

## AgeWell Annual Compliance, Fraud Waste and Abuse Attestation

### **Background**

AgeWell New York contracts with First Tier, Downstream and Related Entities (FDRs) to provide administrative or healthcare services to its enrollees. Per the terms and conditions of the plan's contracts with the Center for Medicare & Medicaid services (CMS) and New York State Department of Health (SDOH), AgeWell New York ultimately maintains responsibility for meeting and fulfilling the Medicare and Medicaid program requirements. **As such AgeWell New York's commitment to compliance includes ensuring that FDR's meet their annual Compliance Program requirements.**

AgeWell New York has developed a process to confirm that each contracted FDR has met the basic annual compliance program requirements. Compliance program requirements include:

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

***Each FDR and Affiliate must complete the Attestation below to confirm compliance with federal, state and AgeWell New York FDR compliance requirements.***

#### *Who is an FDR?*

An FDR provides administrative or health care services relating to AgeWell New York Medicare and Medicaid contracts.

*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 program 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 of the MAO or Part D plan sponsor's management functions under contract or delegation;
2. 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.

*An affiliate:* is a person, provider or entity that provides care, services, or supplies under the Medicaid program, or submits 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.



## Annual FDR Attestation

**FDRs must complete the Compliance and Fraud Waste and Abuse Attestation Form below annually.**

### Instructions:

This form must be completed by an authorized representative (i.e., a Compliance Officer, Chief Medical Officer, Practice Manager/Administrator, an Executive Officer, Provider, or Owner) to attest to compliance with the AgeWell New York Compliance Program requirements.

### 1. Standards of Conduct, Compliance Policies, and Compliance Information

I have reviewed and understand the AgeWell New York Standards of Conduct. My organization will abide by the AgeWell New York 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 minimum, information on the Deficit Reduction Act of 2005 and the False Claims Act.

My organization **does not have established** compliance policies and/or Standards of Conduct. Therefore, the AgeWell New York Standard of Conduct and Compliance policies have been disseminated to all employees and contractors. A record of all employees and contractors receipt of the AgeWell New York Compliance documents will be maintained for a period of ten years and can be provided upon request.

### 2. Fraud, Waste and Abuse (FWA) and Compliance Training

My organization has fulfilled the FWA and Compliance training requirement via the CMS FWA and Compliance training. All employees and contractors have completed this FWA and Compliance training within 90 days of hire/contract and annually thereafter. The requirement can be met by:

- i. Completing the general Compliance and FWA modules on CMS Medicare Learning Network (MLN);
- ii. Downloading and incorporating content into existing training materials without modifying content; or
- iii. Downloading and incorporating content into written documentations such as guides, manuals, etc. without modifying content.

Information on the CMS requirement, along with links to the courses and training material, can be accessed at <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/Fraud-Waste-Abuse-Training-12-13-11.pdf>

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). The compliance training requirement will be met by:

### 3. **OIG, GSA (SAM), and NYS Exclusion Screening**

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 healthcare programs according to the OIG and GSA (SAM), and New York State exclusion lists, or the equivalent for those that are offshore. 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 corrective action will be taken.

My organization **does not currently perform exclusion screening** prior to hire and/or contract and monthly thereafter. However, 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(SAM), and New York State exclusion lists, or the equivalent for those that are offshore. 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 corrective action will be taken.

### 4. **Fraud, Waste and Abuse and Compliance Issues Reporting Mechanisms**

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 AgeWell New York FWA and Compliance Confidential Hotline **(1-888-336-7240)** and the address of its website (<http://www.agewellnewyork.com/compliance/>) have been distributed and widely publicized for all employees and contractors within our organization to encourage reporting potential FWA and Compliance issues as they may pertain to AgeWell New York.

### 5. **Offshore Subcontracting**

My organization and/or any of our downstream/related entities **do engage in offshore operations** for administrative or healthcare services related to AgeWell New York business. Please indicate each offshore subcontractor's name, address, and delegated function.

Offshore Subcontractor Name \_\_\_\_\_

Offshore Subcontractor Name \_\_\_\_\_

My organization and/or any of our downstream/related entities **do not engage in offshore operations** for administrative or healthcare services related to AgeWell New York business.

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 AgeWell New York upon request for monitoring and auditing purposes. ***(Evidence testing may also be performed during the annual delegated audit as part of the Compliance Program Effective component)***

**Name of Organization/Name of Provider:** \_\_\_\_\_

**Authorized Representative's First Name:** \_\_\_\_\_

**Authorized Representative's Last Name:** \_\_\_\_\_

**Authorized Representative's Title:** \_\_\_\_\_

**Authorized Representative's Phone Number:** \_\_\_\_\_

**Authorized Representative's Email Address:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Comments:** \_\_\_\_\_

\_\_\_\_\_

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**Authorized Representatives Signature:** \_\_\_\_\_

If you have any questions, please contact the AgeWell New York Corporate Compliance Department at <http://www.agewellnewyork.com/compliance/> or 1-718-484-5032.