



### **McGregor Medicare FDR Annual Compliance Attestation (CY2023)**

As a Medicare Plan Sponsor McGregor is required by the federal government, the Centers for Medicare & Medicaid Services (CMS) and State Medicaid agencies to monitor our First Tier, Downstream and Related Entities (FDRs) with respect to their compliance procedures and oversight. Because your organization has a contract with McGregor to perform services for our Medicare and/or Medicaid products, you have been identified as a representative of a First Tier, Downstream or Related Entity of McGregor, and therefore are required to complete this Annual Compliance Attestation.

This attestation confirms your organization received McGregor's First Tier, Downstream and Related Entity ("FDR") Medicare Compliance Program Guide. It also confirms your commitment to comply with the Centers for Medicare & Medicaid Services (CMS) requirements.

These requirements apply to all services your organization, as an FDR of McGregor, provides for McGregor. The requirements also apply to any of the Downstream Entities you use for McGregor business.

As a McGregor FDR, please confirm that you are in compliance with the CMS Medicare program requirements found in Chapters 9 and 21 of the Prescription Drug Benefit Manual and the Medicare Managed Care Manual, respectively, identified within this attestation. Every question must be answered. The McGregor FDR Annual Compliance Attestation will be rejected for unsatisfactory or incomplete answers. Where your organization is not in full compliance with any provision noted within this attestation, a detailed statement regarding non-compliance and a corrective action plan for remediation (including remediation timeline) is required to accompany this attestation. McGregor understands that some questions within this attestation may not be applicable to your organization. In such instances, please respond by marking "not applicable."

As a reminder, if you or your employees suspect or detect non-compliance or potential Fraud, Waste, or Abuse, you can report your concerns, without fear of retaliation or intimidation, directly to McGregor using the McGregor Compliance Hotline McGregor or by using the HHS Fraud, Waste, and Abuse Tipline at (800) 377-4950 (confidential and available M-F 8:00am-5:30pm, Eastern Time).

Please review, sign, and return to us this Annual Compliance Attestation of your organization's compliance within fourteen (14) calendar days of receipt.

#### **Definitions**

- **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.
- **Employee** – refers to those persons employed by the sponsor or a First Tier, Downstream, or Related Entity (FDR) who provide health or administrative services for a Medicare Part D enrollee.
- **Entity** – any party that enters into a written agreement, acceptable to CMS, with persons or entities involved with the Medicare or Medicaid benefit, below the level of the arrangement



between a plan sponsor or applicant and a first-tier entity. These written agreements continue down to the level of the ultimate provider of both health and administrative services.

- **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.
- **Offshore** - any country that is not one of the fifty United States or the District of Columbia or one of the United States territories (including, but not limited to, American Samoa, Guam, Northern Marianas, Puerto Rico, and Virgin Islands).

**1. Code of Conduct and Policies and Procedures.** My organization has received, read, understood and abided by the McGregor Code of Conduct and Policies and Procedures that are written according to and satisfy CMS requirements as referenced in CMS' Compliance Program Guidelines section: Written Policies and Procedures and Standards of Conduct, or has a Code of Conduct or Code of Ethics, that has been approved by McGregor, that is comparable or exceeds elements found in McGregor's Code of Ethics found at:

They are distributed to employees within 90 days of hire, upon revision, and annually thereafter.

Yes      No

Your organization uses its own Code of Conduct to satisfy this requirement.

Yes      No

Your organization uses the McGregor Code of Conduct to satisfy this requirement.

Yes      No

Your organization uses both its own Code of Conduct and McGregor Code of Conduct to satisfy this requirement.

Yes      No

**2. Compliance Plan.** My organization has received, read, understood, and abided by the McGregor Compliance Plan or has their own, substantially similar (in all material respects) Compliance Plan that satisfies CMS requirements as referenced in the Prescription Drug Manual Chapter 9/Medicare Managed Care Manual Chapter 21 – Section 30 and Section 50. My organization agrees to ensure that the McGregor Compliance Plan or its own, substantially similar (in all material respects) Compliance Plan



that has been approved by McGregor, is received, read, understood, and abided by the supplier workforce.

Yes       No

**3. US Department of Health & Human Services Office of Inspector General (OIG) and General Services Administration's System for Award Management (SAM).** My organization reviews the Office of Inspector General (OIG), General Services Administration (GSA), and State exclusions lists prior to hire and monthly thereafter to ensure that no employee, temporary employee, volunteer, consultant, governing body member responsible for administering or delivering Medicare and/or Medicaid benefits are excluded from Federal/State health care programs.

Yes       No

If the undersigned entity either is on such list(s), or identifies an employee as being on such list(s), the undersigned entity will immediately remove the employee from any work related directly or indirectly to any Federal/State health care program and take appropriate corrective action, including notifying McGregor.

Yes       No

**4. General Compliance Training and Fraud, Waste, and Abuse Training.** My organization's employees and downstream entities, and their employees, have taken Fraud Waste and Abuse and General Compliance training within 90 days of hire (or contracting) and annually thereafter, and has policies and procedures in place to deliver General Compliance and Fraud, Waste and Abuse training upon hire and annually thereafter to all persons (employee or subcontractor) involved in the administration or delivery of Medicare and/or Medicaid benefits. A record of employees requiring the training, completing the training, and the materials utilized for training will be retained for ten (10) years and available upon request by McGregor.

Yes       No

My organization is using CMS training materials that satisfy compliance training as referenced in the CMS Compliance Program Guidelines, Section: Effective Training and Education.

Yes       No

My organization utilizes its own training materials that satisfy this requirement.

Yes       No

**5. Conflict of Interest.** My organization has policies and procedures in place for all Employees or Entities, and their employees, to report any relationships external to my organization or McGregor that may present a potential conflict, at time of hire and within 90 days and annually thereafter. If my organization becomes aware of any conflict, it will immediately notify McGregor of the conflict. If such policies materially change, my organization will notify McGregor.



Yes      No

**6. Reporting Mechanisms.** My organization communicates to employees how to report suspected or detected non-compliance 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 McGregor or by using the HHS Fraud, Waste, and Abuse Tipline at (800) 377-4950 (confidential and available M-F 8:00am-5:30pm, Eastern Time), or maintains confidential and anonymous mechanisms for employees to report internally. In turn, we report these concerns to McGregor, when applicable.

Yes      No

**7. Downstream Entity Oversight.** My organization uses Downstream Entities for the services for which they have contracted with McGregor

Yes      No      N/A

If yes, my organization conducts oversight to ensure that Downstream Entities abide by all laws, rules and regulations that apply to me as a First Tier Entity. This includes ensuring that my organization's:

- Contractual agreements with Downstream Entities contain all CMS-required provisions.
- Downstream Entities comply with the Medicare compliance program requirements described in this attestation.
- Downstream Entities comply with any applicable Medicare operational requirements.

Yes      No      N/A

**8. Offshore Operations.** Does your organization or its Downstream Entities perform services for McGregor at an offshore location? (If "Yes" please attach the list of Downstream Entities and the city, state, and country they are providing services on behalf of McGregor and a detailed description of the services they perform and attach any additional documentation you have regarding the question to support your answer).

Yes      No      N/A

Does your organization store McGregor member data, PHI, and/or McGregor intellectual property offshore?

Yes      No      N/A

Does your organization or its Downstream Entities access McGregor member data, PHI, and/or McGregor intellectual property offshore?

Yes      No      N/A

Duals Special Needs Plan (D-SNP) Only - Offshoring Does your organization support any dual member population (PBP) in support of your contract with McGregor?

Yes      No



If yes, do you offshore any work in support of your contract with McGregor?

Yes      No

**9. Operational Oversight.** My organization conducts internal oversight of the services that we perform for McGregor business to ensure that we are compliant with applicable laws, rules, and regulations including CMS regulatory/sub-regulatory guidance.

Yes      No

**10. Record Retention.** My organization maintains, for a period of the current plan year plus 10 years from their creation date, all books, contracts, medical records, patient care documentation, training records and other records relating to services for McGregor even if such 10 + 1 year period extends beyond the term of the Agreement.

Yes      No

I certify that I am an authorized representative of my organization, which is a First Tier, Downstream or Related Entity of McGregor

As of the date hereof, I certify that the statements made above are true, complete, and correct to the best of my knowledge, and that my organization is in full compliance with these requirements. My organization agrees to maintain documentation supporting the statements made above, in accordance with federal regulations and our contract with McGregor, for a period of no less than ten (10) years plus the current plan year. My organization will produce this evidence, upon request. My organization understands that the inability to produce this evidence may result in a request by McGregor for a Corrective Action Plan (CAP) or other contractual remedies such as contract termination.

**Authorized Representative (Your Name):** \_\_\_\_\_

**Authorized Representative Title (Your Title):** \_\_\_\_\_

**Signature of Authorized Representative:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**First Tier Practice/Organization Name (Contract/W-9):** \_\_\_\_\_

**First Tier Organization Primary Location State (If in multiple states, select National):** \_\_\_\_\_

**TIN(s) (If multiple, please submit listing)** \_\_\_\_\_

