

## 2017 Medicare Compliance Program Guidelines Attestation

**Community Hospital of Staunton** is considered a First Tier<sup>1</sup> Entity as we provide administrative and or health care services for Medicare Advantage products<sup>4</sup>. Your organization is considered a Downstream Entity of **Community Hospital of Staunton**. This attestation confirms your commitment to comply with the Centers for Medicare & Medicaid Services (“CMS”) requirements<sup>2</sup>. These requirements are listed below and apply to all services your organization, as Community Hospital of Staunton Downstream Entity<sup>3</sup>, provide for Medicare Advantage products<sup>4</sup>. The requirements also apply to any of the Downstream Entities you use for Medicare Advantage products.

### 1. Code of Conduct(“COC”) and/or Compliance Policies

My organization has adopted either Community Hospital of Staunton’s or a comparable COC and/or Compliance Program policies which were distributed to applicable employees within 90 days of hire, upon revision, and annually thereafter.

### 2. CMS’ Fraud, Waste and Abuse (“FWA”) Training

My organization’s applicable employees either completed CMS’ *Combating Medicare Parts C & D Fraud, Waste, and Abuse Training* module within 90 days of hire and annually thereafter **OR** they were “deemed” to have met the FWA training requirement. [Deeming status is acquired through our enrollment in Parts A or B of the Medicare program or through our accreditation as a supplier of Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS)]. If not “deemed” the training was completed on Medicare Learning Network (MLN) or was incorporated, unmodified, into our existing training materials/systems.

### 3. CMS’ General Compliance Training

My organization’s applicable employees completed CMS’ *Medicare Parts C & D General Compliance Training* module within 90 days of hire and then annually thereafter. The training was completed on the Medicare Learning Network (MLN) or was incorporated, unmodified, into our existing training materials/systems.

### 4. Office of Inspector General (OIG) and General Services Administration’s System for Award Management (SAM) exclusion screening

My organization screens the US Department of Health & Human Services Office of Inspector General (OIG) and the General Services Administration’s System for Award Management (SAM) exclusion lists prior to hire or contracting, and monthly thereafter, for applicable employees and Downstream Entities. My organization removes any person/entity from work on Medicare Advantage products if found on these lists.

### 5. Reporting Mechanisms

My organization communicated to applicable employees how to report suspected or detected non-compliance or potential FWA, and that it is their obligation to report without fear of retaliation or intimidation against anyone who reports in good faith. My organization either requests applicable employees report concerns directly to Community Hospital of Staunton or maintains confidential and anonymous mechanisms for applicable employees to report internally. In turn, we report these concerns to Community Hospital of Staunton when applicable.

### 6. Offshore Operations

For any work my organization performs that involves the receipt, processing, transferring, handling, storing or accessing of Protected Health Information (“PHI”), my organization either doesn’t do the work offshore, doesn’t have Downstream Entities that do the work offshore, or does the work offshore (ourselves or through a Downstream Entity) but has submitted Community Hospital of Staunton’s Offshore Services Attestation: Required Information form and obtained approval from an authorized Community Hospital of Staunton representative to do so.

### 7. Downstream Entity Oversight

My organization either doesn’t use Downstream Entities, or uses Downstream Entities for Medicare Advantage products and conducts robust oversight to ensure that they comply with all the requirements described in this attestation (e.g. FWA training, OIG and GSA’s SAM exclusion screening, etc.) and any applicable laws, rules and regulations.

### 8. Operational Oversight

My organization conducts internal oversight of the services that we perform for Medicare Advantage products to ensure that compliance is maintained with applicable laws, rules and regulations.

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I certify, as an authorized representative of my organization, 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, which is no less than ten (10) years. My organization will produce this evidence, 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.

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Authorized Representative Printed Name and Title

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Signature of Authorized Representative

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Date

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Organization Name Printed

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Organization Mailing Address

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Tax ID# (TIN)/Employer ID# (EIN)

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<sup>1</sup> First Tier Entity is any party that enters a written arrangement, acceptable to CMS, with a Medicare Advantage Organization or Part D plan sponsor or applicant to provide administrative services or healthcare services to a Medicare eligible individual under the Medicare Advantage program or Part D program. (See, 42 C.F.R. §§ 422.500 & 423.501)

<sup>2</sup> CMS's guidance for Medicare Advantage organizations and Part D sponsors are published in both, Pub. 100-18, Medicare Prescription Drug Benefit Manual, Chapter 9 and in Pub.100-16, Medicare Managed Care Manual, Chapter 21, and are identical in each.

<sup>3</sup> Downstream Entity is any party that enters a written arrangement, acceptable to CMS, with persons or entities involved with the Medicare Advantage benefit or Part D benefit, below the level of the arrangement between a Medicare Advantage Organization or applicant or a Part D plan sponsor or applicant and a first-tier entity. These written arrangements continue down to the level of the ultimate provider of both health and administrative services. (See, 42 C.F.R. §§ 422.500 & 423.501)

<sup>4</sup> For purposes of this attestation, "Medicare products" includes Aetna's and/or Essence, and/or Blue Choice and/or WellCare and/or UHC Medicare Advantage (MA), Prescription Drug Plans (PDP and MAPD), and/or Medicare-Medicaid Plan (MMP) product lines under contract with CMS. Within the attestation, the terms "employee" and "Downstream Entity" refer only to those supporting Medicare Advantage products.