



Medicare Compliance Plan Attestation for First Tier, Downstream & Related Entities

As required by the Centers for Medicare & Medicaid Services (CMS), First Tier, Downstream, and Related Entities (FDRs) that provide administrative and/or health care services for Medicare Parts C and D plans must meet specific CMS compliance program expectations. Immanuel is considered a First Tier as we provide administrative and or health care services for Medicare Part C and D plans. Your organization is considered a Downstream Entity of Immanuel, and this attestation is intended to be evidence that the requirements listed below were met by your organization.

CMS finalized regulatory changes to business continuity plan requirements for Medicare Advantage (MA) and Prescription Drug Benefit Programs effective January 1, 2016. This change requires Medicare Advantage organizations, Part D sponsors, and their contracted First Tier and Downstream Entities to develop, maintain, and implement business continuity plans that meet certain minimum standards. The plans must contain policies and procedures to ensure the restoration of business operations following disruptions. These disruptions can include natural or man-made disasters, system failures, emergencies, and other similar circumstances and the threat of such occurrences. You can find detailed requirements in CMS's final rule (42 CFR §§422.504(o) and 423.505(p))

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

The Immanuel General Compliance Training and Fraud, Waste and Abuse power point (located at this link: <https://immanuel.com/contract-staff-training>) was provided to all of our employees, contractors and downstream entities who are assigned to work on Medicare business. This occurred initially within 90 days of hire or contracting and annually thereafter. **Records of General Compliance and Fraud, Waste and Abuse Training completion are maintained for at least 10 years.**

2. Immanuel Vendor Code of Conduct

The Immanuel Vendor Code of Conduct was provided to all of our employees, contractors and downstream entities who are assigned to work on Medicare business. This occurred initially within 90 days of hire, upon revision and annually thereafter. **Records of employee, contractor and downstream entity acceptance/attestation of the Standards of Conduct are maintained for at least 10 years.**

3. Reporting Mechanisms

Employees, contractors and downstreams entities were informed of their obligation to report, and how to report, any suspected or detected non-compliance or potential FWA for internal investigation, as well as the disciplinary standards for non-compliant behavior. The reporting mechanisms ensure confidentiality and allow for anonymity, as desired and are available 24 hours a day. In addition, we don't allow retaliation or intimidation against anyone who reports in good faith. In turn, our organization reports any applicable incidents to CMS as they arise.

4. Exclusion/Debarment

Our organization ensures that none of our employees, contractors or downstream entities that service Medicare business are on the HHS Office of Inspector General (OIG) or the General Services Administration (GSA) System for Award Management (SAM) exclusion lists through the screening of these lists prior to hire or contracting and monthly thereafter. **Documentation of pre-hire/contract and monthly screenings is maintained for at least 10 years.**

5. Offshore Operations

Our organization does not engage in offshore operations for Medicare-related Medicare business without the express consent of an authorized Medicare representative since these activities, if involving the receipt, viewing, processing, transferring, handling, storing or accessing of PHI, must be reported to CMS. **Immanuel** has been notified of any such offshore arrangements.

6. Downstream Entity Oversight

Our organization ensures that compliance is maintained by our organization as well as any of our contracted downstream entities. Our organization has strong oversight in place to ensure that any of our subcontracted downstream arrangements that are used to service Medicare business are in compliance with all of the above requirements, as well.

I certify, as an authorized representative of an entity that has a written agreement with **Immanuel**, a Medicare Part C and Part D Plan Sponsor, 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 and our contract with **Immanuel**, for a period of no less than ten (10) years.
- My organization will produce this evidence upon request to **Immanuel**.
- My organization understands that the inability to produce this evidence may result in a Corrective Action Plan or other contractual remedies such as contract termination.

Signature of Organization's Authorized Representative
and Title

{{Organization's Authorized Rep Printed Name}}
Organization's Authorized Representative Printed Name

{{Organization Name}}
Organization Name Printed

Date