

**Calendar Year 2017 First Tier, Downstream and Related Entities (FDR) Attestation**

Care N' Care Insurance Company Inc. (CNC) is under contract with the Centers for Medicare & Medicaid Services (CMS) to offer administrative, health and prescription drug coverage to eligible beneficiaries under Medicare Parts C and D.

As an entity that contracts with CNC to provide administrative, health care, or prescription services on behalf of CNC and its Medicare Parts C and D members, CNC has identified your organization as a First Tier, Downstream or Related Entity (FDR) under applicable Medicare regulations (42 CFR §422.500 and §423.501).

CNC may request periodic documentation that your organization employees (including temporary workers, volunteers and vendors), consultants and governing body members and applicable downstream entities are in compliance with Medicare program elements that are set forth within this attestation.

Please populate all of the fields below and return to the Care N' Care Compliance Office via fax 817-810-5214, email [CNCCompliance@cnchealthplan.com](mailto:CNCCompliance@cnchealthplan.com) or mail: 1701 River Run, Suite 402 Fort Worth, TX 76107. By completing and returning this form, the authorized representative attests that its organization is in compliance with applicable statutory and regulatory requirements pursuant to Title 42 Code of Federal Regulations Parts 422 and 423 and guidance provided by CMS.

**1. STANDARD OF CONDUCT**

Because of your status as a first tier entity, your organization is required by applicable Medicare requirements to either:

Require your employees (including temporary workers, volunteers and vendors), as a condition of employment, to read and agree to comply with your organization's code or standard of conduct and policies and procedures within 90 days of initial hiring (or contracting with CNC) and annually thereafter. Your organization's standard of conduct must also reflect your commitment to comply with applicable statutory and regulatory requirements, and comply, at a minimum, with those elements described at 42 CFR §§ 422.503(b)(4)(vi)(A) and 423.504(b)(4)(vi)(A);

OR

Require your employees (including temporary workers, volunteers and vendors), as a condition of employment, to read and agree to comply with CNC's standard of conduct and policies and procedures within 90 days of initial hiring (or contracting with CNC) and annually thereafter. CNC's standard of conduct reflects our commitment to comply with applicable statutory and regulatory requirements, and complies, at a minimum, with those elements described at 42 CFR §§ 422.503(b)(4)(vi)(A) and 423.504(b)(4)(vi)(A).

Does your organization require employees, temporary workers, volunteers and vendors to read and agree to a Code of Conduct within 90 days of hiring and annually thereafter and maintain records for ten (10) years?

Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If yes, which Code of Conduct is used?

Your Organization's <input type="checkbox"/>	CNC's <input type="checkbox"/>
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**2. TRAINING**

In addition to having in place the above-referenced standard of conduct, your organization is required to meet Medicare education and training requirements related to general compliance training, specialized Medicare and fraud, waste and abuse training (42 CFR §§ 422.503(b)(4)(vi)(C); 423.504(b)(4)(vi)(C)). The training must be received by your employees (including temporary workers, volunteers and vendors) within 90 days of initial hiring (or contracting with CNC) and annually thereafter. Your organization must also maintain records of training for (10) years (Chapters 9 and 21 – Compliance Program Guidelines of the Prescription Drug Benefit Manual and Medicare Managed Care Manual).

You may meet this requirement by any of the three options:

1. FDRs can complete the general compliance and/or FWSA training modules through the CMS Medicare Learning Network (MLN) and retain the system-generated certificate of completion as proof of completion; or
2. FDRs may download and incorporate the content of the CMS standard training modules from the CMS website to include in existing compliance training materials and systems; or
3. FDRs may incorporate the content of the CMS training modules into written documents for providers (e.g., Provider Guides, Participation Manuals, Business Associate Agreements, etc.)

Does your organization maintain records of general compliance training, specialized Medicare and fraud, waste and abuse training for its employees (including temporary workers and volunteers) for ten (10) years?

Yes <input type="checkbox"/>	No <input type="checkbox"/>
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3. LIST OF EXCLUDED INDIVIDUALS AND ENTITIES AND SYSTEM FOR AWARD MANAGEMENT SCREENING			
<p>Your organization is also required to screen your employees (including temporary workers, volunteers, and vendors), consultants and governing body members against the OIG List of Excluded Individuals and Entities (LEIE list) and the System for Award Management exclusion listing (formerly the Excluded Parties Lists System) prior to hiring or contracting and monthly thereafter. (42 CFR §422.503(b)(4)(vi)(F) and 42 CFR §423.504(b)(4)(vi)(F) (42 CFR §1001.1901).</p>	<p>Does your organization conduct required screening at hire and monthly thereafter?</p>		
	<table border="1"> <tr> <td style="text-align: center;">Yes <input type="checkbox"/></td> <td style="text-align: center;">No <input type="checkbox"/></td> </tr> </table>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Yes <input type="checkbox"/>	No <input type="checkbox"/>		
4. DOWNSTREAM ENTITIES			
<p>CNC must also ensure that your organization is monitoring the compliance of the entities with which your organization contracts (“<b>downstream</b>” entities) (42 C.F.R. §§ 422.503(b)(4)(vi)(F) and 423.504(b)(4)(vi)(F).</p>	<p>Does your organization contract with downstream entities that perform an administrative, health care and/or prescription drug coverage service to eligible beneficiaries under Medicare Parts C and D?</p>		
	<table border="1"> <tr> <td style="text-align: center;">Yes <input type="checkbox"/></td> <td style="text-align: center;">No <input type="checkbox"/></td> </tr> </table>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
<p>Please List Entities:</p>			
5. SYSTEM FOR TRACKING AND RECORDING			
<p>Finally, it is a requisite that your organization have in place a system to receive, record, respond and track compliance questions or concerns and potential fraud, waste and abuse that emphasizes a policy of non-retaliation and non-intimidation for good-faith reporting of allegations of noncompliance and potential fraud, waste and abuse within your organization, and that you take steps to ensure that such a policy is well-publicized throughout your facilities (42 CFR §422.503(b)(4)(vi)(D) and 42 CFR §423.504(b)(4)(vi)(D)).</p>	<p>Does your organization have a system to receive, record, respond and track compliance questions or concerns and potential fraud, waste and abuse that emphasizes a policy of non-retaliation and non-intimidation for good-faith reporting of allegations of noncompliance and potential fraud, waste and abuse and that is well-publicized throughout our facilities?</p>		
	<table border="1"> <tr> <td style="text-align: center;">Yes <input type="checkbox"/></td> <td style="text-align: center;">No <input type="checkbox"/></td> </tr> </table>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Yes <input type="checkbox"/>	No <input type="checkbox"/>		
6. OFFSHORE SUB-CONTRACTORS			
<p>My organization has notified CNC if any of my organization’s subcontractors or delegates perform contractually delegated services offshore that required the sharing of member protected health information (PHI) as defined in §160.103 of the HIPAA Privacy Rule and my organization has verified that any contractual agreements with those entities include all required Medicare Part C and D language. My organization conducts annual audits of offshore subcontractors and will make audit results available upon requires from CMS.</p>	<table border="1"> <tr> <td style="text-align: center;">Yes <input type="checkbox"/></td> <td style="text-align: center;">No <input type="checkbox"/></td> </tr> </table>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

COMMENTS / EXPLANATIONS FOR NON COMPLIANCE (INCLUDE DATES YOUR ORGANIZATION WILL COME INTO COMPLIANCE)	
Explanation	Estimated Compliance Date




Insurance Company, Inc.

**ORGANIZATION AUTHORIZED REPRESENTATIVE**

I certify, as an authorized representative, that the statements made above are true and correct to the best of my knowledge. Also, my organization agrees to maintain documentation supporting the statements made above. We'll maintain this documentation in accordance with federal regulations and our contract, which is no less than ten (10) years. My organization will produce evidence of the above to CNC or CMS upon request. My organization understands that the inability to produce this evidence may result in a request for a Corrective Action Plan (CAP) or other contractual remedies such as contract termination.

Name	
Title	
Organization	
Address	
Date	