First-Tier, Downstream and Related Entities Attestation

***Please answer yes or no to all 5 questions**

Code of Conduct:

You are required to provide a copy of your own standards of conduct that meet CMS requirements, or a Medicare Advantage or Part D carrier's approved Code of Conduct to employees, including temporary workers and volunteers, within 90 days of hire and annually thereafter.

1. **Do you attest that you/your company has received, understands, and has complied with this regulatory requirement? Yes No**

FWA/Compliance Training:

Your employees/contractors are required to take Compliance and Fraud, Waste and Abuse training that contains all the CMS required elements within 90 days of hire and annually thereafter. CMS is currently in the process of updating their training platform therefore, JSA recommends that you have each employee/contractor review the attached training materials and sign the Certificate of Completion.

2. **Do you attest that you/your company has received, understands, and has complied with this regulatory requirement? Yes No**

Training Materials and employee Certificate of Completion:

OIG/GSA Exclusion List Checks:

You are required to review the HHS-OIG (Health and Human Services - Office of Inspector General) and GSA (General Services Administration) Federal programs exclusion lists prior to hiring/contracting with all employees to ensure that none of these persons are excluded or become excluded from participation in federal programs. You are required to continue to monitor the federal exclusions lists *monthly* thereafter.

3. **Do you attest that you/your company has received, understands, and has complied with this regulatory requirement? Yes No**

Records/Evidence to Support Compliance with Regulatory Requirements:

You must maintain records of all required activities related to communication of Standards of Conduct, FWA/Compliance training, and excluded entity screening for a period of 10 years. Documentation should include dates, method of communication/training/screening, materials used for communication/training/screening, and identification of trained employees by sign-in sheets or other methods. Please note that carriers, CMS, or an agent of CMS may request these records to verify the regulatory requirements are being met.

4. Do you understand and agree to adhere to this requirement? Yes No

Authority to Attest:

5. Do you have the authority to attest on behalf of your organization? Yes No

_____ _____

Signature Date

_____

Printed Name

_____

Business Name (if applicable)

Closing Statement:

By entering your name above, you further represent your ability to attest to these requirements. If you do identify potential misconduct, noncompliance, or fraud, waste, or abuse, you are required to report all suspected misconduct to your carrier(s) immediately, so they may investigate and respond appropriately. You can report issues anonymously through JSA by logging into JSA's Agent Resource Center at www.jsaonline.com, then clicking "Report Compliance Issues" on the menu.

Please email or fax your completed form to: FDR@jsaonline.com
Fax - Attn: Compliance at 1-855-576-9292