FDR COMPLIANCE ATTESTATION

Please complete and execute this attestation and return it to CalOptima Health's Office of Compliance via email Compliance@CalOptimaHealth.org, or mail: CalOptima Health, Office of Compliance, Attn: Regulatory Affairs & Compliance Medicare Director, 505 City Parkway West, Orange, CA 92868, within thirty (30) calendar days for existing FDRs, or sixty (60) calendar days for new FDRs of this notice.

Which CalOptima Health program(s) does this form pertain to? Select all that apply:	☐ Medi-Cal ☐ OneCare ☐ PACE

I hereby attest that [_____ (the "Organization")], and all its downstream entities, if any, that are involved in the provision of health or administrative services for any of the CalOptima Health programs identified above:

I. **General and HIPAA Compliance and FWA Training**. Provide effective Fraud, Waste and Abuse training, General Compliance training, General HIPAA training to all Organization and downstream entity board members, officers, employees, temporary employees, and volunteers, within ninety (90) calendar days of appointment, hire or contracting, as applicable, and at least annually thereafter as a condition of appointment, employment or contracting. The Organization and its downstream entities currently use:
(Select all that apply):

☐ CMS's Fraud, Waste, and Abuse training, General Compliance training, and General HIPAA training module.* (The Organization shall maintain records as evidence of completed training)

☐ An internal training program that utilizes content available in CMS's Fraud, Waste, and Abuse training, General Compliance training, and HIPAA training module requirements, or training content that is materially the same. (The Organization shall maintain records as evidence of completed training)
Note: If selecting an internal training program that aligns with CMS's FWA, HIPAA, and General Compliance, please submit a copy of your organization's trainings to CalOptima Health's Office of Compliance for review to ensure they meet CMS's requirements.

II. Administer specialized compliance training to Organization and downstream entity board members, employees, temporary employees, and volunteers within the first ninety (90) calendar days of hire and at least annually thereafter as a condition of appointment, employment or contracting.

III. **Compliance Plan and Code of Conduct Requirements.** Have established and publicized compliance policies and procedures, standards of conduct, and compliance reference material that meet the requirements outlined in 42 CFR § 422.503(b)(4)(vi)(A) and 42 CFR § 423.504(b)(4)(vi)(A) which information, and any updates thereto, are distributed to all Organization and downstream entity board members, officers, employees, temporary employees, and volunteers within ninety (90) calendar days of appointment, hire or contracting, as applicable, and at least annually thereafter. Evidence of receipt of such compliance by such persons is obtained and retained by the Organization.

(Select which applies to your organization):

☐ Organization has adopted, implemented, and distributed CalOptima Health's Compliance Plan and Code of Conduct (https://www.CalOptima Health.org/en/About/GeneralCompliance/GeneralComplianceResourceLinks.aspx)

☐ Organization has distributed a comparable Compliance Plan and Code of Conduct *Note: If selecting a comparable Compliance Plan and Code of Conduct, please submit a copy of your organization's Compliance Plan and Code of Conduct to CalOptima Health's Office of Compliance for review to ensure they meet CMS's requirements.*

IV. **Exclusion Monitoring**. Review all Organization and downstream entity board members, officers, potential and actual employees, temporary employees, and volunteers against the Medi-Cal Suspended and Ineligible Provider List (S & I Medi-Cal), Health and Human Services(HHS), Office of Inspector General(OIG) List of Excluded Individuals & Entities list, System for Award Management (SAM)/General Services Administration(GSA) Debarment list, Centers for Medicare & Medicaid Services (CMS) Preclusion List (as applicable), Restricted Provider Database(RPD) (as applicable), (hereafter "Lists") upon appointment, hire or contracting, as applicable, and monthly thereafter. Further, in the event that the Organization or downstream entity becomes aware that any of the foregoing persons or entities are included on these Lists, the Organization will notify CalOptima Health within five (5) calendar days, the relationship with the listed person/entity may be terminated as it relates to CalOptima Health, and appropriate corrective action will be taken.

V. **Conflict of Interest**. Screen the Organization and its subcontractors' governing bodies for conflicts of interest as defined in state and federal law and CalOptima Health policies and procedures upon hire or contracting and annually thereafter.

VI. **Reporting of FWA/Non-Compliance**. Will report suspected fraud, waste, and abuse, as well as all other forms of non- compliance, as it relates to CalOptima Health, confidentially and anonymously.

VII. **Disciplinary Action**. Understand that any violation of any laws, regulations, or CalOptima Health policies and procedures are grounds for disciplinary action, up to and including termination of Organization's contractual status.

VIII. **Non-Retaliation**. Are aware that persons reporting suspected fraud, waste, and abuse, and other non- compliance are protected from retaliation under the False Claims Act and other applicable laws prohibiting retaliation.

IX. **Records Management**. Retain documented evidence of compliance with the above, including training and exclusion screening (i.e., sign-in sheets, certificates, attestations, OIG and GSA search results, etc.) for at least ten (10) years, and provide such documentation to CalOptima Health upon request.

The individual signing below is knowledgeable about and authorized to attest to the foregoing matters on behalf of the Organization.

_____	_____
Signature	Date
_____	_____
Name (Print)	Organization
_____	
Email (Print)	

Attestation Concerning the Use of Offshore Subcontractors

If Organization offshores any protected health information (PHI) it must notify CalOptima Health prior to entering into or amending any agreement with an Offshore Subcontractor, and the Organization must complete the Offshore Subcontracting Attestation.

Which CalOptima Health program(s) does this form pertain to? Select all that apply.	☐ Medi-Cal ☐ OneCare ☐ PACE

Please check one of the following:

☐ Our Organization does not offshore any protected health information.
Please skip to Part V below.

☐ Our Organization does offshore protected health information.
Please complete Offshore Subcontractor Attestation (Part I through Part V) below.

Part I — Offshore Subcontractor Information	
Attestation	**Response**
Our Organization uses an offshore subcontractor or offshore staff to perform functions that support our contract with CalOptima Health.	☐ Yes ☐ No
Offshore Subcontractor name:	
Offshore Subcontractor country:	
Offshore Subcontractor address:	
Describe offshore subcontractor functions:	
Proposed or actual effective date for offshore subcontractor (MM/DD/Year):	

Part II — Precautions for Protected Health Information (PHI)	
Question	**Response**
1. Describe the PHI that will be provided to the offshore subcontractor:	
2. Explain why providing PHI is necessary to accomplish the offshore subcontractor's objectives:	
3. Describe alternatives considered to avoid providing PHI, and why each alternative was rejected:	

Part III — Attestation of Safeguards to Protect Beneficiary Information in the Offshore Subcontract	
Attestation	**Response**
A. Offshore subcontracting arrangement has policies and procedures in place to ensure that beneficiary protected health information (PHI) and other personal information remains secure.	☐ Yes ☐ No*
B. Offshore subcontracting arrangement prohibits subcontractor's access to data not associated with CalOptima Health's contract with the offshore subcontractor.	☐ Yes ☐ No*
C. Offshore subcontracting arrangement has policies and procedures in place that allow for immediate termination of the subcontract upon discovery of a significant security breach.	☐ Yes ☐ No*
D. Offshore subcontracting arrangement includes all required Medicare Part C and D language. (e.g., record retention requirements, compliance with all Medicare Part C and D requirements, etc.)	☐ Yes ☐ No*

Part IV — Attestation of Audit Requirements to Ensure Protection of PHI	
Attestation	**Response**
A. Our Organization will conduct an annual audit of the offshore subcontractor/employee.	☐ Yes ☐ No*
B. Audit results will be used by our Organization to evaluate the continuation of its relationship with the offshore subcontractor/employee.	☐ Yes ☐ No*
C. Our Organization agrees to share offshore subcontractor's/employee's audit results with CalOptima Health or CMS upon request.	☐ Yes ☐ No*

***Explanation required for all "no" responses to Part III and Part IV above:**

Part V — Organization Information	
By signing below, I hereby attest that the information contained herein is true, correct and complete.	
Printed name of authorized person:	Title:
Email:	Phone #:
Signature:	Date:

Note: CalOptima Health's policies and procedures, CMS training module instructions for FWA, General Compliance, General HIPAA, CalOptima Health's Code of Conduct, CalOptima Health's Compliance Plan can be accessed at https://www.CalOptima Health.org/en/About/GeneralCompliance.aspx