

FIRST TIER, DOWNSTREAM AND RELATED ENTITIES (FDR) ANNUAL COMPLIANCE ATTESTATION

Section I: Instructions for Completing the Attestation	
<p>Please complete this form in its entirety and return the completed form to one of the following:</p> <p>Email: compliance@mnscha.org</p> <p>Fax: (507) 444-7774, Attn: Compliance Department</p> <p>Mail: South Country Health Alliance, Compliance Department, 6380 West Frontage Road, Medford, MN 55049</p>	
Section II: Annual Attestation	Response
<p>1. Distribution of Standards of Conduct and Compliance Policies and Procedures</p> <p>My organization has adopted either South Country’s or a comparable Code of Conduct and compliance policies and procedures which have been distributed to employees within 90 days of hire, upon revision, and annually thereafter.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>2. General Compliance and Fraud, Waste, and Abuse (FWA) Training</p> <p>My organization has completed adequate training to implement an effective compliance program designed to prevent, detect, and correct Medicare and Medicaid non-compliance, fraud waste and abuse, and address improper conduct in a timely and well-documented manner.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>3. OIG and GSA Exclusion Screening</p> <p>My organization screens the OIG and the GSA exclusion lists prior to hire or contracting, and monthly thereafter, for our employees and Downstream Entities.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>4. Monitoring and Auditing Downstream Entities</p> <p>My organization either doesn’t use Downstream Entities or uses Downstream Entities in connection with South Country programs and we monitor and audit their performance to ensure they are also in compliance with applicable CMS requirements.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>5. Record Retention</p> <p>My organization understands and agrees to maintain records and supporting documentation for a period of 10 years and will furnish evidence of the above to South Country or CMS upon request.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>6. Reporting FWA and Compliance Concerns</p> <p>My organization has distributed a confidential FWA and compliance reporting mechanism to all employees and Downstream Entities.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Section III: Attestation Authorization	
<p>By signing below, I hereby attest that the information contained herein is true, correct and complete and agree to complete this attestation on an annual basis.</p>	
Name of FDR:	Date:
Name of Authorized FDR Representative:	Email address:
Signature of Authorized FDR Representative:	Phone #:

If you have any questions regarding this attestation or South Country’s Compliance Program, please email us at compliance@mnscha.org.