



Compliance Attestation Form

Health Alliance's commitment to compliance includes ensuring our contracted business partners who are identified as a Delegated Vendor comply with the appropriate Federal and State laws, regulations and agency guidelines.

As part of Health Alliance's oversight of our Delegated Vendors, we require completion of this attestation to validate specific requirements are being met (such as Center for Medicare and Medicaid Services guidelines for Medicare Advantage, Part D and Qualified Health Plans (QHP)).

The attestation is required to be completed within 30 days of contracting and annually thereafter by the Chief Executive Officer, Chief Operating Officer or Compliance Officer.

- ☐ Initial Compliance Attestation Form
☐ Annual Compliance Attestation Form

_____ Attestation Year (for Annual Attestation Form)

I attest our organization is in compliance with the following:

1. Does your organization distribute Standards of Conduct and maintain record of that distribution?
☐ Yes ☐ No
2. Completion of Compliance and FWA training and maintain a record of the completion (e.g. training logs, certificates of completion, system generated reports, spreadsheets). Documentation must include at least the employee names, date of employment, dates of completion and passing scores if captured.
☐ Yes ☐ No
3. The availability of a system to receive reports of suspected misconduct, compliance violations, potential fraud, waste or abuse, possible privacy and/or security incident. Reporting must allow for anonymity and includes a policy for non-retaliation or non-intimidation. The process should include conducting an investigation of these reports and implementing appropriate corrective actions. Reports of noncompliance should be forwarded to Health Alliance.
☐ Yes ☐ No
4. Monthly Federal exclusion list screening and maintain record of timely checks against those lists (i.e. Office of Inspector General (OIG) and General Services Administration (GSA/EPLS) lists).
☐ Yes ☐ No

5. Does your organization conduct internal monitoring and auditing?

☐ Yes ☐ No

6. Do you contract with downstream entities who provide any administrative services listed in your contract with Health Alliance?

☐ Yes ☐ No

7. If No.6 above is yes, does your organization conduct downstream entity monitoring and auditing?

☐ Yes ☐ No

☐ NA. Our organization does not use subcontractors (downstream entities).

8. Does your company use offshore contractors, subcontractors, employees, affiliates and or subsidiaries?

☐ Yes ☐ No

9. If Q8 above is yes, do the administrative services being performed offshore involve Health Alliance data (i.e. receive, process, transfer, handle, store or access member protected health information).

☐ Yes (complete additional form) ☐ No

10. Record retention of 10 years.

☐ Yes ☐ No

11. Compliance with the HIPAA Privacy and Security Rules and any state laws/regulations that affect the services being provided.

☐ Yes ☐ No

Name of CEO, COO or Compliance Officer

Company/Facility Name

Signature

Date