



First Tier, Downstream and Related Entities (FDR) Annual Compliance Attestation

My Choice Wisconsin is committed to operating a health plan that meets the requirements of all applicable laws and regulations of the Medicare Advantage and Part D programs. As part of an effective compliance program, the Centers for Medicare and Medicaid Services (CMS) requires Medicare Advantage plans to ensure that any FDRs to which the provision of administrative or health care services are delegated are also in compliance with applicable laws and regulations. This attestation confirms your commitment to comply with the Centers for Medicare and Medicaid Services (CMS) requirements. These requirements are listed below and apply to all services your organization, as My Choice Wisconsin's FDR, provide for My Choice Wisconsin's Medicare products. The requirements also apply to any of the Downstream entities you use for My Choice Wisconsin's products.

1. Code of Conduct (COC) and/or Compliance Policies

- ☐ Our organization has adopted My Choice Wisconsin's Code of Ethics and Compliance Policies.
- ☐ Our organization has established and publicized compliance policies, Standards of Conduct/COC, 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 distributed to applicable employees within 90 days of hire, upon revision, and annually thereafter.

2. CMS's Fraud, Waste and Abuse (FWA) Training

- ☐ Our organization's applicable employees and contractors completed CMS' *Combating Medicare Parts C & D Fraud, Waste, and Abuse Training* module within 90 days of hire and annually thereafter.
IMPORTANT NOTE: CMS has developed training to meet the annual general compliance and FWA training requirements. This training can be found on the CMS MLS training page at <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/WebBasedTraining>
- ☐ Our organization has fulfilled the FWA training requirement via another FWA training that incorporates the CMS Standardized training, unmodified, into our existing training materials/systems as outlined by CMS requirements.
- ☐ Our 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 a supplier of Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS).

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3. OIG/SAM List of Individuals & Excluded Entities

- ☐ Our organization screens our employees (including temporary workers and volunteers), consultants and governing body members against the Office of Inspector General (OIG) and General Services Administration (GSA) exclusions list prior to initial hire or contracting and monthly thereafter and have ensured that no persons or entities were found to be on such lists.

4. Reporting Mechanisms

- ☐ Our organization communicated to applicable 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.
- ☐ Our organization requests applicable employees report concerns directly to My Choice Wisconsin's Compliance Officer.
- ☐ Our organization maintains confidential and anonymous mechanisms for applicable employees to report suspected and detected non-compliance internally. In turn, we report these concerns to My Choice Wisconsin when, applicable.

5. Offshore Operations

For any work my organization performs that involves the receipt, processing, transferring, handling, storing or sharing of Protected Health Information (PHI),

- ☐ Our organization does not conduct offshore operations and does not have Downstream Entities that work offshore. OR
- ☐ Our organization conducts offshore operations (ourselves or through a Downstream Entity) and has submitted My Choice Wisconsin's Offshore Subcontractor Information form (see Appendix D).

6. Downstream Entity Oversight

- ☐ Our organization does not use Downstream Entities. OR
- ☐ Our organization uses Downstream Entities for My Choice Wisconsin products and conducts robust oversight to ensure that they comply with all the requirements described in this attestation (e.g. FWA training, OIG or GSA's SAM exclusion screening, etc.) and any applicable laws, rules, and regulations.

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7. Operational Oversight

- ☐ Our organization will remain in compliance with all applicable CMS guidance during the term of the agreement with My Choice Wisconsin. We immediately report all suspected or known instances of noncompliance and/or FWA activity to My Choice Wisconsin. Our organization includes in its policies and procedures an outline of the process
- ☐ Our organization will, upon request, furnish such information that My Choice Wisconsin deems is necessary to validate that the representations made in this attestation are accurate.

8. Record Retention and Availability

- ☐ Our Organization understands and agrees to maintain supporting documentation for a period of ten years and will, upon request, furnish evidence of the above to My Choice Wisconsin, CMS, and/or agent of CMS upon request.

Signature

Job Title

Date