FDR COMPLIANCE ATTESTATION

Please complete and execute this attestation and return it to CalOptima's Office of Compliance via email Compliance@caloptima.org, or mail: CalOptima, Office of Compliance, Attn: Annie Phillips 505 City Parkway West, Orange, CA 92868, within thirty (30) calendar days for (existing FDRs) or sixty (60) calendar days for (new FDRs) of this notice.

Which CalOptima program(s) does this form pertain to?
Select all that apply:

☐ OneCare Connect  ☐ Medi Cal
☐ OneCare HMO SNP  ☐ PACE

I hereby attest that [ ] (the “Organization”), and all its downstream entities, if any, that are involved in the provision of health or administrative services for any of the CalOptima programs identified above:

I. General and HIPAA Compliance and FWA Training. Provide effective Fraud, Waste and Abuse training, General Compliance training, General HIPAA training to all Organization and downstream entity board members, officers, employees, temporary employees, and volunteers, within ninety (90) calendar days of appointment, hire or contracting, as applicable, and at least annually thereafter as a condition of appointment, employment or contracting. The Organization and its downstream entities currently use (Select all that apply):

☐ CMS’s Fraud, Waste, and Abuse training, General Compliance training, and General HIPAA training module. (The Organization shall maintain records per CMS retention requirement)

☐ An internal training program that meets CMS’s Fraud, Waste, and Abuse training, General Compliance training, and HIPAA training module requirements. (The Organization shall maintain records per CMS retention requirement)

Note: If selecting an internal training program that meets CMS’s FWA, HIPAA, and General Compliance, please submit a copy of your organization’s trainings to CalOptima’s Office of Compliance for review, and to ensure they meet CMS’s requirements.

II. Administer specialized compliance training to Organization and downstream entity board members, employees, temporary employees, and volunteers: (i) based on their job function within the first ninety (90) days of hire and at least annually thereafter as a condition of appointment, employment or contracting, (ii) when requirements change; (iii) when such persons work in an area previously found to be non-compliant with program requirements or implicated in past misconduct.

III. Compliance Plan and Code of Conduct Requirements. Have established and publicized compliance policies and procedures, standards of conduct, and compliance reference material that meet the requirements outlined in 42 CFR § 422.503(b)(4)(vi)(A) and 42 CFR § 423.504(b)(4)(vi)(A) which information, and any updates thereto, are distributed to all Organization and downstream entity board members, officers, employees, temporary employees, and
volunteers within ninety (90) days of appointment, hire or contracting, as applicable, and at least annually thereafter. Evidence of receipt of such compliance by such persons is obtained and retained by the Organization. (Select which applies to your organization):

☐ Organization has adopted, implemented, and distributed CalOptima’s Compliance Plan and Code of Conduct

☐ Organization has distributed a comparable Compliance Plan and Code of Conduct

Note: If selecting a comparable Compliance Plan and Code of Conduct, please submit a copy of your organization’s Compliance Plan and Code of Conduct to CalOptima’s Office of Compliance for review, and to ensure they meet CMS’s requirements

IV. **Exclusion Monitoring.** Review all Organization and downstream entity board members, officers, potential and actual employees, temporary employees, and volunteers against the (Suspended and Ineligible Provider List) S & I Medi-Cal, (Health and Human Services) HHS, (Office of Inspector General) OIG List of Excluded Individuals & Entities list, (System for Award Management) SAM/(General Services Administration) GSA Debarment list, Centers for Medicare & Medicaid Services (CMS) Preclusion List (as applicable), (here after "Lists") upon appointment, hire or contracting, as applicable, and monthly thereafter. Further, in the event that the Organization or downstream entity becomes aware that any of the foregoing persons or entities are included on these Lists, the Organization will notify CalOptima within five (5) calendar days, the relationship with the listed person/entity will be terminated as it relates to CalOptima, and appropriate corrective action will be taken.

V. **Conflict of Interest.** Screen the Organization and its subcontractors’ governing bodies for conflicts of interest as defined in state and federal law and CalOptima policies and procedures upon hire or contracting and annually thereafter.

VI. **Reporting of FWA/Non-Compliance.** Will report suspected fraud, waste, and abuse, as well as all other forms of non-compliance, as it relates to CalOptima, confidentially and anonymously.

VII. **Disciplinary Action.** Understand that any violation of any laws, regulations, or CalOptima policies and procedures are grounds for disciplinary action, up to and including termination of Organization’s contractual status.
FDR Compliance Attestation

VIII. **Non-Retaliation.** Are aware that persons reporting suspected fraud, waste, and abuse, and other non-compliance are protected from retaliation under the False Claims Act and other applicable laws prohibiting retaliation.

IX. **Records Management.** Retain documented evidence of compliance with the above, including training and exclusion screening (i.e. sign-in sheets, certificates, attestations, OIG and GSA search results, etc.) for at least ten (10) years, and provide such documentation to CalOptima upon request.

The individual signing below is knowledgeable about and authorized to attest to the foregoing matters on behalf of the Organization.

________________________  ______________________
Signature                  Date

________________________  ______________________
Name (Print)               Organization

________________________
Email (Print)
Attestation Concerning the Use of Offshore Subcontractors

Please complete and execute this attestation and return it to CalOptima’s Office of Compliance via email Compliance@caloptima.org, or mail: CalOptima, Office of Compliance, Attn: Annie Phillips 505 City Parkway West, Orange, CA 92868, within thirty (30) calendar days (existing FDRs) or sixty (60) calendar days (new FDRs) of the notice accompanying this form.

Which CalOptima program(s) does this form pertain to? Select all that apply.
☐ OneCare Connect  ☐ Medi Cal
☐ OneCare HMO SNP  ☐ PACE

Are any administrative or other functions conducted on behalf of your Organization by entities located offshore? This shall include employees of your firm, subcontractors and any 3rd party subcontractors.

If NO, please complete Part I of this form
If YES, please complete Parts II–VI of this form

Part I — Our Firm is Not Using Offshore Subcontractors and/or Employees

Offshore subcontractors: Our Organization does not currently offshore subcontractors ☐ Yes ☐ No

Offshore employees: Our Organization does employ workers who are located offshore ☐ Yes ☐ No

Name of organization:
Name of authorized person:
Title:
Signature:
Date:

Part II — Offshore Subcontractor Information

Offshore employees: Our Organization does employ workers who are located offshore ☐ Yes ☐ No

Subcontractor name:
Subcontractor country:
Subcontractor address:
Describe offshore subcontractor functions:
Proposed or actual effective date for offshore subcontractor:

Part III — Precautions for Protected Health Information (PHI)

<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Describe the PHI that will be provided to the offshore subcontractor and/or employee.</td>
<td></td>
</tr>
<tr>
<td>2. Explain why providing PHI is necessary to accomplish the offshore subcontractor's/employee's objectives</td>
<td></td>
</tr>
</tbody>
</table>
3. Describe alternatives considered to avoid providing PHI, and why each alternative was rejected

<table>
<thead>
<tr>
<th>Part IV — Attestation of Safeguards to Protect Beneficiary Information in the Offshore Subcontract</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Attestation</strong></td>
</tr>
<tr>
<td>A. Offshore subcontractor/employee arrangement has policies and procedures in place to ensure that Medi-Cal and Medicare beneficiary protected health information (PHI) and other personal information remains secure.</td>
</tr>
<tr>
<td>B. Offshore subcontractor/employee arrangement prohibits subcontractor/employee access to Medi-Cal and Medicare data not associated with CalOptima’s contract with the offshore subcontractor/employee.</td>
</tr>
<tr>
<td>C. Describe alternatives considered to avoid providing PHI, and why each alternative was rejected</td>
</tr>
<tr>
<td>D. Offshore subcontractor/employee arrangement includes all required DHCS (Department of Health Care Services) and/or CMS (Centers for Medicare &amp; Medicaid Services) language as stipulated within your contract with CalOptima</td>
</tr>
</tbody>
</table>

*Explanation required for “no” response to Part IV items A to D above

<table>
<thead>
<tr>
<th>Part V — Attestation of Audit Requirements to Ensure Protection of PHI</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Attestation</strong></td>
</tr>
<tr>
<td>A. Your Organization will conduct an annual audit of the offshore subcontractor/employee.</td>
</tr>
<tr>
<td>B. Audit results will be used by your Organization to evaluate the continuation of its relationship with the offshore subcontractor/employee.</td>
</tr>
<tr>
<td>C. Your Organization agrees to share offshore subcontractor’s/employee’s audit results with CalOptima upon request.</td>
</tr>
<tr>
<td>D. Our organization agrees to notify CalOptima at least 60 days in advance of our intent to use new offshore subcontractor(s) or before employing new offshore staff for a function CalOptima has asked us to perform.</td>
</tr>
</tbody>
</table>

*Explanation required for “no” response to Part V items A to D above

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<thead>
<tr>
<th>Part VI — Organization Information</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Printed name of authorized person:</strong></td>
</tr>
<tr>
<td><strong>Email:</strong></td>
</tr>
<tr>
<td><strong>Signature:</strong></td>
</tr>
</tbody>
</table>

Note: CalOptima’s policies and procedures, CMS training module instructions for FWA, General Compliance, General HIPAA, CalOptima’s Code of Conduct, CalOptima’s Compliance Plan can be accessed at [https://www.caloptima.org/en/Vendors/FDRComplianceInformation.aspx](https://www.caloptima.org/en/Vendors/FDRComplianceInformation.aspx)