

First Tierⁱ, Downstream and Related Entities (FDR) Annual Compliance Attestation

CHRISTUS Health Plan 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. As part of an effective compliance program, the Centers for Medicare and Medicaid Services (CMS) requires Medicare Advantage plans to ensure that any FDRs to which the provision of administrative or health care services are delegated are also in compliance with applicable laws and regulations. This attestation confirms your commitment to comply with the Centers for Medicare & Medicaid Services (“CMS”) requirementsⁱⁱ. These requirements are listed below and apply to all services your organization, as CHRISTUS Health Plan’s FDR, provide for CHRISTUS Health Plan’s Medicare products. The requirements also apply to any of the Downstream Entitiesⁱⁱⁱ you use for CHRISTUS Health Plan’s Medicare products^{iv}.

1. Code of Conduct (“COC”) and/or Compliance Policies

- My organization has adopted CHRISTUS Health Plan’s Code of Ethics and Compliance Policies
- My organization has established and publicized compliance policies, Standards of Conduct/COC, 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. CMS’s Fraud, Waste and Abuse (“FWA”) Training

- My organization’s applicable employees and contractors completed CMS’ *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, unmodified, into our existing training materials/systems as outlined by CMS requirements.
- 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).
- My organization developed and utilizes its own FWA training that encompasses all of the required components of the CMS FWA guidelines.

3. CMS’ General Compliance Training

- My organization’s applicable employees and contractors completed *CMS’s Medicare Parts C & D General Compliance Training* module within 90 days of hire and then annually thereafter.
- My organization has fulfilled the training on the Medicare Learning Network (MLN) or was incorporated, unmodified, into our existing training materials/systems.
- My organization developed and utilizes its own general compliance training that encompasses all of the required components of the CMS compliance guidelines.

4. Office of Inspector General (OIG) and General Services Administration’s System for Award Management (SAM) exclusion screening

- My organization screens the US Department of Health & Human Services Office of Inspector General (OIG) and the General Services Administration’s System for Award Management (SAM) exclusion lists prior to hire or contracting and monthly thereafter, for applicable employees and Downstream Entities. My organization removes any person/entity from work on CHRISTUS Health Plan’s Medicare products if found on these lists.

My organization does not currently perform exclusion screening prior to hire and/or or contract and monthly thereafter. Within 60 days of receipt of this form, and monthly thereafter, a check will be done to confirm that employees and contractors are not excluded to participate in Federally-funded health care programs according to the OIG and GSA exclusion lists. My organization will remove any person/entity from work on CHRISTUS Health Plan's Medicare products if found on these lists.

5. Reporting Mechanisms

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.

My organization requests applicable employees report concerns directly to CHRISTUS Health Plan *OR*

My organization maintains confidential and anonymous mechanisms for applicable employees to report internally. In turn, we report these concerns to CHRISTUS Health Plan, when applicable.

6. Offshore Operations

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 do the work offshore, and doesn't have Downstream Entities that do the work offshore. *OR*

My organization does the work offshore (ourselves or through a Downstream Entity) but has submitted CHRISTUS Health Plan's Offshore Services Attestation form and obtained approval from an authorized CHRISTUS Health Plan representative to do so.

7. Downstream Entity Oversight

My organization doesn't use Downstream Entities *OR*

My organization uses Downstream Entities for CHRISTUS Health Plan products and conducts robust oversight to ensure that they comply with all the requirements described in this attestation (e.g. FWA training, OIG and GSA's SAM exclusion screening, etc.) and any applicable laws, rules and regulations.

8. Operational Oversight

My organization conducts internal oversight of the services that we perform for CHRISTUS Health Plan products to ensure that compliance is maintained with applicable laws, rules and regulation.

9. Record Retention and Availability

My organization understands and agrees to maintain supporting documentation for a period of ten years and will furnish evidence of the above to CHRISTUS Health Plan, CMS and/or an agent of CMS upon request.

10. Provider Preclusion List Screening **(Only applicable to Vision and Dental Vendor)**

If applicable, my organization understands and agrees to maintain a monthly log confirming that they are verifying on a monthly basis if any contracted providers are listed on the CMS Preclusion List. Furthermore, if a contracted provider is shown to be on the CMS Preclusion List, my organization will document this finding in the monthly log and make the necessary outreach to CHRISTUS Health Plan members to inform them.

This does not apply to my organization as we do not have contracted providers for CHRISTUS Health Plan.

First Tier^v, Downstream and Related Entities (FDR) Annual Compliance

Attestation

I certify, 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. We'll maintain this documentation in accordance with federal regulations, which is no less than ten (10) years. My organization will produce this evidence, upon request. My organization understands that the inability to produce this evidence may result in a request for a Corrective Action Plan (CAP) or other contractual remedies such as contract termination.

Authorized Representative Printed Name and Title

Signature of Authorized Representative

Date

Organization Name Printed

Organization Mailing Address

Tax ID# (TIN)/Employer ID# (EIN)

Phone Number

Email Address

ⁱ First Tier Entity is any party that enters into a written arrangement, acceptable to CMS, with a Medicare Advantage Organization or Part D plan sponsor 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)

ⁱⁱ CMS's guidance for Medicare Advantage organizations and Part D sponsors are published in both, [Pub. 100-18, Medicare Prescription Drug Benefit Manual, Chapter 9](#) and in [Pub. 100-16, Medicare Managed Care Manual, Chapter 21](#), and are identical in each.

ⁱⁱⁱ 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)

^v First Tier Entity is any party that enters into a written arrangement, acceptable to CMS, with a Medicare Advantage Organization or Part D plan sponsor 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)

Please submit the completed and signed Annual Compliance **Attestation due by July 31 to:** CHPCCompliance@christushealth.org