



Medicare Advantage FDR Annual Compliance Attestation

My organization is considered a First Tier Entity as we provide administrative or health service functions for Quartz Medicare Advantage products. The Centers for Medicare and Medicaid Services (CMS) requires any individual or organization that contracts with a Medicare Advantage Plan Sponsor to provide administrative or health service functions to comply with various CMS compliance program requirements. These requirements are listed below and apply to all services your organization provides for Quartz Medicare Advantage business. The requirements also apply to any Downstream Entities your organization uses for Quartz Medicare Advantage business.

By completing this attestation, you certify that your organization is committed to ensuring compliance with CMS and Quartz Medicare Advantage requirements.

1. General Compliance & Fraud, Waste and Abuse (FWA) Training and Education

My organization provides general compliance training to all applicable employees (including temporary employees and volunteers), governing board members, and contractors, within 90 days of hire or contracting and annually thereafter. (§50.3.1)

Yes No

My organization provides FWA training to all applicable employees (including temporary employees and volunteers), governing board members, and contractors within 90 days of hire or contracting and annually thereafter. (§50.3.2)

Yes No

My organization has been deemed to have met the FWA training and education requirements through enrollment into Medicare Part A and B of the Medicare program or accreditation as a supplier of Durable Medical Equipment, Prosthesis, Orthotics, and Supplies (DMEPOS) supplier. (§50.3.2)

Yes No

2. Code of Conduct and/or Compliance Program Policies

My organization has a Code of Conduct and/or Compliance Program policies that explain its commitment to comply with federal and state laws, ethical behavior and compliance program operations, which are distributed to all employees, (including temporary employees and volunteers), governing board members, and contractors within 90 days of hire or contracting, upon revision, and annually thereafter. (§50.1.3)

Yes No

3. Exclusion List Screenings

My organization screens the Office of Inspector General (OIG) List of Excluded Individuals and Entities (LEIE) and General Services Administration (GSA) System for Award Management (SAM) exclusion lists prior to hire or contracting and monthly thereafter, to ensure none of our employees (including temporary employees and volunteers), governing board members, contractors, and Downstream Entities are on the exclusion lists, and will immediately remove any person or entity from working on Quartz Medicare Advantage business if found on either of the exclusion lists. (§50.6.8)

OIG Yes No

GSA Yes No

4. Reporting Mechanisms

My organization has communicated to employees how to report any suspected or detected noncompliance or potential fraud, waste, or abuse, and that it is their obligation to report without fear of retaliation or intimidation against anyone who reports in good faith. My organization either requests employees report concerns directly to Quartz or maintains confidential and anonymous mechanisms for employees to report internally, and we will report these concerns to Quartz as they occur. (§50.4.2)

Yes No

5. Offshore Operations

My organization and/or our Downstream Entities engage in offshore services that involves the receipt, processing, transferring, handling, storing or accessing of Protected Health Information (PHI).

Yes No

If you answered yes, you are required to complete Quartz’s [Medicare Advantage Offshore Services Attestation](#) for each entity. Please return the completed attestation(s) to QuartzFDR@quartzbenefits.com or fax (608) 881-8394, Attn: Compliance Department.

6. Downstream Entity Oversight

My organization uses Downstream Entities for Quartz Medicare Advantage business.

Yes No

If you answered yes, my organization conducts oversight (e.g., monitoring/auditing, obtains annual attestations) to ensure that they comply with all applicable Medicare laws, rules, and regulations that apply to me as a First Tier Entity, and communicates and requires compliance with Medicare compliance program requirements described in this attestation. (§50.6.6)

Yes No

7. Record Retention

My organization shall retain documented evidence supporting the statements made above (e.g. training materials, attestations, certificates, OIG and GSA exclusion screening search results, dissemination of COC and/or compliance program policies, reporting mechanisms, etc.) for at least ten (10) years. (§50.3.2)

Yes No

Attestation Authorization

I certify, as an authorized representative of my organization, that the statements made above are true and correct to the best of my knowledge. In addition, my organization will furnish evidence, upon request, and understands that the inability to provide this evidence may result in a request by Quartz for a Corrective Action Plan (CAP) or other contractual remedies such as contract termination.

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| Name of Provider/Organization: | Date of Attestation: |
| <u>Printed Name</u> of First Tier Organization’s Authorized Representative: | <u>Signature</u> of First Tier Organization’s Authorized Representative: |
| First Tier Organization’s Authorized Representative’s Title: | First Tier Authorized Representative’s Email Address: |