

Santa Clara Family Health Plan (SCFHP) is committed to operating a health plan that meets the requirements of all applicable laws and regulations. As part of an effective compliance program, the Centers for Medicare and Medicaid Services (CMS) requires Delegated Entities of SCFHP 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 the commitment of your organization to comply with said laws, regulations, and contractual obligations. The requirements are listed below and apply to all services your organization – and your organization’s Subcontractors – provides for SCFHP.

**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 and procedures. 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]**

- ☐ Applicable employees, contractors, and Subcontractors of my organization have completed the 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 and systems as required by CMS.
- ☐ 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 was received confirming that it met CMS standards.
- ☐ 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]**

- ☐ Applicable employees, contractors, and Subcontractors of my organization have completed the CMS 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 and 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 was received confirming that it met CMS standards.

**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 called exclusion screening)**

**[check the option that applies]**

- ☐ My organization screens all employees, temporary staff, board members, volunteers, interns, contractors, vendors, providers, and Subcontractors against the US Department of Health and Human Services OIG, LEIE, and SAM EPLS exclusion lists prior to hiring, appointing, 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 programs if found on these lists. My organization will report any potential issues to the SCFHP Compliance Officer immediately upon identification of an excluded individual.
- ☐ My organization does not currently perform exclusion screening prior to hiring, appointing, or contracting, and 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 Subcontractors 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 programs if found on these lists. My organization will report any potential issues to the SCFHP 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 members, business operations and/or SCFHP's community reputation. **OR**
- ☐ My organization requests applicable employees report concerns directly to SCFHP.

**6. Disclosure of information on Subcontractors**

**[check the option that applies]**

- ☐ My organization does not use Subcontractors for SCFHP's delegated functions.
- ☐ My organization uses Subcontractors for SCFHP's delegated functions has completed and returned the [Subcontractor form](#), and has ensured the required language is included in Subcontractor agreement(s).

**7. Subcontractor oversight****[check the option that applies]**

- ☐ My organization does not use Subcontractors for SCFHP's delegated functions.
- ☐ My organization uses Subcontractors for SCFHP's delegated functions and conducts robust oversight to ensure that the Subcontractors 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 programs to ensure that compliance is maintained with applicable laws, rules, and regulations. All documentation associated with monitoring and auditing activities is maintained pursuant to the record retention timeframes identified in Section 10 below.
- ☐ My organization does not conduct internal monitoring, oversight, and/or auditing of the services that we perform for SCFHP's programs to ensure that compliance is maintained with applicable laws, rules, and regulations. My organization will develop the required monitoring and auditing program and notify the SCFHP Compliance Officer when the program has been fully implemented.

**9. 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 does not conduct the work offshore **and** does not have Subcontractors that conduct the work offshore.
- ☐ My organization conducts some or all delegated work offshore (ourselves or through a Subcontractor) but has submitted SCFHP's [Offshore Services Attestation Form](#) and obtained approval from the SCFHP Compliance Officer.
- ☐ My organization conducts some or all delegated work offshore (ourselves or through a Subcontractor).
- ☐ My organization is not aware of the [Offshore Services Attestation Form](#) and has not obtained approval from the SCFHP Compliance Officer.

**10. 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, 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 any other authorized regulatory agency or agent upon request or audit.

I certify that as an authorized representative of my organization, 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, DHCS and SCFHP, or the conclusion of any regulatory audits that may extend beyond the 10 years, whichever is later. My organization will produce all evidence associated with 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.

<b>Annual Compliance Attestation</b>	
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: