

Medicare Compliance Attestation 2017-2018



Providers, facilities, vendors, and contractors and the employees (temporary, part-time, full-time, and/or volunteer) of these entities who conduct work on behalf of or contract with Moda Health Plan, Inc.'s ("Moda Health") Medicare Advantage (Part C) and Prescription Drug (Part D) plans (each a "Delegate", collectively the "Delegates") must annually attest that they meet all regulations set by the Centers for Medicare and Medicaid Services ("CMS") and obligations of their contracts with Moda Health.

By completing the attestation below, **you**, *the authorized representative of the Delegate*, confirm its adherence to the requirements set forth below. Please complete each section of this attestation by selecting the appropriate box. After making your selections, you must sign and date the attestation and return it to Moda Health according to the instructions listed on page 5. Failure to complete and return this attestation may result in penalties, including but not limited to, the forfeiture of the ability to work with Medicare beneficiaries on behalf of Moda Health.

For more information on the requirements and obligations listed in this attestation, please reference the appendix located at the end of this document, visit our website at <https://www.modahealth.com/compliance>, or contact delegatecompliance@modahealth.com.

Section 1: Compliance Program, Compliance Policies & Procedures, and Code of Conduct

Please select one:

- I attest the Delegate has reviewed and provided to its employees Moda Health's Medicare Compliance Plan, Code of Conduct, compliance policies and procedures including, but not limited to, the FDR Policy, the Record Retentions Policy, the Fraud, Waste, and Abuse (FWA) Policy, and the Medicare Compliance Program Policy available at <https://www.modahealth.com/compliance>. [42 C.F.R. §§ 422.503(b)(4)(vi)(A), 423.504(b)(4)(vi)(A)]
- I attest the Delegate has its own internal code of conduct and policies and procedures that are equivalent to those provided by Moda Health and consistent with the requirements set forth by CMS. Additionally, I am aware that the Delegate is required to provide copies of its code of conduct and/or policies and procedures at Moda Health's request. [42 C.F.R. §§ 422.503(b)(4)(vi)(A), 423.504(b)(4)(vi)(A)]
- I attest the Delegate is not in compliance with the above listed regulations and/or obligations set forth by CMS and Moda Health.

Continued on next page

Section 2: Fraud, Waste, and Abuse and General Compliance Training

Please select one:

- I attest the Delegate has fulfilled the Fraud, Waste and Abuse (FWA) and General Compliance training requirement via the CMS Fraud, Waste and Abuse (FWA) and General Compliance training modules located on the Medicare Learning Network (MLN) Learning Management System (LMS) at <https://learner.mlnlms.com>. (**NOTE:** An MLN account must be created to access the CMS trainings).
[42 CFR §§ 422.503(b)(4)(vi)(C)(1-3), 423.504(b)(4)(vi)(C)(1-3)]
- I attest the Delegate has fulfilled the FWA and General Compliance training requirement by administrating training that incorporated the content of the CMS standardized training modules (available at the website listed above) into its own compliance training materials/systems. Furthermore, I attest that the Delegate can produce records evidencing completion of said training. [42 CFR §§ 422.503(b)(4)(vi)(C)(1-3), 423.504(b)(4)(vi)(C)(1-3)]
- I attest the Delegate will fulfill the FWA and General Compliance training requirement by the end of 2017 but has not completed this requirement as of the date of this attestation. Further, I attest that delegate will administer training via the website listed above or via training that incorporates the content of the CMS standardized training modules (available at the website listed above) into its own compliance training materials/systems. Furthermore, I attest that the Delegate will be capable of producing records evidencing the completion of said training. [42 CFR §§ 422.503(b)(4)(vi)(C)(1-3), 423.504(b)(4)(vi)(C)(1-3)]
- I attest the Delegate has not and cannot fulfill the above listed regulations and/or obligations set forth by CMS and Moda Health.
-

Section 3: Reporting Mechanisms & Disciplinary Standards

Please select one:

- I attest that the Delegate is aware of the mechanisms available for reporting instances of potential fraud, waste and abuse (FWA) and/or non-compliance to Moda Health including, but not limited to, the following:
- Medicare Compliance Department
 - Email: delegatecompliance@modahealth.com or medicarecompliance@modahealth.com
 - Phone: 855-801-2991
 - Special Investigations Unit (SIU)
 - Email: stopfraud@modahealth.com
 - Phone: 855-801-2991
 - Anonymous Hotline and Website administered by EthicsPoint, a confidential third party
 - Hotline Phone: 866-294-5591
 - Website: www.ethicspoint.com

Additionally, the Delegate is aware Moda Health prohibits retaliation against anyone who reports suspected non-compliance in good faith, and the Delegate has provided notice throughout its facilities of the duty to report any observed or suspected non-compliance or FWA. Furthermore, I attest that the Delegate will utilize one or more of the methods listed above to report potential FWA or compliance issues to Moda Health in the event one arises (see appendix). [42 CFR §§ 422.503(b)(4)(vi)(D), 423.504(b)(vi)(D)]

- I attest the Delegate is not in compliance with the above listed regulations and/or obligations set forth by CMS and Moda Health.

Continued on next page

Section 4: Sub-Delegation Contracts

Please select one:

- I attest the Delegate will notify and obtain approval from Moda Health prior to entering into any contract which serves to transfer (sub-delegate) an obligation of the Delegate under its contract with Moda Health to a third party (a "Sub-Delegate"). Further, I attest that the Delegate will ensure that any Sub-Delegate contract includes a provision(s) requiring Sub-Delegate abide by the same restrictions and obligations that apply to the Delegate under the terms of its contract with Moda Health. Delegate will make any such contracts available upon request to Moda Health for review to ensure that all Medicare related requirements are included.

If Delegate currently delegates any of its obligations under its Moda Health contract to a Sub-Delegate, please list the name of the Sub-Delegate, the sub-delegated functions and the date the sub-delegation commenced. If Delegate does not sub-delegate, leave table below blank.

Sub-Delegate Name	Sub-Delegated Functions	Sub-Delegation Date

- I attest the Delegate is not in compliance with the above listed regulations and/or obligations set forth by CMS and Moda Health.

Section 5: Offshore Activities

Please select one:

- I attest that the Delegate does not utilize any offshore services or sub-delegate to any offshore entity. In the event that the Delegate seeks to sub-delegate an obligation under its contract with Moda Health, I attest that the Delegate will abide by the offshore requirements listed in the Appendix and as revised from CMS from time to time. The Delegate is required to complete a separate Offshore Attestation providing additional details of any engagement in offshore subcontracting that involves receiving, processing, transferring, handling, storing or accessing beneficiary protected health information (PHI) in oral, written, or electronic form.
- I attest that the Delegate utilizes offshore services for its own operations or through a sub-delegation agreement and that it has complied with the offshore requirements listed in its contract with Moda Health and the Appendix.
- I attest the Delegate is not in compliance with the above listed regulations and/or obligations set forth by CMS and Moda Health.

Continued on next page

Section 6: OIG and GSA Screening

For Provider Groups and Facilities:

Please select one:

- I attest the Delegate has mechanisms in place to review the Office of the Inspector General (OIG) and General Services Administration (GSA) exclusion lists upon initial hire and monthly thereafter to ensure that no employee, temporary employee, volunteer, consultant, governing body member responsible for administering or delivering Medicare benefits is excluded from federal health care programs and (ii) if the Delegate identifies an employee as being on such list(s), the Delegate will immediately remove the employee from any work related directly or indirectly to any Federal health care program and take appropriate corrective action, including notifying Moda Health. Delegate will retain documentation to show that Delegate conducted the required review of the exclusion lists. This information must be available upon request by Moda Health or CMS and records should be maintained for a minimum of 10 years. [42 C.F.R. § 1001.1901]

- I attest the Delegate is not in compliance with the above listed regulations and/or obligations set forth by CMS and Moda Health.

- OR -

For Individual Providers Only:

Please select one:

- I attest that I am not excluded to participate in federally-funded health care programs according to the OIG and GSA exclusion lists. [42 C.F.R. § 1001.1901]

- I am excluded from participating in a federally-funded health care programs according to the OIG and/or GSA exclusion lists and shall remove myself from any work related directly or indirectly to federal health care programs, notify Moda Health immediately for appropriate corrective action or other contractual remedies such as contract termination.

Continued on next page

Section 7: Delegate Information and Attestation Signature

I, the undersigned, certify that the statements above are true and correct to the best my knowledge. Further, I attest that I am an authorized representative for the Delegate listed below and confirm that the Delegate will maintain supporting documentation for a period of ten years to be furnished to Moda Health, the Comptroller General, or CMS upon request.

Delegate Information		
Name¹		
Address		
Phone		
Tax ID & NPI (if applicable)	Tax ID	
	NPI	
Authorized Representative Information		
Name		
Title		
Email		
Phone		

X _____
Authorized Representative Signature

Date



Have you completed all seven (7) Sections above? Did you sign and date this attestation? If yes, please send the completed attestation to Moda Health via the email, fax or mailing address listed below:

Email: providerattestation@modahealth.com

Fax: 503-243-3964

Mail: Moda Health Plan
 Attn: Provider Relations
 601 SW Second Avenue
 Portland, Oregon 97204-3156

¹ If you are completing this attestation on behalf of multiple providers within a provider group with multiple Tax IDs/NPIs, please fill out the Supplemental Provider Information Sheet (page 6) or attach a list of the provider names, Tax IDs, and NPIs that this attestation covers.

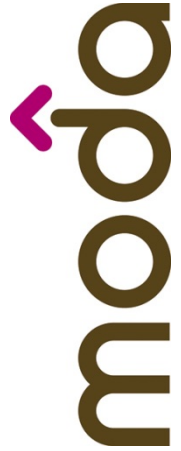
Supplemental Provider Information



NOTE: If you have more providers than the space above allows, please attach additional pages with a full list of providers.

Provider Group Name		Provider Name		NPI (10 digits)	Tax ID (9 digits)
First Name	Last Name				
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					

Appendix



Compliance Program Guidelines

[42 CFR §§ 422.503(b) (4)(vi), 423.504(b)(4)(vi)]

CMS publishes Medicare compliance program requirements in the Medicare Managed Care Manual (MMCM), Chapter 21, and the Prescription Drug Benefit Manual (PDBM), Chapter 9. The Medicare compliance program requirements apply equally to the plan sponsor, Moda Health, and any individual/entity with which Moda Health contracts for services related to the Medicare Advantage (Part C) and Prescription Drug (Part D) program. These individuals/entities are classified as either a First Tier, Downstream, or Related entity (FDR). Moda Health refers to these entities as “Delegates”. Definitions for First Tier, Downstream, and Related Entities these terms can be found in the above referenced chapters at the following website: <http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/mc86c21.pdf>.

Compliance Program, Compliance Policies, Compliance Information, and Code of Conduct

[42 CFR §§ 422.503(b)(4)(vi)(A), 423.504(b)(4)(vi)(A)]

All Delegates who contract with Moda Health’s the Medicare Advantage (Part C) and/or Prescription Drug (Part D) Program must either (1) abide by the Moda Health’s Code of Conduct and policies and procedures, or (2) adopt an internal code of conduct and policies and procedures consistent with the CMS requirements outlined in Section 50.1.1 of the Medicare Managed Care Manual (MMCM), Chapter 21, and the Prescription Drug Benefit Manual (PDBM), Chapter 9.

A code of conduct states over-arching principles and values by which a Delegate operates and defines the underlying framework for compliance policies and procedures. The code of conduct must provide the standards by which individuals must conduct themselves, including the responsibility to perform duties in an ethical manner and in compliance with laws, regulations, and policies and procedures whether or not explicitly addressed in the code of conduct.

The code of conduct, or supplemental policies and procedures should include provisions to ensure those responsible for the administration of Medicare benefits are free from conflicts of interest. Conflicts of interest are created when an activity or relationship renders a person unable or potentially unable to provide impartial assistance or advice, impairs his/her objectivity, or provides him/her with an unfair competitive or monetary advantage.

Additionally, the code of conduct or supplemental policies and procedures must include provisions requiring employees (which includes temporary, part-time, full-time, and volunteers) and contractors to report issues of non-compliance and potential fraud, waste, and abuse (FWA) to appropriate compliance personnel. The code of conduct and supplemental policies and procedures must be reviewed annually and made available to all employees and contractors. Delegate should ensure that all employees and contractors agree to abide by the code of conduct and keep record of these acknowledgements.

Compliance and Fraud, Waste and Abuse (FWA) Training

[42 CFR §§ 422.503(b)(4)(vi)(C)(1-2), 423.504(b)(4)(vi)(C)(1-3)]

All Delegates who support the Medicare Advantage (Part C) and/or Prescription Drug (Part D) Program on behalf of Moda Health must complete annual fraud, waste, and abuse (FWA) and general compliance training. Delegates may use the training published by CMS located on the Medicare Learning Network (MLN) website (<http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/ProviderCompliance.html>). Or, each Delegate can incorporate the content of the CMS standardized training modules from the CMS website its existing compliance training materials/systems.

This training requirement applies to each Delegate’s employees (including temporary, part-time, full-time, and/or volunteer staff), contractors, and/or subcontractors who conduct work with Medicare beneficiaries. The training must be completed within 90 days of an employee’s hire/contracting date and annually thereafter.

The Delegate must maintain a copy of either (1) the CMS MLN training completion certificate, or (2) internally generated training reports and supporting documentation to evidence the completion of the training. Documentation may include an electronic or printed version of the training administered and certificates of completion, attendance logs, and/or training software reports. This documentation must be maintained by the Delegate for a minimum of 10 years and be available upon request by Moda Health, the Comptroller General, or CMS.

Reporting Mechanisms and Disciplinary Standards

[42 CFR §§ 422.503(b)(4)(vi)(D), 423.504(b)(4)(vi)(D)]

[42 CFR §§, 422.503(b)(4)(vi)(E)(1-3), 423.504(b)(4)(vi)(E)(1-3)]

A Delegate and its employees (temporary, part-time, full-time, and/or volunteer staff), contractors and/or subcontractors who conduct work with Medicare beneficiaries on behalf of Moda Health must provide notice throughout its facilities of the duty to report any observed or suspected non-compliance or potential fraud, waste, or abuse (FWA). The notice must provide mechanisms to report any observed or suspected non-compliance and/or potential FWA and should include a 24 hour, anonymous reporting option. The Delegate may utilize an independent third-party to provide an anonymous reporting option for employees. Notices should include reference to the Delegate's non-intimidation and non-retaliation policy for employees, contractors, and/or subcontractors who report compliance and/or FWA concerns in good faith.

If the Delegate does not have reporting mechanisms consistent with CMS requirements, the Delegate should provide Moda Health's reporting mechanisms, including the following:

- **Medicare Compliance Department**
 - Email: delegatecompliance@modahealth.com or medicarecompliance@modahealth.com
 - Phone: 855-801-2991
- **Special Investigations Unit (SIU)**
 - Email: stopfraud@modahealth.com
 - Phone: 855-801-2991
- **Anonymous Hotline and Website administered by EthicsPoint, a confidential third party**
 - Hotline Phone: 866-294-5591
 - Website: www.ethicspoint.com

OIG and GSA Screening

[42 CFR § 1001.1901]

A Delegate and its employees (temporary, part-time, full-time, and/or volunteer staff), contractors and/or subcontractors who provide administrative and/or healthcare support to Medicare beneficiaries on behalf of Moda Health are prohibited from employing or contracting with persons or entities that have been excluded from doing business with the federal government. Upon hiring/contracting and monthly thereafter, Delegates are required to verify that their employees are not excluded by comparing them against the Office of the Inspector General (OIG) List of Excluded Individuals and Entities (LEIE), and the General Services Administration (GSA) and Excluded Parties List System (EPLS).

No payment will be made by Moda Health, Medicare, Medicaid or any other Federal or State health care programs for any item or service furnished on or after the effective date specified in the notice period by an excluded individual or other authorized individual who is excluded when the person furnishing such item or service knew or had reason to know of the exclusion.

To assist you with implementation of your OIG/GSA Exclusion process, links to the OIG and GSA exclusion websites and descriptions of the lists are below.

Excluded Party List System (EPLS) – www.sam.gov

This list is maintained by the General Services Administration (GSA), now a part of the System for Awards Management (SAM). The EPLS is an electronic, web-based system that identifies those parties excluded from receiving Federal contracts, certain subcontracts, and certain types of Federal financial and non-financial assistance and benefits. The EPLS keeps its user community aware of administrative and statutory exclusions across the entire government, and individuals barred from entering the United States.

List of Excluded Individuals and Entities (LEIE) – <http://exclusions.oig.hhs.gov>

This list is maintained by the Office of Inspector General (OIG) and provides information to the health care industry, patients and the public regarding individuals and entities currently excluded from participation in Medicare, Medicaid and all Federal health care programs. Individuals and entities who have been reinstated are removed from the LEIE.

Sub-Delegation

Sub-delegation occurs when a Delegate contracts with a third party to carry out a responsibility delegated by Moda Health to the Delegate to perform. In the event the Delegate sub-delegates any delegated function, the Delegate must obtain advance written approval from Moda Health. Additionally, the contract between Moda Health and the Delegate must be amended to include the sub-delegation. Any updated agreements shall be filed with the appropriate governmental agencies if applicable.

Offshore Subcontractors

The term "offshore" refers to any country that is not the United States or its territories (i.e. American Samoa, Guam, Northern Mariana Islands, Puerto Rico, and U.S. Virgin Islands). 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 in a country that is not the United States or its territories, regardless of whether the workers are employees of American or foreign companies.

The Delegate must ensure its employees have read and understand all requirements pertaining to the regulations for services that are performed by workers located in offshore, regardless of whether the workers are employees of American or foreign companies. Consistent with CMS' direction, this applies to entities the Delegate may contract or sub-contract with to receive process, transfer, handle, store, or access beneficiary protected health information (PHI) in oral, written, or electronic form. In the event the Delegate sub-delegates any Moda Health Medicare activities to an offshore subcontractor, the Delegate will be required to adhere to the approval process outlined for sub-delegation activities and complete and separate offshore attestation.

Additional Resources

For more information on laws governing the Medicare program or for additional healthcare compliance resources please see:

- Title XVIII of the Social Security Act
- Medicare Regulations governing Parts C and D (42 C.F.R. §§ 422 and 423)
- Anti-Kickback Statute (42 U.S.C. § 1320a-7b(b))
- Exclusion entities instruction (42 U.S.C. § 1395w-27(g)(1)(G))
- The Health Insurance Portability and Accountability Act of 1996 (HIPAA) (Public Law 104-191) (45 CFR Part 160 and Part 164, Subparts A and E)
- OIG Compliance Program Guidance for the Healthcare Industry: <http://oig.hhs.gov/compliance/compliance-guidance/index.asp>