Dear Valued Partner,

Your organization is receiving this Annual Attestation Form because it is contracted with the Scott and White Health Plan, FirstCare Health Plans, or their subsidiaries, together Plan, as an Administrative Services Contractor, First Tier Entity, and/or Delegate for the Plan. As a Plan contractor, your organization is subject to Federal and State laws, regulations, and other requirements relating to Federal and State Health Care Programs. Regulatory guidelines require that Plans of Federal and State Health Care Programs ensure their Vendors/Delegates take certain compliance actions including:

- Adoption and dissemination of policies and procedures to prevent Fraud, Waste and Abuse (FWA) and promote ethical conduct;
- Prevention of Conflicts of Interest;
- Code of Conduct;
- Testing (Agents/Brokers);
- Licensing (Agents/Brokers);
- Provision of Compliance and FWA training;
- Privacy & Security (HIPAA training);
- Exclusion screening; (Department of Health and Human Services Office of Inspector General (OIG) List of Excluded Entities and Individuals (LEIE), the General Services Administration System for Award Management (SAM) OIG, GSA/Sam), the CMS Preclusion List, Social Security Administration's Death Master File (SSA DMF), and the National Plan & Provider Enumeration System (NPPES);
- Maintaining reporting and communication channels, e.g. Hotline, effective lines of communication, etc.;
- Audit and Monitor any downstream entities to whom vendor delegated functions that were originally delegated to vendor by the Health Plan;
- Retention of records for 10 years per regulatory guidelines.

Additional information is requested on this Attestation Form, to be completed, signed and returned to the Plan on an annual basis after the execution of an Agreement between an Administrative Services Contractor/First Tier Entity/Vendor and the Plan. Please review each section listed below and make one selection for each section, as well as provide any additional information necessary.

To report potential fraud, waste or abuse, or any other compliance issues, please contact our Compliance HelpLine at 866-245-0815, or through our website: ComplianceHelpLine.BSWHealth.com

It may be submitted electronically to SWHPComplianceDepartment@bswhealth.org. For more information, please visit our Scott and White Health Plan webpage.

As a duly authorized representative of _____, I hereby acknowledge and attest that the organization for calendar year 2020 has complied with the following Federal and/or State requirements (except as otherwise noted):

I. Compliance Requirements

CMS has issued compliance requirements that are applicable to Medicare Part C and Part D sponsors, as well as FDRs. They are published in the Medicare Managed Care Manual and Prescription Drug Manuals, CMS Pub. 100-16, chapters 9, 11 and 21. FDRs are obligated to comply with these requirements.

I attest to the option selected below:

☐ The Organization has reviewed, understands, and is in compliance with the requirements set forth in the Medicare Managed Care and Prescription Drug Benefit Manuals.

☐ The Organization has NOT reviewed the compliance requirements set forth in the Medicare Managed Care and Prescription Drug Benefit Manuals.

Please provide an explanation for non-compliance: _____

II. Compliance Oversight and Response

The Organization should have policies and procedures for promptly responding to, investigating, and reporting to the Health Plan all identified compliance deficiencies in accordance with CMS regulations and requirements (as set forth in the Medicare Managed Care Manual, chapter 21, and Prescription Drug Benefit Manual, chapter 9). The Organization is obligated to disseminate such Compliance policies and procedures to applicable employees within 90 days of hire, when there are updates to the policy and procedure, and annually thereafter.

I attest to the option selected below:

☐ The Organization is in compliance with oversight and reporting requirements and Compliance policy and procedure dissemination as established by CMS.

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☐ The Organization is NOT in compliance with oversight and reporting requirements and Compliance policy and procedure dissemination established by CMS.

Please provide an explanation for non-compliance:

III. Conflict of Interest (COI)

Employees and downstream entities have been screened for conflicts of interest in performing their job functions as required under the Health Plan Conflict of Interest Policy.

I attest to the option selected below:

☐ The organization screened its employees and there were no conflicts disclosed.

☐ The organization has screened its employees and did have a disclosure. The organization will inform the Health Plan of the status of said employees' disclosure upon return of this attestation.

☐ The organization has NOT screened its employees or downstream entities for COI.

Please provide an explanation for non-compliance:

IV. Code of Conduct

The Organization should have a Code of Conduct that reflects CMS regulations and requirements. Employees, contractors, and downstream entities should have been provided with and adopt the Baylor, Scott and White Health (BSWH) Code of Conduct, which may be accessed via the Scott and White Health Plan webpage, or the Organization should have its own Code of Conduct that is consistent with the BSWH Code. The Organization is obligated to disseminate Code of Conduct to employees within 90 days of hire and to contractors and downstream entities prior to contract effective date, and annually thereafter.

I attest to the option selected below:

☐ The Organization has adopted and disseminated the BSWH Code of Conduct.

☐ The Organization has developed, adopted, and disseminated its own Code of Conduct.

Please provide an explanation for non-compliance:

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V. Compliance Training

The Organization is obligated to have policies and procedures to meet the requirements for Medicare Compliance Training for all employees, contractors, and downstream entities within 90 days of hire or contracting **and then annually** thereafter. The Organization is to obtain certificates of completion of the required training, and these certificates must be kept on file and available to the Health Plan upon request.

I attest to the option selected below:

☐ The Organization has completed for all employees and contractors the annual General Compliance Training, including HIPAA Privacy and FWA training via the CMS General Compliance and FWA training module on the MLN website.

☐ The Organization has developed its own standardized training modules. The Organization complies with Health Plan training requirement and assigns annual General Compliance Training, including HIPAA Privacy and FWA trainings to all applicable employees and contractors.

☐ The Organization has NOT met the General Compliance, including HIPAA Privacy and FWA training requirements for all employees, contractors and downstream entities as required by the Health Plan.

Please provide an explanation for non-compliance: _____

VI. Communication and Reporting Mechanisms

The Organization is obligated to have written Standards of Conduct and/or policies and procedures requiring all employees, governing body members, and First Tier and Downstream Entities (FDRs) to report Compliance concerns and suspected or actual violations related to the Medicare program to the Organization. The Organization is obligated to maintain confidential reporting systems available 24 hours per day per requirements in the Medicare Managed Care Manual and Prescription Drug Manuals, chapters 9 and 11, section 5.4.2. FDRs are obligated to comply with these requirements.

I attest to the option selected below:

☐ The Organization is compliant with Communication and Reporting Mechanisms per Medicare Managed Care Manual and Prescription Drug Manuals, chapters 9 and 11, section 5.4.2.

☐ The Organization is not compliant with Communication and Reporting Mechanisms per Medicare Managed Care Manual and Prescription Drug Manuals, chapters 9 and 11, section 5.4.2.

Please provide an explanation for non-compliance: _____

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VII. Exclusions Screening

Consistent with CMS requirements, the Organization is obligated to screen all employees and contractors **prior to initial hire or contract, and monthly** thereafter, against the Department of Health and Human Services Office of Inspector General (OIG) List of Excluded Entities and Individuals (LEIE), the General Services Administration System for Award Management (SAM), and the CMS Preclusion List per the requirements set forth in 42 CFR 422.503(b) (4) (vi) (F). If an individual or entity is determined to be on any of the list(s) described in this section, the Organization must immediately remove the individual or entity from doing any work associated with a State or Federal Health Care Program, and immediately notify the Health Plan of the action taken.

I attest to the option selected below:

☐ The Organization is in compliance with the CMS sanctions screening and CMS Preclusion List screening requirements set forth above.

☐ The Organization is NOT in compliance with the CMS sanctions screening and CMS Preclusion List screening requirements set forth above.

Please provide an explanation for non-compliance: |

VIII. Additional Identity Screening

In addition to the Exclusion Screening requirements in section VI, if the Organization is contracted to provide Medicaid services on behalf of the Health Plan under the Health Plan's Managed Care Organization (MCO) contract with the Department of Health and Human Services, the Organization is obligated to confirm the identity and determine the exclusion status of all employees and contractors **prior to initial hire or contract, and monthly** thereafter, through checks of federal databases of the Social Security Administration's Death Master File (SSA DMF) and the National Plan & Provider Enumeration System (NPPES) per the requirements set forth by 42 CFR 438.230. Note, NPPES verification only applies to health care providers (individuals or entities) who have a National Provider Index (NPI). If an individual or entity is determined to be listed on the SSA DMF, their NPI cannot be verified through NPPES, or NPPES reflects the NPI is excluded, the Organization must immediately remove the individual or entity from doing any work associated with a State or Federal Health Care Program, and immediately notify the Health Plan of the action taken.

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I attest to the option selected below:

☐ The Organization does not provide Medicaid services on behalf of the Health Plan under the Health Plan's Managed Care Organization (MCO) contract with the Department of Health and Human Services.

☐ The Organization is in compliance with the SSA DMF and NPPES screening requirements set forth above.

☐ The Organization is NOT in compliance with the SSA DMF and NPPES screening requirements set forth above.

Please provide an explanation for non-compliance: |

IX. Offshore Activities

Are any functions performed by your organization on behalf of the health plan delegated to an offshore vendor?

AND

Do the offshore operations include distribution of any Protected Health Information (PHI) or Personally Identifiable Information (PII)?

(The term "offshore" refers to any country that is not one of the fifty United States or one of the United States Territories (American Samoa, Guam, Northern Marianas, Puerto Rico, and Virgin Islands)**

I attest to the option selected below:

☐ I attest that the Organization has complied with the CMS requirements regarding any Offshore Arrangement, including protection of PHI.

☐ I attest that the Organization is NOT in compliance with the CMS requirements regarding the reporting of Offshore Activities.

☐ Not applicable as the organization does not have offshore activities.

Please provide an explanation for non-compliance: |

Section(s) X. Testing & XI. Licensing to be filled out by Field Marketing Organizations (FMO).

If not an FMO proceed to Section XI.

X. Testing (Agent/Brokers)

The Centers for Medicare & Medicaid Services requires that all agents/brokers (employed/captive or independent) selling Medicare products are **trained and tested annually** on Medicare rules, regulations, and on details specific to the plan products that they sell. This means that training and testing **must take place prior** to the broker/agent selling the product. In addition agents/brokers must obtain a passing **score of at least eighty-five percent** on the test per 42 CFR 422.2274 (c) and (d). By selecting one or more of the following options, you hereby attest to which applies to your organization.

I attest to the option selected below:

☐ All of the organizations agents/brokers selling Medicare products are trained and tested annually on Medicare rules, regulations and on details specific to the plan products they sell. All agents/brokers have obtained a passing score of at least eighty-five percent on the test.

☐ I attest that the Organization is NOT in compliance with the CMS requirements mentioned above.

Please provide an explanation for non-compliance:

XI. Licensing (Agent/Brokers)

The Centers for Medicare & Medicaid Services requires that all agents/brokers are licensed in the State in which they do business. The Texas Department of Insurance requires that agents hold a current permanent general life, accident, and health insurance agent license. By selecting the following option, you hereby attest to which applies to your organization.

I attest to the option selected below:

☐ The organization maintains current licenses for all agents working for the Health Plan.

☐ I attest that the Organization is NOT in compliance with the CMS requirements mentioned above.

Please provide an explanation for non-compliance:

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Section(s) XII. Testing, XIII. Licensing, and XIV. Website Requirements to be filled out by Agencies/Agents, Brokers, or Web-Broker that enrolls qualified individuals in a Qualified Health Plan or assists individuals in applying for advance payments of the premium tax credit and cost-sharing reductions for QHPs.

If not applicable, proceed to end of document to complete attestation.

XII. Registration and Training

The Centers for Medicare & Medicaid Services requires that all agents/brokers **register with the Exchange prior to** enrolling qualified individuals in a Qualified Health Plan (QHP) or assisting individuals in applying for advance payments of the premium tax credit and cost-sharing reductions for QHPs per 45 CFR 155.220**.**

The Centers for Medicare & Medicaid Services requires that all agents/brokers **annually receive training** in the range of QHP options and insurance affordability programs through the Marketplace Learning Management System or a CMS-approved vendor prior to enrolling qualified individuals in a Qualified Health Plan (QHP) or assisting individuals in applying for advance payments of the premium tax credit and cost-sharing reductions for QHPs per 45 CFR 155.220**.**

By selecting one or more of the following options, you hereby attest to which applies to your organization.

I attest to the option selected below:

☐ All of the organizations agents/brokers are registered with the Exchange **and** receive annual training in the range of QHP options and insurance affordability programs.

☐ I attest that the Organization is NOT in compliance with the CMS requirements mentioned above.

Please provide an explanation for non-compliance: _____

XIII. Licensing (Agent/Brokers)

The Centers for Medicare & Medicaid Services requires that all agents/brokers are licensed in the State in which they do business. The Texas Department of Insurance requires that agents hold a current permanent general life, accident, and health insurance agent license. By selecting the following option, you hereby attest to which applies to your organization.

I attest to the option selected below:

☐ The organization maintains current licenses for all agents working for the Health Plan.

☐ I attest that the Organization is NOT in compliance with the CMS requirements mentioned above.

Please provide an explanation for non-compliance: |

XIV. Website Requirements

Per CFR 155.220(c), if an agent/broker uses a non-federal facilitated Exchange website for enrolling qualified individuals in a Qualified Health Plan (QHP) or assisting individuals in applying for advance payments of the premium tax credit and cost-sharing reductions for QHPs, the website must prominently display the required disclaimers and information required by CFR 155.205(b).

I attest to the option selected below:

☐ All of the organizations agents/brokers use a federal facilitated Exchange website –OR- use a website compliant with the requirements of CFR 155.205(b).

☐ I attest that the Organization is NOT in compliance with the federal requirements mentioned above.

Please provide an explanation for non-compliance: |

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Company Representative Attestation and Signature

☐ I am authorized to make representations and bind the organization and attest that the information noted above is accurate, correct, and truthful.

☐ I understand that I have an obligation to notify the Health Plan of any changes to this information. Any updates or new information will be reported to SWHPComplianceDepartment@bswhealth.org.

☐ I understand that the Health Plan may request proof of training and exclusion screenings or other documentation for oversight, or as required for regulatory or other audits, and agree to provide such information and documentation upon request.

☐ I am aware that Federal regulations require that records be retained for 10 years and agree to comply with this requirement.

☐ Please include information of your key personnel or a centralized email address for your organization where the Health Plan can communicate regulatory changes. Once regulatory changes have been communicated, your organization will be responsible for reviewing and implementing the changes, if applicable. Any changes to the information below, must be communicated to the Health Plan immediately.

Name, Title, Email address & Contact information:

OR

Organization's Centralized Email Address:

Print Name and Title	Organization
Authorized Representative Signature	Date

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