

Annual Medicare Compliance Attestation FAQs

What is the annual Medicare Compliance Attestation?

- The annual Medicare Compliance Attestation is provided annually to all providers and facilities who are contracted with Moda Health and Summit Health to provide services to Medicare Advantage (Part C) and/or Prescription Drug (Part D) members.
- The attestation is meant to ensure that the compliance requirements outlined in your contract with Moda Health and Summit Health are being met throughout the year.

Why do I have to complete it?

- The annual Medicare Compliance Attestation lets Moda Health and Summit Health know that our contracted Medicare Advantage providers are meeting the requirements outlined in their contract.
- Refer to the Attestation Appendix for more information on CMS requirements for contracted providers and facilities.

If I completed it last year, why do I have to complete it again?

- Many of the compliance requirements outlined in your contract must be completed on an annual or monthly basis throughout the year. Therefore, the Medicare Compliance Attestation must be completed annually to verify that these requirements are continually being adhered to.

Do I have to complete the entire attestation?

- Yes. Please complete the entire attestation.

What happens if I do not complete the attestation?

- Failure to complete, sign, and submit the attestation may result in penalties, including but not limited to, the forfeiture of the ability to work with Medicare members on behalf of Moda Health and Summit Health.

Are there Compliance and Fraud, Waste and Abuse (FWA) training requirements?

- No. Effective 1/1/2019, healthcare providers are no longer required by CMS to complete CMS issued compliance and FWA training.

Who/what is a *delegate*?

- A delegate is a person or entity that has signed a contract with Moda Health and Summit Health to provide services to our members. Examples include practitioners, hospitals, vendors, etc.

Who/what is the *authorized representative*?

- The authorized representative is someone who has the authority to complete and sign the Medicare Compliance Attestation on behalf of the provider or facility (delegate). This could be an office manager, office assistant, nurse, etc.

What is a *sub-delegate*?

- A sub-delegate is a third party that a delegate (provider/facility) contracts with to perform functions of their contract with Moda Health and Summit Health.
- The most common example is the hiring of a third party to handle billing claims.
- Moda Health and Summit Health should be made aware of any sub-delegation activities.
- Refer to the Attestation Appendix for more information.

What are *offshore activities*?

- When a provider contracts with a company to 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.
- Refer to the Attestation Appendix for more information.

Do I need to complete the Offshore Subcontracting Attestation?

- If you utilize offshore services you will need to complete the offshore subcontracting attestation.

Do I need to complete any additional documentation along with the Medicare Compliance Attestation?

- If you utilize offshore services, you will need to complete the Offshore Subcontracting Attestation. The attestation will be generated online if you indicate you utilize offshore services.
- Keep in mind that documentation supporting what is being attested to should be available upon request.

If my healthcare system has multiple entities, can I list them all on one Attestation or do I have to fill out an Attestation for each entity?

- One attestation can cover multiple entities.
- The Medicare Compliance Attestation contains a section titled *Additional Entity Information* where additional entities with a Tax ID different than the primary entity can be listed.
- The completed and signed attestation will cover all of the entities listed.