



## Compliance Attestation Form

Health Alliance’s commitment to compliance includes ensuring our contracted provider partners who are considered First Tier, Downstream and Related Entities (FDRs) under our Medicare Advantage (MA) program or Delegated Vendor under our Qualified Health Plan program (hereafter called Delegated Vendors) comply with the Center for Medicare and Medicaid Services (CMS) guidelines for the services provided on our behalf.

As part of Health Alliance’s oversight of our Delegated Vendors, we require completion of this attestation to validate our Delegated Vendors have met the CMS requirements. The attestation is requested to be completed within 90 days of contracting and annually thereafter by the Chief Executive Officer, Chief Operating Officer or Compliance Officer.

I attest our organization is in compliance with the following:

1. Distribution of Standards of Conduct and maintain record of that distribution.
2. Completion of Compliance and Fraud, Waste and Abuse (FWA) training and maintaining a record of 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.
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.
4. Monthly Federal exclusion list screening and maintaining record of timely checks against those lists (i.e. OIG and GSA lists).
5. Internal and downstream entity monitoring and auditing.
6. Record retention of 10 years.
7. Compliance with the HIPAA Privacy and Security Rules and any state laws/regulations that affect the services being provided.

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Name of CEO, COO or Compliance Officer

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TIN

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Company/Facility Name

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City, State

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Signature

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Date