

**First Tier, Downstream, or Related Entity/Delegated Entity Compliance Program
Statement of Attestation**

As a First Tier, Downstream or Related Entity (FDR) or Delegated Entity (DE) of Samaritan Health Plans Operations (SHP), _____ (Name of Organization) attests that it has completed, reviewed, and maintains record of effective training and education regarding its requirement to prevent, detect, and correct non-compliance with CMS' program requirements, as required in 42 CFR 422.503 and 42 CFR 423.504 and the Compliance Program Guidelines as written in the Medicare Managed Care Manual Chapter 21 and the Prescription Drug Benefit Manual Chapter 9 during _____ (calendar year). I understand as an FDR my organization is responsible for the following:

___ General Compliance Training

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)]. This occurred initially within 90 days of hire or contracting and **annually** thereafter.

___ Corporate Integrity Program

Has reviewed and provided to its employees Samaritan Health's Compliance Program, 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://providers.samhealthplans.org/working-with-samaritan-health-plans/required-attestations/corporate-compliance> [42 C.F.R. §§ 422.503(b)(4)(vi)(A), 423.504(b)(4)(vi)(A)].

___ Conflict of Interest

FDR discloses all conflicts of interest within 90 days of hire/engagement and annually thereafter. 42 CFR 422.503 (b)(4)(vi)(F); 423.504 (b)(4)(vi)(F); Medicare MCM §50.6.4 Conflict of interest statements have been obtained and reported within 90 days of hire and as needed. A copy of Samaritan Health Plan's Conflict of Interest policy can be found here:

<https://providers.samhealthplans.org/working-with-samaritan-health-plans/required-attestations/corporate-compliance>

I. Applies if You Are Free of Any Conflict of Interest

___ I, hereby, certify that I have reviewed Samaritan Health Plan's conflict of interest policy.

___ I, hereby, certify that I am free of any conflict of interest in administering or delivering Medicare benefits.

OR

II. Applies if You May Have a Conflict of Interest

___ I, hereby, certify that I have reviewed Samaritan Health Plan's conflict of interest policy.

___ I, hereby, certify that I have disclosed to management any potential conflicts of interest that I may have in administering or delivering Medicare benefits.

___ Reporting Mechanisms

Internal employees were informed of how to report any compliance concerns and suspected or actual misconduct for internal investigation. In turn, our organization reports any applicable incidents, including suspected or known instances of noncompliance and/or fraud, waste, and abuse activity, to the Samaritan Compliance Officer as they arise.

- Medicare Compliance Department
 - Email: SHPOcompliance@samhealth.org or chnorman@samhealth.org
 - Phone: 541-768-5613
- Special Investigations Unit (SIU)
 - Email: SHPSpecialInvestigationUnit@samhealth.org
 - Phone: 541-768-7770
- Anonymous Hotline and Website administered by EthicsPoint, a confidential third party
 - Hotline Phone: 866-297-0489
 - Website: www.ethicspoint.com

___ Exclusion/Debarment

Our organization ensures that none of our employees, downstream or related entities that service Samaritan Health Plans are on the HHS Office of Inspector General (OIG) or the General Services Administration (GSA) excluded persons, sanction, and debarment lists through the screening of these lists prior to hire or contracting and **monthly** thereafter.

___ Offshore Operation

Our organization **does not** engage in offshore operations for Samaritan Health Plan-related business without the expressed consent of the Samaritan Compliance Committee because these activities must be reported to CMS.

___ Downstream and Related Entity Oversight

Our organization ensures that compliance is maintained by our organization as well as our downstream and/or related entities that service Samaritan Health Plans. Our organization has implemented a strong oversight program to ensure that our downstream and/or related entities that service Samaritan Health Plans business comply with all of the above requirements and laws, rules, and regulations applicable to services they provide to Samaritan Health Plans.

If Delegate currently delegates any of its obligations under its Samaritan 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

Attestation

By signing this document, my organization acknowledges receipt and understanding of Medicare Compliance Program Requirements for FDRs. Any violations of the CMS Compliance Program Guidelines, including those related to Compliance Training and FWA Training requirements, Samaritan's Corporate Integrity Program, laws, rules and regulations and/or Medicare Compliance Program Requirements for FDRs is a violation of our contract with SHP, which may result in corrective actions, up to and including contract termination. SHP will ensure that FDRs correct any deficiencies related to misconduct or Medicare program non-compliance and detail the elements of any corrective action in a written agreement with the FDR, which includes ramifications if the FDR fails to implement the corrective action satisfactorily.

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

X _____

Authorized Representative Signature

Date

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 4) or attach a list of the provider names, Tax IDs, and NPIs that this attestation covers.

Provider Group Name				
Provider Name		NPI (10 digits)	Tax ID (9 digits)	
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Supplemental Regulatory Information

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, Samaritan Health, and any individual/entity with which Samaritan 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). Samaritan 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 Samaritan Health's the Medicare Advantage (Part C) and/or Prescription Drug (Part D) Program must either (1) abide by the Samaritan 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 Samaritan 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/MedicareLearning-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 Samaritan 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 Samaritan 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 Samaritan Health's reporting mechanisms, including the following:

- Medicare Compliance Department
 - Email: SHPOcompliance@samhealth.org or dseverson@samhealth.org
 - Phone: 541-768-5670
- Special Investigations Unit (SIU)
 - Email: SHPSpecialInvestigationUnit@samhealth.org
 - Phone: 541-768-7770
- Anonymous Hotline and Website administered by EthicsPoint, a confidential third party
 - Hotline Phone: 866-297-0489
 - 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 Samaritan 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 Samaritan 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 Samaritan Health to the Delegate to perform. In the event the Delegate sub-delegates any delegated function, the Delegate must obtain advance written approval from Samaritan Health. Additionally, the contract between Samaritan 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 Samaritan 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/complianceguidance/index.asp>