



## First Tier Entity Compliance Program Attestation Form

**Entity Name:**

Lines of Business Associated:

I hereby attest to the following:

**I. Standards of Conduct and Conflicts of Interest**

We/I as a First Tier Entity attest to have adopted and implemented Standards of Conduct or have adopted IEHP's Code of Business Conduct and Ethics, for our board members, employees, temporary employees, volunteers/interns, and downstream entities. The adopted Standards of Conduct is distributed to board members, employees, temporary employees, volunteers/interns, and downstream entities within 90 days of hire or contracting and annually thereafter and documentation of distribution and receipt is maintained. We/I further attest to identify and addresses conflicts of interest for board members, employees, temporary employees, volunteers/interns, and downstream entities on at least an annual basis and maintains documentation of all conflict of interest questionnaires, responses, and follow-up activities.

**II. General Compliance and Fraud, Waste, and Abuse (FWA) Training**

We/I attest that our board members, employees, temporary employees, volunteers/interns, and downstream entities received General Compliance Training (including HIPAA) and FWA Training within 90 days of hire or contracting and annually thereafter. I attest that certificates or documentation of training completion, such as certificates of completion, training logs, system generated reports, spreadsheets, and other training records (including the following details: employee names, dates, attendance, topic, and test scores, if any) are maintained for a period of ten years. I hereby attest that my organization has fulfilled at least one of the three options below to ensure satisfaction with the general compliance and FWA training requirement:

1. Completion of the web-based general compliance and/or FWA training modules located on the CMS MLN. Upon completion of the training, the system generated a MLN certificate of completion.
2. Incorporation of the content of the CMS standardized training modules from the CMS website into the organization's existing compliance training materials/systems, and completion of the training. The CMS training content was not modified to ensure the integrity and completeness of the training.
3. Incorporation of the content of the CMS training modules into written documents for providers (e.g. Provider Guides, Participation Manuals, Business Associate Agreements, etc.).

**III. Records Management**

We/I attest that all records related to the administration or delivery of benefits to IEHP Members and delegated activities are maintained for a period of no less than 10 years.

**IV. Regulatory Exclusion Monitoring**

We/I attest that our organization nor any employees of the organization have been excluded from participation in Federal or State healthcare programs and are not named on Federal or State published exclusionary lists, including but not limited to The Department of Health & Human Services (DHHS) Office of Inspector General (OIG) List of Excluded Individuals and Entities List (LEIE), General Services



## First Tier Entity Compliance Program Attestation Form

Administration (GSA) Excluded Parties Lists System (EPLS) System of Award Management (SAM), California Department of Health Care Services (DHCS) Medi-Cal Suspended and Ineligible List, CMS Preclusion List (collectively “Exclusionary Lists”). In the event the organization or an employee of the organization appears on an Exclusionary List or is otherwise not eligible to participate in the Medi-Cal and/or Medicare programs, the First Tier Entity shall notify IEHP within five (5) business days and shall ensure that the employee does not participate in the care or services provided to IEHP or IEHP Members.

We/I attest to conduct regulatory exclusion screening of all board members, employees, temporary employees, volunteers/interns, and downstream entities against The Department of Health & Human Services (DHHS) Office of Inspector General (OIG) List of Excluded Individuals and Entities (LEIE), General Services Administration (GSA) Excluded Parties Lists System (EPLS) System of Award Management (SAM), California Department of Health Care Services (DHCS) Medi-Cal Suspended and Ineligible Provider List, and the CMS Preclusion List upon initial hire or contracting and at least monthly thereafter and maintains evidence of all screening activities and results.

We/I attest to immediately remove any board members, employees, volunteers/interns, and downstream entities responsible for the administration or delivery of benefits to IEHP Members, found on the OIG LEIE, GSA EPLS/SAM lists, DHCS Medi-Cal Suspended and Ineligible Provider List, and/or the CMS Preclusion List from any work related (directly or indirectly) to Federal and/or State health care programs. Additionally, any exclusion is identified, the First Tier Entity, ensures payments are not made to the individual or entity on or after the effective date of action.

**V. Monitoring of Downstream Entities**

We/I attest that my organization monitors the compliance of the entities with which my organization contracts (IEHP’s “downstream” entities).

**VI. Offshore Subcontracting (Medicare Only)**

Subcontracting that involves receiving, processing, transferring, handling, storing, or accessing Personal Health Information (PHI) to an offshore location (see Offshore Subcontracting Attestation for definition) requires notice to IEHP. First Tier entities must complete and return Offshore Subcontractor Attestation, attached hereto as **Attachment A**, within 20 days of entering into or amending any agreement with an Offshore Subcontractor and annually thereafter.

We/I attest to having read and agree to this section and Attachment A.

**VII. FDR Headquarters**

We/I attest the First Tier Entity is headquartered at the following address:

**Headquarters Address:**

**VIII. Reporting**

We/I agree to report suspected violations of any laws and regulations to IEHP and understand that any such violation is grounds for disciplinary action, up to and including termination of my contractual



## First Tier Entity Compliance Program Attestation Form

status. We/I am aware that I am protected from retaliation for False Claims Act complaints, as well as any other applicable anti-retaliation protections.

**IX. Comments**

If you are unable to attest to any of the statements above, please use the space below to provide an explanation.

Unless otherwise noted in the space immediately above, We/I am not aware of any possible violations of any laws and regulations at this time.

**We/I attest and agree to the above and that documentation to support compliance with this attestation will be made available to IEHP or Federal and/or State regulatory agencies upon request.**

**Name (Print):** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Organization/Entity Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

**Date:** \_\_\_\_\_

### Attestation Form Submission Instructions

This Attestation Form must be signed by an individual with the authority to sign on behalf of the First Tier Entity and to attest to the accuracy and completeness of the information provided. Timely submission is a condition of continued contracting. Please submit the completed Attestation Form within 14 days of receipt using **any one of the following methods:**

1. **Email:** Scan and email the signed Attestation Form to the IEHP Compliance Department at: [Compliance@iehp.org](mailto:Compliance@iehp.org)
2. **Mail To:**  
Attn: IEHP Compliance Department  
Inland Empire Health Plan  
PO Box 1800  
Rancho Cucamonga, Ca 91729
3. **Fax To:** 909-477-8536

**Attachment A**

**Offshore Subcontracting Attestation**

<b>Name of Entity:</b>	
<b>Please enter your name, your title and the date that you completed this attestation:</b>	
<b>Name:</b>	
<b>Title:</b>	
<b>Signature:</b>	
<b>Date:</b>	
<p><b>Do You Utilize Offshore Subcontractors?*</b></p> <p><b>* CMS Defines An Offshore Subcontractor As:</b> The term “subcontractor” refers to any organization that a Medicare Advantage Organization or Part D Sponsor contracts with to fulfill or help fulfill requirements in their Part C and/or Part D contracts. Subcontractors include all first tier, downstream, and/or related entities. The term “offshore” refers to any country that is not one of the fifty United States or one of the United States Territories (American Samoa, Guam, Northern Marianas, Puerto Rico, and Virgin Islands). Examples of countries that meet the definition of “offshore” include Mexico, Canada, India, Germany, and Japan. Subcontractors that are considered offshore can be either American-owned companies with certain portions of their operations performed outside of the United States or foreign-owned companies with their operations performed outside of the United States. Offshore subcontractors provide services that are performed by workers located <u>in</u> offshore countries, regardless of whether the workers are employees of American or foreign companies</p>	
<p><b>We engage in offshore subcontracting that involves receiving, processing, transferring, handling, storing, or accessing Personal Health Information (PHI).</b></p> <p><b>*If YES, continue completing the form below.</b></p> <p><b>** If “No”, the survey is complete. Please return a copy to:</b></p> <p><b>IEHP Compliance Department</b>  <b>Email: <a href="mailto:Compliance@iehp.org">Compliance@iehp.org</a></b>  <b>Mail: IEHP Compliance Department, PO Box 1800 Rancho Cucamonga, Ca 91729</b>  <b>Fax: 909-477-8536</b></p> <p><b>Reminder:</b> If a new offshore subcontractor is added, the full document must be submitted.</p>	



# First Tier Entity Compliance Program Attestation Form

## Offshore Subcontracting Attestation, continued

Part I. Offshore Subcontractor Information	
<b>Offshore Subcontractor Name:</b>	
<b>Offshore Subcontractor Country:</b>	
<b>Offshore Subcontractor Address:</b>	
<b>Describe Offshore Subcontractor Functions:</b>	
<b>State Proposed or Actual Effective Date for Offshore Subcontractor:</b>  (MONTH DAY, YEAR: Example January 15, 2009)	

Part II. Precautions for Protected Health Information (PHI)	
<b>Describe the PHI that will be provided to the Offshore Subcontractor:</b>	
<b>Discuss why providing PHI is necessary to accomplish the Offshore Subcontractor objectives:</b>	
<b>Describe alternatives considered to avoid providing PHI, and why each alternative was rejected:</b>	



## First Tier Entity Compliance Program Attestation Form

<b>Part III. Attestation of Safeguards to Project Beneficiary Information in the Offshore Subcontract</b>		
<b>Item</b>	<b>Attestation</b>	<b>Response (Yes or No)</b>
I.1.	Offshore subcontracting arrangement has policies and procedures in place to ensure that Medicare beneficiary protected health information (PHI) and other personal information remains secure.	
I.2.	Offshore subcontracting arrangement prohibits subcontractor's access to Medicare data not associated with the sponsor's contract with the offshore subcontractor.	
I.3.	Offshore subcontracting arrangement has policies and procedures in place that allow for immediate termination of the subcontract upon discovery of a significant security breach.	
I.4.	Offshore subcontracting arrangement includes all required Medicare Parts C & D language (e.g., record retention requirements, compliance with all Medicare Parts C & D requirements, etc.)	

<b>Part IV. Attestation of Audit Requirements to Ensure Protection of PHI</b>	
<b>Attestation</b>	<b>Response (Yes or No)</b>
Organization will conduct an annual audit of the offshore subcontractor.	
Audit results will be used by the Organization to evaluate the continuation of its relationship with the offshore subcontractor.	
Organization agrees to share offshore subcontractors audit results with CMS upon request.	