

SAINT ALPHONSUS HEALTH ALLIANCE ("SAHA") ANNUAL MEDICARE COMPLIANCE TRAINING REQUIREMENTS

As required by the Centers for Medicare & Medicaid Services (CMS), First Tier, Downstream, and Related Entities (FDRs) that provide administrative and/or health care services for Medicare Parts C (Medicare Advantage) and D (Drug) plans must meet specific CMS compliance program expectations. If your organization has elected to participate in one or more contracts through the SAHA network that include a Medicare Advantage plan, you must complete this education program annually. These requirements are further described within CMS's updated guidance on the compliance program requirements and related provisions for Sponsors ("Guidelines"), published in both Pub. 100-18, Medicare Prescription Drug Benefit Manual, Chapter 9 and in Pub. 100-16, Medicare Managed Care Manual, Chapter 21 and are identical in each.

"Personnel" for purposes of this attestation mean your owners, employees, governing body members, volunteers and contractors. Your organization must commit to the following:

1. Code of Conduct, Compliance Policies, and Compliance Information

Organization has established and publicized compliance policies, Code 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 personnel upon hire/appointment/contracting (as applicable) and annually thereafter. A record of receipt of the policies, Code of Conduct, and information by all personnel is maintained and can be provided upon request. The compliance policies and/or Code of Conduct reflect a commitment to preventing, detecting, and correcting non-compliance with CMS requirements.

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

Organization has fulfilled the FWA and Compliance training requirement via the CMS FWA and Compliance training. All personnel have completed this FWA and Compliance training within 90 days of hire/appointment/contracting (as applicable) and annually thereafter.

3. Exclusion Screening

Organization currently performs exclusion screening prior to hire/appointment/contracting (as applicable) and monthly thereafter to confirm that personnel are not excluded to participate in federally funded healthcare programs according to the Office of Inspector General (OIG) and General Services Administration (GSA) exclusion lists, or the equivalent for those that are offshore. If any of these individuals 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.



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

Organization maintains a confidential FWA and Compliance reporting mechanism. It has been distributed and widely publicized for all personnel within the organization to encourage reporting potential FWA and Compliance issues.

5. Offshore Subcontracting

Organization and/or any of our contractors do not engage in offshore operations for administrative or healthcare services related to any payer business.

6. Downstream Entity Oversight

Organization ensures that compliance is maintained by our organization as well as any of our contracted downstream entities. Organization has strong oversight in place to ensure that any of our subcontracted downstream arrangements that are used to service Medicare business are in compliance with all of the above requirements, as well.

Organization agrees to maintain documentation supporting the statements made above and to maintain this documentation in accordance with federal regulations and our contract with SAHA, which is no less than ten (10) years. Organization will produce evidence of the above to SAHA, the health plan or CMS upon request. 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.