



Industry Collaboration Effort
Health Plans • Providers • Associations
Communication for Collaboration

[Electronic FTE Dashboard](#)

Electronic First Tier Entity (FTE) Compliance Attestation Form

Date: First Tier Entity
Sponsor Name(s):
Affiliate Entity Name(s)

Please submit this completed Compliance Attestation Form by <mm/dd/yyyy >.

You may select 'Save' and "print" at any point of answering this Compliance Attestation Form. Once you have select 'Submit' to complete your Compliance Attestation Form submission.

Please review the Affiliated Entity Name(s) listed above. If there are any changes required, please explain the required changes in the text box below, or contact your Sponsor to report changes. Please complete this Compliance Attestation Form even if there are other required changes such as the Affiliated Entity Name(s):

As part of an effective compliance program, the Centers for Medicare and Medicaid Services (CMS) and other federal and state regulators require our **Medicare Advantage Organizations (Sponsors)** and Medicaid Sponsors communicate and monitor specific compliance and fraud, waste and abuse (FWA) requirements to our First Tier, Downstream and Related entities (FDRs), including guidance set forth in Title 42 of the Code of Federal Regulations, Parts 422 and 423 and sub-regulatory guidance published in both Pub. 100-18, Medicare Prescription Drug Benefit Manual Chapter 9, and in Pub. 100-16, Medicare Managed Care Manual Chapter 21.

While a Sponsor may contract with FDRs to perform certain functions¹ (administrative and health care services) on its behalf, the Sponsor maintains ultimate responsibility for fulfilling the terms and conditions of its contract with CMS and for meeting the Medicare program requirements, including ensuring that FDRs are in compliance with all applicable laws, rules and regulations with respect to delegated responsibilities. The same responsibilities apply to

subcontracted delegates that perform functions for **Medicaid** Sponsors.

This Compliance Attestation Form is intended to facilitate the oversight and monitoring for First Tier Entities' (FTEs) compliance with the CMS and other federal and state regulators program requirements, laws, rules and regulations. We are asking our **FTEs** to complete and electronically sign this Compliance Attestation Form. This Compliance Attestation Form **must be signed by an individual with the authority to attest to the accuracy and completeness of the information provided.**

Timely submission is a condition of continued contracting for most FTEs. Any question please contact your Sponsor. **Note:** Sponsors that agreed to collaborate and use the same Compliance Attestation Form in order to reduce the administrative burden are noted in Resource 1- 'Sponsor Participant List,' posted on the following ICE website: [ICE FDR Documents](#).

1 For example: Sales and marketing; Utilization management; Quality improvement; Applications processing; Enrollment, disenrollment, and membership functions; Claims administration, processing and coverage adjudication; Appeals and grievances; Licensing and credentialing; Pharmacy benefit management; Hotline operations; Customer service; Bid preparation; Outbound enrollment verification; Provider network management; Processing of pharmacy claims at the point of sale; Negotiation with prescription drug manufacturers and others for rebates, discounts or other price concessions on prescription drugs; Administration and tracking of enrollees' drug benefits, including TrOOP balance processing; Coordination with other benefit programs such as Medicaid, state pharmaceutical assistance or other insurance programs; Entities that generate claims data; and Health care services. [Chapter 21, Section 40].

Compliance Attestation Form Submission Instructions

Please respond '**Yes**' or '**No**' to the questions below. If the response is '**No**,' provide an explanation and a corrective action plan to the Sponsor in the field provided after the applicable question.

If the entity has "volunteers/interns, consultants, contractors, subcontractors" that do not provide administrative or health care services for members on behalf of the sponsor, they are not a FDR.

Attestation Resources: [ICE FTE Documents](#)

Resource 1- Sponsor Participant List (Industry Collaboration information and Contacts)

Resource 2- CMS General Compliance and Fraud Waste Abuse Training Information

Attestation Regulations/Guidance

Chapter 9 of the Prescription Drug Benefit Manual

<https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovContra/Downloads/Chapter9.pdf>

Chapter 21 of the Medicare Managed Care Manual
<https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/mc86c21.pdf>

Chapter 11 of the Medicare Managed Care Manual, §100
<https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/mc86c11.pdf>

42 C.F.R. §§ 422.503; 423.504 <https://www.law.cornell.edu/cfr/text/42/422.503>
42 C.F.R. §§ 438.230, <https://www.law.cornell.edu/cfr/text/42/438.230>
457.1233 <https://www.law.cornell.edu/cfr/text/42/457.1233>

Offshore Subcontracting Resources:

Health Insurance Portability and Accountability Act of 1996, 45 CFR Parts 160, 162 and 164
CMS issued guidance 08/15/2006 and 07/23/2007; and CMS 2008 Call Letter

* For the purpose of this attestation, the term '**Employees**', when used in the questions below, is defined as: Board members, employees, temporary workers, volunteers/interns, consultants, contractors, subcontractors and downstream entities.

I. Standards of Conduct and Conflicts of Interest:

A. First tier entity has **implemented and distributed its own or the Sponsor's** adopted Standards of Conduct (or similar documents) and written Compliance Policies and Procedures for its applicable **Employees**. *

Yes No

B. First tier entity **identifies and addresses conflicts of interest** for applicable **Employees** on at least an annual basis and maintains documentation of all conflict of interest questionnaires, responses, and follow-up activities.

Yes No

If there is a '**No**' response to any of the questions above, please use the field below to provide a corrective action plan (CAP) to address each instance of non-compliance. Please include contact information, and projected completion date(s).

II. General Compliance and Fraud, Waste and Abuse (FWA) Training:

If your organization continues to utilize compliance training provided by Plan Sponsor, select 'Yes' for your responses below.

A. Applicable **Employees*** have completed the **Medicare Parts C and D General Compliance Training** using the content available in the CMS trainings (Web Based Training (WBT) Course or download PDF version) or training content that is materially the same, at new hire orientation and annually thereafter. Documentation of completion is maintained by the FTE, per CMS retention requirements, and would be available for Sponsor(s) to access and audit.

- Yes No Not Applicable due to Regulations (§§ 422.503 and 423.504) and Sponsor(s)

B. Applicable **Employees*** have completed the **Combating Medicare Parts C and D Fraud, Waste, and Abuse** using the content available in the CMS trainings (WBT Course or download PDF version) or training content that is materially the same, at new hire orientation and annually thereafter. Documentation of completion is maintained by the FTE, per CMS retention requirements and would be available for Sponsor(s) to access and audit.

- Yes No Not Applicable due to Regulations (§§ 422.503 and 423.504) and Sponsor(s)

If there is a '**No**' response to any of the questions above, please use the field below to provide a corrective action plan (CAP) to address each instance of non-compliance. Please include contact information, and projected completion date(s).

III. Records Management:

A. First tier entity maintains all records related to administration or delivery of Part C and/or Part D benefits including but not limited to: as applicable training attendance records, certificates of completion (if applicable), and test scores of any tests administered to their **Employees*** and prior to hire/contracting and monthly evidence of OIG and GSA/SAM screening records for a period of at least 10 years.

- Yes No

If there is a '**No**' response to any of the questions above, please use the field below to provide a corrective action plan (CAP) to address each instance of non-compliance. Please include contact information, and projected completion date(s).

IV. Reporting

A. First tier entity has a widely publicized system in place for **Employees*** to report compliance questions, concerns, or potential misconduct, and FWA confidentially and anonymously. This confidentially and anonymously reporting mechanism is available 24/7.

Yes No

B. First tier entity has a non-retaliation policy that is communicated to all **Employees***.

Yes No

C. First tier entity has processes in place to ensure compliance concerns or potential misconduct are reported to the Sponsor and/or appropriate law enforcement agency in a timely manner in order to ensure timely resolution.

Yes No

If there is a 'No' response to any of the questions above, please use the field below to provide a corrective action plan (CAP) to address each instance of non-compliance. Please include contact information, and projected completion date(s).

V. Monitoring and Auditing

CMS Definitions:

“**Audit** is a formal review of compliance with a particular set of standards (e.g., policies and procedures, laws and regulations) used as base measures.

Monitoring Activities are regular reviews performed as part of normal operations to confirm ongoing compliance and to ensure that corrective actions are undertaken and effective.”

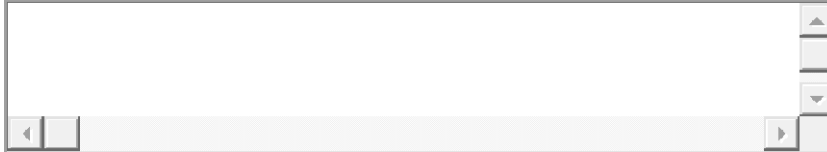
A. First tier entity has an auditing and monitoring program that addresses functions and services performed as part of the delegated relationship, including those sub-delegated to a downstream entity.

Yes No

B. First tier entity has processes in place to report auditing and monitoring results to the Sponsor routinely or upon request.

Yes No

If there is a 'No' response to any of the questions above, please use the field below to provide a corrective action plan (CAP) to address each instance of non-compliance. Please include contact information, and projected completion date(s).



VI. OIG/GSA Exclusion & Preclusion List Monitoring:

- For **Medicaid** Sponsors, some states require that you also check state exclusion lists, as applicable.

A. First tier entity is **not** currently excluded from participation in any federal healthcare programs.

- Not Currently Excluded Currently Excluded

B. First tier entity screens all **Employees*** against the Office of Inspector General (OIG) List of Excluded Individuals and Entities (LEIE) and General Services Administration (GSA) System for Award Management (SAM) prior to initial hire or contracting and monthly thereafter and maintains evidence of all screening activities and results.

- Yes No

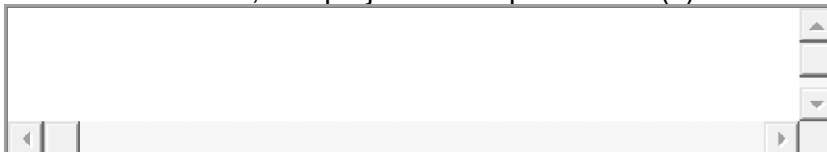
If you support **Medicaid** Sponsors, do you also check state exclusion lists, if applicable for the state(s) you support?

- Yes No NA state does not require checks against state exclusion list(s)

C. First tier entity immediately removes **Employees*** found on the OIG or GSA exclusion lists, from any work related (directly or indirectly) to federal health care programs and notifies the Sponsor.

- Yes No

If there is a 'No' response to any of the questions above, please use the field below to provide a corrective action plan (CAP) to address each instance of non-compliance. Please include contact information, and projected completion date(s).



VII. Oversight of Downstream Entities

Delegates who subcontract the administrative or health benefit services performed for the Sponsor to a subcontractor, or downstream entity, have an obligation to ensure the downstream entity complies with all same applicable federal and state laws, regulations and requirements through contract language, compliance oversight, monitoring and auditing activities. Records of such activities must be maintained for a minimum of 10 years and be available for review by CMS, state regulators or our organization upon request.

A. First tier entity validates that downstream entities maintain Business Associate Agreements (when applicable).

Yes No

B. First tier entity and downstream contract(s) contain(s) required CMS language as stated in Chapter 11 of the Medicare Managed Care Manual, section §100.

Yes No

C. First tier entity validates that downstream entities meet the requirements outlined in this attestation on an annual basis.

Yes No

If there is a '**No**' response to any of the questions above, please use the field below to provide a corrective action plan (CAP) to address each instance of non-compliance. Please include contact information, and projected completion date(s).

VIII. Offshore Subcontracting

A. If Contractor offshores any **protected health information** (PHI) must notify the Sponsor **prior to** entering into or amending any agreement with an Offshore Subcontractor, and Contractor must complete the Offshore Subcontracting Attestation.

Please check one of the following:

- Contractor does not offshore any protected health information.**
- Contractor does offshore protected health information. Please Complete Offshore Subcontracting Attestation)**

You may select '**Save**' and "print" at any point of completing this Compliance Attestation Form to save your responses in progress. Once you have completed all the responses, select '**Submit**' to complete your Compliance Attestation Form submission.

If you selected '**Submit**' and the Compliance Attestation Form did not submit, review all responses to ensure all questions have been answered, and try again. If you need to provide additional information, you may save your existing data and make updates later to complete the Compliance Attestation Form.

Completion Process: By selecting '**Submit**' below, and completing the **Signature, Title** and **Contact Information** fields requested below, you certify your authority to attest to these requirements, and you consent to the understanding of your intent to sign the Compliance Attestation Form generated by your responses to the above questions.

Thank you for completing this Compliance Attestation Form and your commitment to compliance.

Attestation Declaration:

I attest that the answers provided are complete and accurate to the best of my knowledge and that documentation to support the responses will be made available to the Sponsor or CMS upon request, and understand that the Sponsor may conduct an audit to confirm the attestations (with at least 30 days' notice).

If a corrective action plan is required, I attest that the actions will be completed as stated in the CAP fields to remediate non-compliance.

Organization Name:

Name of Person Completing Form:

Title:

Email Address:

Telephone Number:

Electronic Signature:

If you would like to print or save a local copy of the attestation, click the print or save button before submitting the Compliance Attestation Form.

Print

Save

Submit

Thank you for collaborating!