



Annual Attestation Form

This Attestation Form is required to be completed by _____ (Contracted *Entity name*) in accordance with the State and Federal regulatory requirements and contracting provisions as set forth in the agreement(s) between *Contracted Entity* and Care1st Health Plan ("Care1st"). This annual attestation must be signed and returned to Care1st as soon as possible (**no later than 30 calendar days**) from the receipt date of the **annual notification request**).

Certifications and Attestations

Contracted Entity certifies compliance with State, Federal, and Care1st contracting requirements as set forth below.

1. ***Standard or Code of Conduct (SoC) and Compliance Policies and Procedures (Ps&Ps)***. Contracted Entity has made available to its Employees and subcontractors the Care1st Standards of Conduct and Care1st's Compliance Ps&Ps; **or**, Contracted Entity and its Senior Management and/or appropriate Management, has reviewed Care1st's SoC and Ps&Ps for First-Tier, Downstream, and Related Entities (FDRs). Contracted Entity will inform, train or instruct, as deemed necessary and/or appropriate, its employees (temporary or permanent), subcontractors, other contracted downstream entities and individuals involved with Care1st Health Plan's contract to ensure full understanding of Care1st's SoC, ethics, or compliance expectations. The Contracted Entity shall be required to report any suspected wrongdoing including compliance violations, without fear of retaliation, to the Care1st's Compliance Department at ComplianceSIU@care1st.com or to Care1st's HOTLINE number **1-877-837-6057**.
2. ***Fraud, Waste and Abuse (FWA) & General Compliance (GC) Training***. Contracted Entity's employees (temporary and permanent) and subcontractors have received Care1st's approved FWA and GC training within 90 calendar days of hire (or contracting in the case of subcontractors) and **annually**, thereafter. Care1st-approved FWA and GC Training shall include, but is not limited to, State and Federal Fraud and Abuse Laws (e.g. the False Claims Act), Care1st's Anti-Fraud Plan, the CMS Medicare Learning Network (MLN) at <http://www.cms.gov/MLNProducts>; **or**, Contracted Entity

completed alternate equivalent FWA and General Compliance Training. The alternative training has been integrated into the new hire process and when contracting with subcontractors or other entities.

3. **Screening of Excluded Individuals.** Contracted Entity and its employees and/or subcontractors are not sanctioned, debarred, suspended or excluded from participation in Medicare or Medicaid under Sections 1128 or 1128A of the Social Security Act. Contracted Entity has screened its employees and/or subcontractors as required by CMS prior to employment or contracting with them, and at least **monthly**, thereafter against the CMS required exclusion lists: DHHS Office of Inspector General (OIG) List of Excluded Individuals and Entities (LEIE) and the General Service Administration/System Award for Management (SAM).

Attestation:

I hereby attest on behalf of the Contracted Entity that it has complied with and will continue to comply with the certification elements listed above.

Signature _____

_____ Date (MM/DD/YYYY)

Printed Name: _____ Email Address: _____

Title: _____ Phone Number: _____

When completed, please e-mail the signed Attestation to: MPTran@care1st.com, SMcGongle@care1st.com and JEisenberg@care1st.com. Call Care1st's Corporate Compliance Department at (323) 889-6638, ext. 3476 or 3326 for any questions regarding this attestation.

Thank you,

Corporate Compliance Office