care(n)care
Insurance Company, Inc.

Calendar Year 2019 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 DocuSign or the instructions in your welcome packet. You may send updates at any time to CNCCompliance@cnchealthplan.com. 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	No
☐	☐

If yes, which Code of Conduct is used?

Your Organization's	CNC's
☐	☐

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 and 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).

Does your organization meet Medicare education and training requirements and maintain records training for its employees (including temporary workers and volunteers) for ten (10) years?

Yes	No
☐	☐

3. LIST OF EXCLUDED INDIVIDUALS AND ENTITIES AND SYSTEM FOR AWARD MANAGEMENT SCREENING

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), the System for Award Management exclusion listing (formerly the Excluded Parties Lists System) and CMS' Preclusion List 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).

Does your organization conduct required screening at hire and monthly thereafter?

Yes	No
☐	☐

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4. DOWNSTREAM ENTITIES		
CNC must also ensure that your organization is monitoring the compliance of the entities with which your organization contracts (**"downstream"** entities) (42 C.F.R. §§ 422.503(b)(4)(vi)(F) and 423.504(b)(4)(vi)(F) that perform services on behalf of CNC.	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?	
	Yes ☐	No ☐
	Please List Entities:	

5. SYSTEM FOR TRACKING AND RECORDING		
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)).	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?	
	Yes ☐	No ☐

6. OFFSHORE SUB-CONTRACTORS		
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.	Yes ☐	No ☐

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

ORGANIZATION AUTHORIZED REPRESENTATIVE	
I certify, as an authorized representative, that the statements made above are true and correct to the best of my knowledge.	
Name of FDR:	
Name of Authorized Representative:	
Title of Authorized Representative:	
Signature of Authorized Representative:	Date:

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