



2022 Integrated Home Care Services, Inc. (IHCS)

Integrated's First Tier, Downstream & Related Entities and Affiliates

Compliance Attestation

IHCS' commitment to compliance includes ensuring that our First Tier, Downstream and Related Entities (FDRs) comply with applicable state and federal regulations. IHCS' contracts with FDRs to provide administrative and/or healthcare services to our enrollees. Ultimately, IHCS is responsible for fulfilling the terms and conditions within our contract with our Health Care Partners to meet the Medicare and Medicaid program requirements. Therefore, IHCS has developed a process to validate that each contracted FDR and Affiliate has met these requirements. **Each FDR and Affiliate must complete the Attestation below to confirm compliance with IHCS FDR compliance requirements upon contracting and annually thereafter.**

History of FDR Program: On January 2016, CMS introduced a program requiring all FDRs to utilize the training content issued via CMS' Medicare Learning Network (MLN) for General Compliance and FWATraining. FDRs have the option to either complete the required training via the web-based modules located on MLN, or to download and incorporate the content of the MLN training modules into their existing compliance training materials. **It's important to note**, training content cannot be modified (but changes to the appearance of the content, such as font style and color, are allowed).

*Update: Beginning in January 1, 2019, CMS will no longer require IHCS to ensure that their downstream providers (FDR's) complete the CMS-published training modules. **A same or similar training will suffice.** However, it is still considered a best practice that this version be used.*

Current version (2019) of CMS' MLN training content can be found here:

- Medicare Parts C & D General Compliance and FWA Training Downloads available at:

<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/MedCandDGenCompdownload.pdf>

<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/CombMedCandDFWAdownload.pdf>

If IHCS determines that an FDR does not comply with any of the requirements, we will require the FDR to develop and submit a Corrective Action Plan (CAP). We can help the FDR address the identified compliance issues, if necessary. These Monitoring and Auditing requirements are noted in 42 C.F.R. § 422.503(b)(4)(vi)(F) for Medicare Advantage (Part C) and 42 C.F.R. § 423.504(b)(4)(vi)(F) for Part D, and further described in the Medicare Managed Care Manual, Chapter 9 § 50.6.6.

Integrated Home Care Services, Inc. **FDR/Affiliate Compliance**

What is an "FDR" or "Affiliate"?

An **FDR** is a First Tier, Downstream or Related Entity. An FDR provides administrative or health care services relating to IHCS' Medicare contracts. IHCS's FDRs may include hospitals, providers, ancillaries, and some vendors.

First Tier Entity: any party that enters into a written arrangement, acceptable to CMS, with an MAO or Part D plan sponsor or applicant to provide administrative services or health care services to a Medicare eligible individual under the MA or Part D program.

Downstream Entity: any party that enters into a written arrangement, acceptable to CMS, with persons or entities involved with the MA benefit or Part D benefit, below the level of the arrangement between an MAO or applicant or a Part D plan sponsor or applicant and a first-tier entity. These written arrangements continue down to the level of the ultimate provider of both health and administrative services.

Related Entity: any entity that is related to an MAO or Part D sponsor by common ownership or control and

1. Performs some of the MAO or Part D plan sponsor's management functions under contract or delegation;
2. Furnishes services to Medicare enrollees under an oral or written agreement; or
3. Leases real property or sells materials to the MAO or Part D plan sponsor at a cost of more than \$2,500 during a contract period.

Affiliate is a person, provider or entity who provides care, services or supplies under the Medicaid program, or a person who submit claims for care, services or supplies for or on behalf of another person or provider for which the Medicaid program is or should be reasonably expected by a provider to be a substantial portion of their business operations.

What is required of FDRs?

The FDR and Affiliate Requirements are detailed in the **FDR Compliance Program Guide**.. The requirements include

- Distribution of Code of Conduct and Compliance Policies
- Fraud Waste and Abuse Training
- Exclusion Screening
- Fraud, Waste, Abuse and Compliance Concerns Reporting

In addition, all FDRs must complete the Compliance Attestation Form below annually.

The FDR Compliance Attestation must be completed upon acceptance into the Network and updated annually thereafter.

Instructions:

An authorized representative (i.e., a Compliance Officer, Chief Medical Officer, Practice Manager/Administrator, an Executive Officer, Provider, or Owner) is to attest to compliance with the IHCS' FDR and Affiliate Compliance Policy and must complete this form annually.

Step One: Click each of the links below as needed and check the appropriate response for each category. All four items on the ensuing pages must be completed and the Attestation signed.

Integrated Home Care Services, Inc. **FDR/Affiliate Compliance**

1. Standards of Conduct, Compliance Policies, and Compliance Information (Required)

42 CFR 422.503 and 423.504(b)(4)(vi)(A) 42 C.F.R. §§ 422.503(b)(4)(vi)(C), 423.504(b)(4)(vi)(C)

I have reviewed and understand the IHCS FDR Compliance Program Guide. My organization will abide by the IHCS compliance policies. In addition,

My organization **has established and publicized** compliance policies, Standards of Conduct, and compliance reference material that meet the requirements set forth by CMS in 42 CFR § 422.503(b)(4)(vi)(A) and 42 CFR § 423.504(b)(4)(vi)(A). This information is disseminated to employees and contractors upon hire and annually thereafter. A record of all employees and contractors receipt of the policies, Standards of Conduct, and information is maintained for a period of ten years and can be provided upon request.

- The compliance policies and/or Standards of Conduct reflect a commitment to preventing, detecting, and correcting non-compliance.
- The compliance reference material includes, at a minimum, information on the Deficit Reduction Act of 2005 and the False Claims Act.

Medicare Parts C & D General Compliance Training Download available at:

<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/MedCandDGenCompdownload.pdf>

My organization **does not have established** compliance policies and/or Standards of Conduct. The IHCS Compliance FDR and Affiliate Guide has been disseminated to all employees and contractors. It includes: The IHCS Compliance Code of Conduct, compliance policies, and information on select regulations, including but not limited to, the Deficit Reduction Act of 2005 and the False Claims Act. A record of all employees and contractors receipt of the IHCS Compliance FDR and Affiliate Guide will be maintained for a period of ten years and can be provided upon request.

2. Fraud, Waste and Abuse Training (Required)

My organization has fulfilled the FWA training requirement via the CMS Fraud, Waste and Abuse (FWA) training. All employees and contractors have completed this FWA training within 90 days of hire/contract and annually thereafter.

The CMS FWA Training can be accessed at:

<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/CombMedCandDFWAdownload.pdf>

My organization has fulfilled the FWA training requirement via another FWA training that meets or exceeds the requirements as outlined by CMS in 42 CFR § 422.503(b)(4)(vi)(C) and 42 CFR § 423.504(b)(4)(vi)(C). All employees and contractors have completed this FWA training within 90 days of hire/contract and annually thereafter.

My organization is "deemed" to have met the FWA training requirement through enrollment into Parts A or B of the Medicare program or through accreditation as the supplier of Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS).

Integrated Home Care Services, Inc. FDR/Affiliate Compliance

3. OIG and GSA Exclusion Screening (Required)

42 CFR 422.503, 422.752(a)(8), 423.504(b)(4)(vi)(F), and 423.752(a)(6)

All FDR employees working on behalf of IHCS and its affiliates' Medicare business (or any other Medicare, Medicaid, or Federal health care program work) must be screened against both the OIG and GSA exclusion lists. This includes temporary workers, interns, volunteers, contracted workers, and downstream contractors and vendors.

FDRs need to track and log OIG and GSA screenings conducted prior to hire and throughout the year for each employee, including full name and the date in which the verification screening was completed against both OIG and GSA for each month. While a tracker spreadsheet is useful, FDRs also need to maintain documentation to support the dates the employees were screened.

Examples of supporting documentation include screenshots from the OIG and GSA websites showing the results of the employee search, or output reports from a third-party vendor or human resources department. **Please ensure the date of the search and the employee's name are visible on your supporting documentation**, as this information is critical to evidence the screening occurred.

- OIG's List of Excluded Individuals and Entities (LEIE): <https://exclusions.oig.hhs.gov/>
- GSA's Excluded List: www.sam.gov

My organization **currently performs exclusion screening** prior to hire and/or contract and monthly thereafter to confirm that employees and contractors are not excluded to participate in federally funded health care programs according to the [OIG and GSA](#) exclusion lists. If an employee or contractor is on an exclusion list, he or she shall be removed from any work related directly or indirectly to federal health care programs and appropriate correction action will be taken.

My organization **does not currently perform exclusion screenings** prior to hire and/or contract and monthly thereafter. Within 60 days of receipt of this form, and monthly thereafter, a check will be done to confirm that employees and contractors are not excluded to participate in federally funded health care programs according to the [OIG and GSA](#) exclusion lists. If an employee or contractor is on an exclusion list, he or she will be removed from any work related directly or indirectly to federal health care programs and appropriate correction action will be taken.

4. Fraud, Waste and Abuse and Compliance Issues Reporting Mechanisms (Required) 42 CFR 422.503 and 423.504(b) (4) (vi) (E)

My organization maintains a confidential FWA and Compliance reporting mechanism. It has been distributed and widely publicized for all employees and contractors within the organization to encourage reporting potential FWA and Compliance issues.

My organization does not maintain a confidential FWA and Compliance reporting mechanism. The IHC FWA and Compliance Confidential Hotline (**954-381-7954**) has been distributed and widely publicized for all employees and contractors within our organization to encourage reporting potential FWA and Compliance issues.

Integrated Home Care Services, Inc. **FDR/Affiliate Compliance**

Step Two: Complete the Attestation below.

I certify, as the authorized representative having responsibility directly or indirectly for all employees, contracted personnel, providers/practitioners, and vendors who provide health care or administrative services under Medicaid and/or Medicare, that the statements above are true and correct to the best of my knowledge. In addition, my organization agrees to maintain supporting documentation for a period of ten years and will furnish evidence of the above to IHCS upon request for monitoring and auditing purposes.

Authorized Representatives please fill out the form below:

Name of Organization/Name of Provider*

First and Last Name*

Title*

Phone Number*

Email Address*

Taxpayer Identification Number (TIN)*

Comments

Signature: _____

Date: _____

If you have any questions, please contact the IHCS Compliance Department at dgale@ihscorp.com or 954-381-7951 Ext. 7494 or 7495 or 844-215-4264

Form Revised November 29, 2021 by the IHCS Compliance Department