

2019 CY Provider Attestation

As a provider/provider group contracted with University Health Care, Inc. d/b/a Passport Advantage (HMO SNP), you and/or your organization are a **“first tier entity”** under applicable Medicare regulations and must comply with certain CMS training and oversight requirements. **These requirements apply to you and all of your employees, including temporary workers and volunteers, who provide health or administrative services in connection with Passport Advantage’s Medicare Advantage program** including but not limited to employees who engage in data entry, claims filing, or patient care - **(collectively “Staff”)** and includes the following requirements:

General Compliance (GC) and Fraud, Waste and Abuse (FWA) training - annually

- *I attest that I require all “Staff” to complete, within 90 days of initial hire or contracting with Passport Advantage and annually thereafter, Fraud, Waste and Abuse Training and General Compliance that meets CMS requirements for Medicare Parts C & D.*

Standards of Conduct (Code of Conduct) policies and procedures: Pursuant to Medicare regulations, you must distribute to your Staff a code of conduct and compliance policies and procedures that comply with CMS requirements within 90 days of initial hire or contracting with Passport Advantage and at least annually thereafter.

- *I attest that I require all “Staff” to read and agree to comply with my organization’s code of conduct (Code) and policies and procedures within 90 days of initial hire or contracting with Passport Advantage and annually thereafter. The Code and policies and procedures comply with the elements described at 42 CFR §§ 422.503(b)(4)(vi)(A) and 423.504(b)(4)(vi)(A) and reflect a commitment to comply with applicable statutory and regulatory requirements. If I do not have a Code and policies and procedures already in place that meets CMS requirements, I will contact my Provider Relations Specialist at Passport Advantage and require all Staff, as a condition of employment, to read and agree to comply with the Passport Advantage code of conduct (Code) and policies and procedures within 90 days of initial hiring (or contracting with Passport Advantage) and annually thereafter.*

Passport Advantage Model of Care (MOC) and Our Product (Passport Advantage Dual Special Needs Plan) Training

- *I attest that I require all “Staff” to complete, within 90 days of initial hire or contracting with Passport Advantage and annually thereafter.*

The Office of Inspector General’s (OIG) List of Excluded Individuals & Entities (LEIE) & General Services Administration (GSA) systems.

- *I attest that I adhere to the requirements to screen all “Staff” against the Office of Inspector General (OIG) List of Excluded Individuals and Entities (LEIE list) and the General Services Administration (GSA) Excluded Parties Lists System (EPLS) prior to hiring or contracting and monthly thereafter. I also monitor downstream entities and include a review of the LEIE list and EPLS prior to hiring or contracting and monthly thereafter.*

Maintain training records of the above required training, and be able to produce those records if needed for 10 years

- *I attest that I adhere to the requirements to maintain records of general compliance training, specialized Medicare and fraud, waste and abuse training for all “Staff” for ten (10) years (Chapters 9 and 21 – Compliance Program Guidelines of the Prescription Drug Benefit Manual and Medicare Managed Care Manual).*

Have in place a system in your organization to receive, record, respond and track compliance questions, concerns & potential FWA that emphasizes a policy of non-retaliation & non-intimidation

- *I attest I have in place a system to receive, record, respond and track compliance questions or concerns and potential fraud, waste and abuse that emphasizes a policy of non-retaliation and non-intimidation for good faith reporting of allegations of noncompliance and potential fraud, waste and abuse within my organization, steps are taken to ensure that such a policy is well-publicized.*

Monitor or provide the above mentioned training to all Staff and any downstream entities that your organization involves in providing services on behalf of Passport Advantage and/or their Medicare Part C & D members

- *I attest that I adhere to the requirements to provide the above mentioned training to any downstream entities that is involved in providing administrative, health, and/or prescription services on behalf of Passport Advantage and/or their Medicare Parts C and D members.*

Report to Passport Advantages Compliance hotline at 1-855-512-8500: I will report any and all reported situations of non-compliance & potential FWA as it relates to Passport Advantage members

- *I attest that I will meet this requirement.*

It is required that **all applicable “Staff”** with in your organization will meet the above attested requirements and you will maintain those records, as well as be prepared to supply that information if necessary or requested by Passport or CMS.

By signing, I agree that I am the authorized representative of my organization and confirm to adhere to all above attested requirements and that all Staff is in compliance with applicable statutory and regulatory requirements pursuant to Title 42 of the Code of Federal Regulations Parts 422 and 423 and guidance provided by CMS.

Organization Name (if applicable)

Tax ID # (s) _____

Address

Email *please provide email address to use for updates to training/compliance requirements communication*

Name (Please print clearly)

Title

Signature

Date
