

# 2019 Vantage Medicare Compliance Program Guidelines Attestation

This attestation confirms your organization reviewed Vantage Health Plan's ("Vantage") *First Tier, Downstream, and Related Entities ("FDR") Medicare Compliance Program Guide* which can be found on Vantage's web page at <a href="https://vantagehealthplan.com">https://vantagehealthplan.com</a>. It also confirms your commitment to comply with Vantage's requirements. These requirements are listed below and apply to all services your organization, as Vantage's FDR, provides for Vantage Medicare business. The requirements also apply to any of the Downstream Entities you use for Vantage Medicare business. Accordingly, on behalf of my organization, I hereby attest to the following:

### 1. General Compliance Training

My organization's employees completed Medicare Parts C&D General Compliance Training within 90 days of hire and annually thereafter. The training was completed on the Medicare Learning Network (MLN) or our existing training materials/systems.

### 2. Fraud, Waste, and Abuse ("FWA") Training

My organization's employees completed Medicare Parts C&D Fraud, Waste, and Abuse\_Training within 90 days of hire and annually thereafter. The training was completed on the Medicare Learning Network (MLN) or our existing training materials/systems.

# 3. Code of Conduct and/or Program Policy Distribution

My organization has adopted either Vantage's or a comparable Code of Conduct and/or compliance policies which were distributed to all employees within 90 days of hire, upon revision, and annually thereafter.

# 4. Office of Inspector General (OIG) and General Services Administration System for Award Management (SAM) Exclusion List Screening

My organization screens the OIG and SAM exclusion lists prior to hire or contracting, and monthly thereafter, for all our employees and Downstream Entities. My organization removes any person/entity from work on Vantage Medicare business if found on these lists.

# 5. Reporting of FWA and Compliance Violations

My organization communicated to 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 employees report concerns directly to Vantage or maintains confidential and anonymous mechanisms for employees to report internally. In turn, we report these concerns to Vantage when applicable.

## 6. Special Needs Plan ("SNP") Training (If Applicable)

CMS requires Vantage to provide Special Needs Plans training to employees and providers who coordinate the delivery of care to its SNP members. CMS also requires employees and providers serving the SNP population to complete annual training. Providers may meet the training requirement by reviewing the SNP training in Vantage's Provider Portal at <a href="https://portal.vantagehealthplan.com">https://portal.vantagehealthplan.com</a>

#### 7. Ongoing Monitoring and Auditing of FDRs

My organization conducts internal oversight of the services that our employees or our Downstream Entities, to the extent we may use such, perform for Vantage Medicare business to ensure that compliance is maintained with all applicable laws, rules and regulations.

### 8. 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 does not do the work offshore, does not have Downstream Entities that do the work offshore, or does the work offshore (ourselves or through a Downstream Entity) but has obtained approval from an authorized Vantage representative to do so.

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 will maintain this documentation in accordance with federal regulations and our contract with Vantage, which is no less than (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 by Vantage for a Corrective Action Plan ("CAP") or other contractual remedies such as contract termination.

st Tier Organization's Authorized Representative Printed Name and Title	
Signature of First Tier Organization's Authorized Representative	Date
First Tier Organization Name Printed	
First Tier Organization Mailing Address	
 Tax ID# (TIN)/Employer ID# (EIN)	