



Health Partners Plans | Medicare

## FDR Compliance Attestation

email  
page

\*Indicates required field.

### First Tier, Downstream and Related Entity (FDR) Compliance Attestation

CMS requires any organization or individual that contracts with Health Partners Plans (HPP) to provide administrative or healthcare service functions on behalf of HPP comply with various CMS program requirements. By completing the following attestation, you certify that your organization is committed to ensuring compliance with HPP and CMS requirements. Additional information on the below requirements can be found on our website at:

<https://medicare.healthpartnersplans.com/medicare-fdr-information>

For existing HPP FDRs, this attestation must be submitted back to HPP no later than February 28 of every year.

### Fraud, Waste, and Abuse (FWA) & General Compliance Training (Select all that apply)

My organization trains all personnel involved in the administration or delivery of HPP benefits within 90 days of hire (or 90 days of contracting), and on an annual basis thereafter on Fraud, Waste, and Abuse and/ or General Compliance. My organization has satisfied this requirement for contract year 2016 via:

- CMS Medicare Learning Network (MLN) FWA training and General Compliance education modules, with certificates of completion available upon request (**Available option to satisfy requirements for the Medicare line of business**)
- My organization downloads and incorporates the content of the CMS standardized FWA and General Compliance training modules from the CMS website into our existing compliance training materials/systems. We ensure the CMS module content that is included is not modified beyond the modifications to the appearance of the content (i.e. font, color, background, format, etc.) and that we can provide proof of training completion upon request. (**Available option to satisfy requirements for the Medicare line of business**)
- HPP's FWA and General Compliance Training (**May be acceptable for Non-Medicare line of business ONLY effective CY 2016 and beyond**)
- My organization's own equivalent version of the HPP FWA and General Compliance training (**May be acceptable for Non-Medicare line of business ONLY effective CY 2016 and beyond**)

**Please also check the below box, if applicable:**

- My organization has met the FWA certification requirements through enrollment into the Parts A or B of the Medicare program or accreditation as a Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS); therefore, my organization is considered deemed and exempt from completion of FWA training, but ensures general compliance training is provided to all employees and downstream entities who are assigned to work on HPP's Medicare line of business. The general compliance training complies with CMS requirements and includes the CMS General Compliance training content without modification.

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

**Compliance Information:**

- HPP's Code of Conduct (COC) and Compliance Policies have been made available to our organization in 2016. We have provided HPP's COC/Compliance Policies to all of our employees initially within 90 days of hire or contracting, upon revision, and will continue to provide them annually thereafter.
- My organization utilized our own comparable version of the Code of Conduct (COC) and Compliance Policies in 2016. The COC/Compliance Policies have been made available to all of our employees initially within 90 days of hire or contracting, upon revision, and will continue to provide them annually thereafter.

*If the organization does not adopt and comply with HPP's COC and Compliance Policy, or a materially similar version, please provide an explanation below:*

**Compliance Information (applicable to organizations with Downstream Entities only):**

- My organization ensured our downstream entities who are assigned to work on HPP's business during 2016 received HPP's COC/ Compliance Policies. We have provided HPP's COC/Compliance Policies to all of our downstream entities initially within 90 days of hire or contracting, upon revision, or to meet the annual distribution requirement.
- My organization ensured our downstream entities (if applicable) who are assigned to work on HPP's business receive our organization's COC/Compliance Policies. In 2016, we provided our COC/Compliance Policies to all of our downstream entities initially

within 90 days of hire or contracting, upon revision, or to meet the annual distribution requirement.

- My organization ensured downstream entities have been contractually required to have such policies. If our downstreams utilize their own comparable versions, my organization conducts a review of those policies from a sample of downstream entities to ensure the content is sufficient.

*If the organization does not ensure that your downstream entities adopts and comply with HPP's COC and Compliance Policy, or a materially similar version, please provide an explanation below:*

**OIG/SAM/Medicheck Exclusion Screening:**

- My organization attests that during 2016, we reviewed the OIG LEIE, SAM EPLS and Medicheck (applicable to work related to HPP's Medicaid/CHIP lines of business) prior to the hiring or contracting of all personnel involved in the administration or delivery of HPP benefits and on a monthly basis thereafter.

*If the organization did not perform exclusion screenings as stated above, please provide an explanation below:*

**Reporting Mechanisms:**

- During 2016, internal employees were informed of their obligation and how to report any suspected or detected non-compliance or potential FWA for internal investigation. The reporting mechanisms ensure confidentiality and allow for anonymity, as desired. 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 HPP as they arise.

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

### **Offshore Subcontractor Reporting**

During 2016, my organization and/or any of our downstream/related entities (CHECK ONE) Did  
 DID NOT  engage in offshore operations for any administrative or healthcare services related to HPP business. *If your organization and/or any of our downstream/related entities engaged in offshore operations related to HPP business, please complete the "Offshore Subcontractor Attestation" for each entity.*

### **Downstream Entity Oversight (only applicable to First Tiers that subcontract delegated HPP functions to another organization):**

- My organization attests that during 2016 we ensured compliance was maintained by our organization, performed ongoing oversight of our downstream entities and disclosed issues identified to HPP as soon as possible.

*If the organization did not perform ongoing oversight over the downstream entities, please provide an explanation below:*

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*As authorized representative for the below named organization, I certify that I have reviewed and understand all of the requirements within HPP'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, Line 1\*

Line 2

City\*

State\*

 

Zip Code\*

Organization's Authorized Representative\*

Organization's Authorized Representative's Title\*

Organization's Authorized Representative Phone Number\*

Organization's Authorized Representative Email Address\*

Please direct questions or concerns regarding this attestation to [MedicareFDR@hpplans.com](mailto:MedicareFDR@hpplans.com).