

## FDR COMPLIANCE ATTESTATION

Please complete and execute this attestation and return it to CalOptima Health's Office of Compliance via email at <a href="mailto:compliance@caloptima.org">compliance@caloptima.org</a> within thirty (30) calendar days for existing FDRs or sixty (60) calendar days for new FDRs of this notice.

	Thich CalOptima Health program(s) does this form ertain to? Select all that apply:	□ Medi-Ca	al	□ OneCare				
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	•						

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: Documentation of completion is maintained by the first-tier entity, per CMS retention requirements, and the information will be available for sponsor access and audit.
- 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.



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- Organization has adopted, implemented and distributed CalOptima Health's Compliance Plan and Code of Conduct (<a href="https://www.caloptima.org/about-us/transparency/compliance">www.caloptima.org/about-us/transparency/compliance</a>)
- Organization has distributed a comparable Compliance Plan and Code of Conduct Note: Documentation of completion is maintained by the first-tier entity, per CMS retention requirements, and the information will be available for sponsor access and audits.
- IV. <u>Exclusion Monitoring</u>. 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. <u>Conflict of Interest</u>. 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. <u>Reporting of FWA/Non-Compliance</u>. Will report suspected fraud, waste and abuse, as well as all other forms of noncompliance, as it relates to CalOptima Health, confidentially and anonymously.
- VII. <u>Disciplinary Action</u>. Understand that any violation of any laws, regulations or CalOptima Health policies and procedures is grounds for disciplinary action, up to and including termination of Organization's contractual status.
- VIII. <u>Non-Retaliation</u>. Are aware that persons reporting suspected fraud, waste, and abuse and other noncompliance 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 Signature	
Name (Print)	<b>Organization</b>
	Email (Print)