



July 20, 2021

Re: Annual FDR Compliance Attestation Request

Dear Provider:

The Centers for Medicare and Medicaid Services (CMS) require any organizations or individuals contracted to provide administrative or healthcare services to Medicare beneficiaries to comply with CMS program requirements. This includes maintaining effective Compliance Programs.

Intermountain Healthcare commitment to compliance includes ensuring that our contracted business partners who are first-tier, downstream, and related entities (FDRs) under the Medicare Advantage program also observe all applicable laws, regulations, and sub-regulatory guidance. This requirement is delegated to you through our health plan contracts and extends to all FDRs in our network.

As such, a representative from your entity must sign an attestation annually verifying that your organization has met these requirements. The attestation includes the following:

1. Code of Conduct and Compliance Policy Distribution
2. General Compliance and Fraud, Waste and Abuse (“FWA”) Training
3. Reporting & Response Mechanisms
4. Exclusion Checks
5. Downstream Entities
6. Offshoring Notification
7. Record Retention
8. Attestation Sign Off

Our 2021 annual attestation is attached to this letter. Please review and submit your response by **August 31, 2021**. Please note, you may be selected for a random audit to provide documentation supporting your responses.

Only one attestation is required per practice, even if there are multiple providers and locations.

Thank you for your continued partnership and commitment to delivering quality health care to our patients. If you have any questions about the attestation, please feel free to contact Network Communications [NV] networkcommunicationsnv@imailnv.org.

Sincerely,

Network Management & Contracting Department
Intermountain Healthcare – Nevada



2021 Intermountain Healthcare Annual Compliance Attestation

Oversight of FDRs is a CMS requirement for all Medicare Advantage plan sponsors. Intermountain Healthcare has developed an annual attestation as part of our efforts to validate that each contracted FDR has met CMS requirements. This attestation must be completed by an individual in your organization who has signatory authority to make the representations in the attestation.

1. Code of Conduct and Compliance Policy Distribution

1.1 Does your organization have Standards of Conduct and compliance policies and procedures that meet the standards specified in Medicare Managed Care Manual Chapter 21, Section 50 et seq., and any other applicable guidance to your organization? Have the Standards of Conduct been distributed to employees, temporary employees, volunteers/interns, consultants, contractors, board members, downstream entities and sub-contractors involved with functions related to Medicare Advantage and/or Part D programs within 90 days of hire, when there are updates, and annually thereafter?

If your organization does not have its own Standards of Conduct and/or compliance policies and procedures, does your organization distribute or make available the Intermountain Healthcare Code of Ethics to employees involved with functions related to Medicare Advantage within 90 days of hire, when there are updates, and annually thereafter?

My organization:

_____ Distributes our organization's Standards of Conduct and/or compliance policies and procedures to employees within 90 days of hire and annually thereafter.

_____ Distributes and makes the Intermountain Healthcare Code of Ethics available to our organization's employees within 90 days of hire and annually thereafter.

The Code of Ethics is available <https://hcpnv.com/provider-FDR-guidance>

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

2.1 Intermountain Healthcare requires its FDRs to train their employees and contractors supporting Medicare Advantage on compliance policies and FWA, within 90 days of hire and annually thereafter.

Does your organization provide training on compliance and fraud, waste and abuse?

_____ Yes, our organization provides annual compliance training as well as fraud, waste and abuse training on an annual basis to our employees and downstream entities supporting Medicare Advantage Plans.



No, our organization does not provide annual training on compliance and fraud, waste and abuse to our employees and downstream entities.

If no, please provide comments on how you educate your employees, temporary employees, board members, volunteers, downstream entities and subcontractors on compliance and FWA. (e.g. Policy & Procedure distribution, code of ethics distribution, etc.)
Comments:

2.2 Intermountain Healthcare must communicate general compliance information to its FDRs. Intermountain Healthcare provides General Compliance information to your organization and your employees through the following resources:

- The Intermountain Healthcare Provider Manual
- The Intermountain Healthcare Code of Ethics
- The Intermountain Healthcare Reporting Flyer
- The FDR section of contracted Payer Medicare Advantage websites
- The CMS General Compliance education module

Our organization has reviewed and made available or distributed to employees the Intermountain Healthcare general compliance information.

Yes

No, answering "No" presents a possible issue of non-compliance. Please provide an explanation in the "Comment" section.

Comments:

3. Reporting Mechanisms

3.1 Our organization complies with the requirement to maintain a system to receive, record, respond to, and track reports of suspected or detected noncompliance or potential FWA. The reporting system must maintain confidentiality (to the greatest extent possible), allow anonymity if desired (e.g., through telephone hotlines or mail drops), and emphasize a policy of non-intimidation and non-retaliation for good faith reporting of compliance concerns and participation in the compliance program.

FDRs that partner with multiple Medicare Advantage plan sponsors may train their employees on their organization's reporting processes including emphasis that reports must be made to the appropriate Medicare Advantage plan sponsor.

The Intermountain Healthcare Compliance Reporting Flyer is available <https://hcpnv.com/provider-FDR-guidance>



Our organization:

_____ Maintains its own reporting mechanisms that meet the CMS requirements.

_____ Distributes the Intermountain Healthcare reporting mechanisms.

3.2 Our organization publicizes the methods available for reporting compliance or FWA concerns and the non-retaliation policy throughout our facilities. (This information can be publicized, for example, using posters, table tents, mouse pads, key cards and other prominent displays.) Employees are notified they are protected from retaliation for False Claims Act complaints and other applicable anti-retaliation protections.

_____ Yes

_____ No. Answering “No” presents a possible issue of non-compliance. Please provide an explanation in the “Comment” section.

Comments:

3.3 Our organization maintains procedures and a system for promptly responding to compliance issues as they are raised.

_____ Yes

_____ No Answering “No” presents a possible issue of non-compliance. Please provide an explanation in the “Comment” section.

Comments:

4. Exclusion Checks

4.1 Our organization is currently complying with the regulatory requirement to review the Department of Health and Human Services (DHHS) Office of Inspector General (OIG) List of Excluded Individuals and Entities (LEIE) and the General Service Administration (GSA) System for Award Management (SAM) at the time of hiring or contracting with employees, temporary employees, volunteers, consultants, contractors and governing body members to ensure no individual or entity involved with functions related to Medicare Advantage and/or Part D program(s) is excluded from participating in federal programs. My organization also complies with the requirement to review the federal programs exclusion lists on a monthly basis. If an individual or entity appears on the exclusion list, they will be removed from work related directly or indirectly to federal health care programs.

The LEIE is available at: <http://oig.hhs.gov/exclusions/index.asp>

The SAM is available at: <http://www.sam.gov>



Yes, my organization complies with the exclusion check requirements.

No

5. Downstream Entities

5.1 Does your organization subcontract with other entities that meet the definition of a Downstream Entity?

"Downstream Entity" is defined as any party that enters into a written agreement, acceptable to CMS, with persons or entities involved with the MA benefit or Part D benefit, below the level of the arrangement between a Medicare Advantage Organization or a Part D Sponsor and a first tier entity. These written arrangements continue down to the level of the ultimate provider of both health and administrative services.

Yes, and my organization will provide a list of downstream entities and the functions they perform upon request.

No

6. Offshoring Notification

6.1 Does your organization contract with entities that meet the definition of an Offshore Contractor?

The term "subcontractor" refers to any organization that a sponsor contracts with to fulfill or help fulfill requirements in their Part C and/or Part D contracts. Subcontractors include all first tier, downstream, and/or related entities.

The term "offshore" refers to any country that is not one of the fifty United States or one of the United States Territories (American Samoa, Guam, Northern Marianas, Puerto Rico, and 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 offshore countries, regardless of whether the workers are employees of American or foreign companies.

Yes, and my organization will provide a list of Offshore Subcontractors and the function(s) they are performing upon request.

No

6.2 Does your organization subcontract with other entities that meet the definition of a Downstream Entity?



"Downstream Entity" is defined as any party that enters into a written agreement, acceptable to CMS, with persons or entities involved with the MA benefit or Part D benefit, below the level of the arrangement between a Medicare Advantage Organization or a Part D Sponsor and a first tier entity. These written arrangements continue down to the level of the ultimate provider of both health and administrative services.

Yes, and my organization will provide a list of downstream entities and the functions they perform upon request.

No

7. Record Retention

7.1 Our organization maintains all records according to CMS record retention requirements as stated in Medicare Managed Care Manual Chapter 11, Section 100.4 and other CMS guidance applicable to FDRs. Retention applies to records related to administration or delivery of Part C and/or D benefits and including but not limited to: attendance records for compliance and FWA trainings, Standards of Conduct training, compliance policy training, and monthly evidence of OIG and GSA/SAM screening records for a period of ten years.

Yes, my organization meets CMD record retention requirements.

No, answering "No" presents a possible issue of non-compliance. Please provide an explanation in the "Comment" section.

Comments:

Our organization understands and agrees to maintain documentation and records for a period of ten years and will provide evidence of compliance with applicable requirements to Intermountain Healthcare, Plan Sponsors, CMS and/or an agent of CMS upon request.

Yes, my organization can provide evidence of record retention compliance.

No, answering "No" presents a possible issue of non-compliance. Please provide an explanation in the "Comment" section.

Comments:

Section #8 - Attestation and Signature

8.1 By submitting this attestation as a representative of your organization, you are acknowledging that you have signatory authority on behalf of your organization and, to the best of your knowledge and belief, the responses are accurate, correct and complete. You also are agreeing that upon further request you will provide Intermountain Healthcare additional documentation to confirm compliance with applicable CMS Requirements.



Please provide your signature and contact information below.
Return the completed attestation to networkcommunicationsnv@imailnv.org

Printed Name

Title

What is the name of your clinic/organization?

What is the organization address?

What is your phone number?

What is your e-mail address?

What is your Tax Identification Number?
