) Performs some of the MAO or Part D plan sponsor's management functions under contract or delegation; (2) Furnishes services to Medicare enrollees under an oral or written agreement; or (3) Leases real property or sells materials to the MAO or Part D plan sponsor at a cost of more than $2,500 during a contract period. (See, 42 C.F.R. §423.501).

[4] CMS's guidance for MAOs are published in: Pub. 100-18, Medicare Prescription Drug Benefit Manual, Chapter 9 and in Pub. 100-16, Medicare Managed Care Manual, Chapter 21.

- ☐ My organization is "deemed" to have met the FWA training requirement through enrollment into Parts A or B of the Medicare program or through accreditation as the supplier of durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS).

3. General compliance training from CMS
[check the option that applies]

- ☐ My organization's applicable employees, contractors and FDRs completed CMS's MLN "Medicare Parts C & D General Compliance Training*"* module within 90 days of hire and then annually thereafter.
- ☐ My organization has fulfilled the general compliance training via another general compliance training that incorporates the CMS MLN general compliance training, unmodified, into our existing training materials/systems. Such training was completed within 90 days of hire and annually thereafter.
- ☐ My organization has fulfilled the general compliance training requirement using its own internally-developed training program. A copy of the general compliance training program has been delivered to SCFHP for review and approval that it was met the CMS standard.

4. Office of Inspector General (OIG), List of Excluded Individuals/Entities (LEIE) and General Services Administration's System for Award Management (SAM) Excluded Parties List System (EPLS) (collectively "exclusion screening")
[check the option that applies]

- ☐ My organization screens all employees, temporary staff, board members, volunteers, interns, contractors, vendors, providers, and FDRs against the US Department of Health & Human Services OIG, LEIE, and SAM EPLS exclusion lists prior to hire, appointment, or contracting and monthly thereafter. My organization withdraws any candidates from the hiring process and/or removes any person/entity from work or contracting on SCFHP's MMP product if found on these lists. My organization will report any potential issues to SCFHP's Compliance Officer immediately upon identification of an excluded individual.
- ☐ My organization does not currently perform exclusion screening prior to hire/contract and/or monthly thereafter. Within 60 days of receipt of this form, and monthly thereafter, a check will be done to confirm that all employees, temporary staff, board members, volunteers, interns, contractors, vendors, providers, and FDRs are not excluded from participation in Federally-funded health care programs pursuant to the exclusion lists identified above. My organization will remove any person/entity from work on SCFHP's MMP product if found on these lists. My organization will report any potential issues to SCFHP's Compliance Officer immediately upon identification of an excluded individual.

5. Reporting mechanisms
[check all that apply]

- ☐ My organization communicated to applicable employees how to report suspected or detected non-compliance or potential FWA, and that it is their obligation to report without fear of retaliation or intimidation against anyone who reports in good faith. **AND**
- ☐ In turn, we report these issues to SCFHP, whenever the potential non-compliance or FWA impacts SCFHP's members, business operations and/or SCFHP's community reputation. **OR**
- ☐ My organization requests applicable employees report concerns directly to SCFHP.

6. Offshore operations
[check the option that applies]

For any work my organization performs that involves the receipt, processing, transferring, handling, storing or accessing of protected health information ("PHI"),

- ☐ My organization doesn't conduct the work offshore **and** doesn't have Downstream Entities that conduct the work offshore.
- ☐ My organization conducts some or all delegated work offshore (ourselves or through a Downstream Entity) but has submitted SCFHP's Offshore Services Attestation form and obtained approval from SCFHP's Compliance Officer to do so.
- ☐ My organization conducts some or all delegated work offshore (ourselves or through a Downstream Entity). My organization is not aware of the Offshore Services Attestation form and has not obtained approval from SCFHP's Compliance Officer to do so.

7. Downstream Entity oversight
[check the option that applies]

- ☐ My organization doesn't use Downstream or Related Entities for SCFHP's delegated functions.
- ☐ My organization uses Downstream or Related Entities for SCFHP's delegated functions and conducts robust oversight to ensure that the Downstream or Related Entities comply with all the requirements described in this attestation (e.g. SOC, Compliance and FWA training, reporting mechanisms, exclusion screening, etc.) and any applicable laws, rules, and regulations, including flow-through contractual obligations.

8. Operational oversight
[check the option that applies]

- ☐ My organization conducts internal monitoring, oversight, and auditing of the services that we perform for SCFHP's MMP to ensure that compliance is maintained with applicable laws, rules, and regulation. All documentation associated with monitoring and auditing activities is maintained pursuant to the record retention timeframes identified in Section 9 below.
- ☐ My organization does not conduct internal monitoring, oversight, and/or auditing of the services that we perform for SCFHP's MMP to ensure that compliance is maintained with applicable laws, rules, and regulation. My organization will develop the required monitoring and auditing program and notify SCFHP's Compliance Officer when that program has been fully implemented.

9. Record retention and availability

- ☐ My organization understands and agrees to maintain supporting documentation for a period of not less than ten (10) years after the termination of SCFHP's 3-way contract with CMS and DHCS or the conclusion of any regulatory audits that may extend beyond the 10 years, whichever is later. My organization will furnish evidence of the above to SCFHP, CMS, DHCS, and/or any other authorized regulatory agency or agent upon request or audit.

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I certify that as an authorized representative of my organization that the statements made above are true and correct to the best of my knowledge. Also, my organization agrees to maintain documentation supporting the statements made above. My organization will maintain this documentation in accordance with federal regulations, which is no less than ten (10) years after the termination of SCFHP's 3-way contract with CMS and DHCS or the conclusion of any regulatory audits that may extend beyond the 10 years, whichever is later. My organization will produce all evidence associated this attestation, upon request and/or audit by SCFHP or any regulatory agency. My organization understands that the inability to produce this evidence may result in the issuance of a corrective action plan (CAP) or other contractual remedies, up to and including contract termination.

FDR Annual Compliance Attestation	
Authorized Representative Printed Name and Title:	Signature of Authorized Representative:
Date of Signature:	Organization Name:
Organization Mailing Address:	Tax ID# or Employer ID#:
Phone Number:	Email Address: