



202X First Tier, Downstream and Related Entity (FDR) Annual Attestation of Compliance

CMS requires any organization or individual that contracts with ATRIO Health Plans to provide administrative or healthcare service functions on behalf of ATRIO comply with various CMS program requirements. By completing the following attestation, you certify that your organization is committed to ensuring compliance with ATRIO and CMS requirements.

This must be completed, signed, and returned to ATRIO fdoversight@atriohp.com on or before XX/XX/XXXX.

Completion of Required Training

- 1 My organization complies with required HIPAA training as outlined in 45 CFR 164.530
- 2 My organization conducts general compliance training and training to identify, correct, and prevent potential fraud, waste, and abuse (“FWA”) for its employees and contractors involved in the administration or delivery of ATRIO benefits (“ATRIO Services”) within 90 days of initial hire (or 90 days of initial contracting), and on an annual basis thereafter.

My organization maintains records of satisfaction of educational requirements (CHECK BOX):

- 3 My organization maintains records (such as attestations, a training log, or certificates of completion) to confirm completion of education requirements and will make such records available for inspection by ATRIO, the Department of Health and Human Services (DHHS), the Comptroller General, or the designee of any of the aforementioned entities for a period of 10 years from the end of my organization’s contract with ATRIO or longer, if required by CMS:

Code of Conduct

ATRIO’s Code of Conduct (COC) has been made available to our organization for the contract year 202X and (please select applicable box):

- 4 We provided ATRIO’s COC to all our employees and contractors initially within 90 days of hire or contracting, when there are updates to the COC, and annually thereafter. We require employees and contractors involved in ATRIO Services to perform their job functions in accordance with ATRIO’s COC.
- 4a My organization utilized our own comparable version of the COC for the contract year. We provided our own COC to all our employees and contractors initially within 90 days of hire or contracting, when there are updates to the COC, and annually thereafter. We require employees and contractors involved in ATRIO Services to perform their job functions in accordance with my organization’s COC.

Compliance Policies

- 5 My organization has implemented and maintained compliance policies and procedures specific to my organization that demonstrate my organization’s commitment to operating in compliance with applicable Medicare regulations and to detection, prevention, and correction of issues of noncompliance.

6 My organization has distributed compliance policies to our employees who support ATRIO's Medicare business within 90 days of hire, when there are updates to the policies and annually thereafter.

LEIE/EPLS Exclusion Screening

7 During the contract year, my organization reviewed the DHHS Office of the Inspector General (OIG) List of Excluded Individuals and Entities (LEIE) and the GSA Excluded Parties Lists System (EPLS) prior to the hiring or contracting of any new employee, temporary employee, volunteer, consultant, governing body member, subcontractor or downstream entity, and monthly thereafter, to ensure that none of these persons or entities are excluded or become excluded from participation in federal programs.

Reporting Non-Compliance, FWA and HIPAA Incidents

8 During the contract year, my organization's employees and contractors were informed of their obligation to report any suspected FWA, non-compliance or HIPAA incidents for internal investigation. My organization maintains a reporting mechanism that allows employees and contractors to report HIPAA incidents and suspected FWA or non-compliance anonymously.

9 My organization prohibits retaliation or intimidation against anyone who reports suspected FWA or non-compliance in good faith.

If the above stated verbiage does not align with the actions of your organization, please provide an explanation below:

Offshore Subcontractor Reporting

During the contract year, my organization and/or any of its downstream or related entities (CHECK ONE):

10 DID

10a DID NOT

engage in offshore operations for any administrative or healthcare services related to ATRIO business. If your organization and/or any of our downstream/related entities engaged in offshore operations related to ATRIO business, please complete the "Offshore Subcontractor Attestation" for each entity.

Downstream Entity Oversight

11 My organization does not delegate performance of ATRIO Services to any other entity.

12 My organization delegates performance of one or more of the ATRIO Services to any other entity, and:

12a During the contract year, my organization obtained or will obtain the same attestations provided herein from each such entity.

12b During the contract year, my organization performed ongoing oversight of all such entities.

Please list any/all delegated entities and the services they perform:

As authorized representative for the below named organization, I certify that I have reviewed and understand all the requirements within ATRIO's vendor policy, that the above statements are true to the best of my knowledge, and that my organization maintains records that support our compliance.

Organization Name: _____

Organization Address: _____

City: _____ State: _____ Zip: _____

Authorized Representative (print name): _____

Authorized Representation (signature): _____

Organization's Authorized Representative's Title: _____

Organization's Authorized Representative's Phone Number: _____

Organization's Authorized Representative's Email Address: _____

Please direct questions or concerns regarding this attestation to fdoversight@atriohp.com