



**Medicare Advantage Compliance Program  
First Tier, Downstream and Related Entities (FDR) Annual Attestation Form**

Centers for Medicare and Medicaid Services (CMS) and other federal and state entities require Clear Spring Health (CSH) to have oversight and monitoring of the First Tier, Downstream, and Related Entities (FDR). Clear Spring Health is committed to ensure the FDRs are in compliance with applicable laws and regulations as published in the Title 42 of the Code of Federal Regulations, Parts 422 and 423 and sub-regulatory guidance published in both Pub. 100-18, Medicare Prescription Drug Benefit Manual Chapter 9, and in Pub. 100-16, Medicare Managed Care Manual Chapter 21.

This attestation form is to facilitate the oversight and monitoring for FDR compliance with CMS and other federal and state regulators program requirements. The annual attestation must be signed by an individual with the authority to attest the accuracy and completeness of the information provided.

**Please complete and submit the attestation form to Clear Spring Health Compliance Department ([FDR@Clearspringhealthcare.com](mailto:FDR@Clearspringhealthcare.com)).**

The requirements are listed below and apply to all services your organization provides on behalf of Clear Spring Health's Medicare products.

1. Standards of Conduct and Compliance Policies (*Chapter 21 of the Medicare Managed Care Manual, §50.1 - 42 C.F.R. §§ 422.503(b)(4)(vi)(A), 423.504(b)(4)(vi)(A) - 42 C.F.R. §§ 438.230, 457.1233; Chapter 9 of the Prescription Drug Benefit Manual, §50.1*)

My organization has established and implemented its own Standards of Conduct (or similar documents) and written Compliance Policies and Procedures for its board members, employees, temporary employees, volunteers/interns, consultants, contractors and downstream entities, sub-contractors. This information is distributed to applicable employees within 90 days of hire, upon revision, and annually thereafter.

If not, provide a brief explanation.

2. Completion CMS of Fraud, Waste and Abuse Training (*Chapter 21 of the Medicare Managed Care Manual; Chapter 9 of the Prescription Drug Benefit Manual, §50.3 -, §50.3 - 42 C.F.R. §§ 422.503(b)(4)(vi)(C), 423.504(b)(4)(vi)(C), 438.230*)

My organization's applicable employees and contractors completed CMS' Combating Medicare Parts C & D Fraud, Waste, and Abuse Training module or another FWA training that incorporates the CMS Standardized training, unmodified, into our existing training materials/systems as outlined by CMS requirements within 90 days of hire and annually thereafter.

If not, provide a brief explanation.

3. Completion of CMS General Compliance training and maintaining record of the completion of that training. (*Chapter 21 of the Medicare Managed Care Manual; Chapter 9 of the Prescription Drug Benefit Manual, §50.3 - §50.3 - 42 C.F.R. §§ 422.503(b)(4)(vi)(C), 423.504(b)(4)(vi)(C), 438.230*)

My organization's applicable employees and contractors completed CMS's Medicare Parts C & D General Compliance Training module (or incorporated the unmodified CMS Parts C & D compliance training into existing training materials/system) within 90 days of hire and then annually thereafter.

If not, provide a brief explanation.

4. Federal exclusion list screening and maintaining record of timely checks against those lists. (*Chapter 9 of the Prescription Drug Benefit Manual, §50.6 - Chapter 21 of the Medicare Managed Care Manual, §50.6 - The Act §1862(e)(1)(B), 42 C.F.R. §§ 422.503(b)(4)(vi)(F), 422.752(a)(8), 423.504(b)(4)(vi)(F), 423.752(a)(6), 1001.1901, 438.230*)

My organization screens the US Department of Health & Human Services Office of Inspector General (OIG) and the General Services Administration's System for Award Management (SAM) exclusion lists prior to hire or contracting and monthly thereafter, for applicable employees and Downstream Entities.

If not, provide a brief explanation.

5. Reporting Mechanism (*Chapter 9 of the Prescription Drug Benefit Manual, §50.7.3 - Chapter 21 of the Medicare Managed Care Manual, §50.7.3 - False Claims Acts (31 U.S.C. §§ 3729-3733) - 42 C.F.R. §§ 422.503(b)(4)(vi)(G), 423.504(b)(4)(vi)(G), 438.230*)

My organization has a publicized system in place for employees to anonymously and confidentially report suspected or detected noncompliance or potential FWA, and without fear of retaliation or intimidation against anyone who reports in good faith. My organization also has processes in place to ensure compliance concerns or potential misconducts are reported to Clear Spring Health and/or appropriate law enforcement agency in a timely manner.

If not, provide a brief explanation.

6. Monitoring and auditing downstream entities (*Chapter 21 of the Medicare Managed Care Manual §50.6 - Chapter 9 of the Prescription Drug Benefit Manual, §50.6 - 42 C.F.R. §§ 422.503(b)(4)(vi)(E), 423.504(b)(4)(vi)(E), 438.230*)

My organization uses Downstream Entities for Clear Spring Health products and conducts oversight to ensure that they comply with all the requirements described in this attestation (e.g.

FWA training, OIG and GSA's SAM exclusion screening, etc.) and any applicable laws, rules and regulations.

My organization **does not use** Downstream entities for Clear Spring health products.

7. Operational Oversight (*Chapter 21 of the Medicare Managed Care Manual §50.6 - Chapter 9 of the Prescription Drug Benefit Manual, §50.6 - 42 C.F.R. §§ 422.503(b)(4)(vi)(E), 423.504(b)(4)(vi)(E), 438.230*)

My organization conducts internal oversight of the services that we perform for Clear Spring Health Plan products to ensure that compliance is maintained with applicable laws, rules and regulation.

If not, provide a brief explanation.

8. Identification of use of offshore subcontractors (*Health Insurance Portability and Accountability Act of 1996, 45 CFR Parts 160, 162 and 164 - CMS issued guidance 08/15/2006 and 07/23/2007; and CMS 2008 Call Letter*)

My organization **does not do** the work offshore or **does not have** Downstream Entities that do the work offshore.

My organization does the work offshore and **has provided and obtained approval** from an authorized Clear Spring Health representative to do so.

My organization does the work offshore and has not provided or obtained approval from an authorized Clear Spring Health representative to do so.

9. Record Retention and Availability for 10 years (*42 CFR 422.504 (d), 438.230*)

My organization understands and agrees to maintain supporting documentation for a period of ten years and will furnish evidence of the above to Clear Spring Health, CMS and/or an agent of CMS upon request.

If not, provide a brief explanation.



I attest that the answers provided are complete and accurate to the best of my knowledge and that documentation to support the responses will be made available to the Sponsor or CMS upon request, and understand that the Sponsor may conduct an audit to confirm the attestations. My organization understands that the inability to produce this evidence may result in a request for a Corrective Action Plan (CAP) or other contractual remedies such as contract termination.

Authorized Representative Printed Name and Title

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Signature of Authorized Representative

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Date

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Organization Name Printed

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Organization Mailing Address

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Tax ID# (TIN)/Employer ID# (EIN)

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Phone Number

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Email Address

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