

Attestation of Compliance

I, _____ attest that my / our practice, _____, and Tax ID number, _____, complies with all of the requirements I have initialed below. I understand that, if requested by the Compliance Office, we must submit evidence supporting these requirements.

_____ **Record Retention** – Our record retention policy requires retention of documentation and records associated with activities relating to Plan Sponsors in compliance with the contract terms (e.g., records associated with Humana must be retained for 10 years).

_____ **Designated Compliance Contact** The compliance contact reports directly to and is accountable to practice leadership and understands that ultimately compliance issues must be made to the IHP/EEAC Compliance Office and the applicable Plan Sponsor.

_____ **Corporate Compliance Hotline** The Hotline number is widely publicized throughout our facilities and:

- Maintains confidentiality
- Allows for anonymity if desired
- Is available 24 hours a day

_____ **Written policies, procedures & Standards of Conduct document** We have adopted a written Standards of Conduct document and policies and procedures ensuring that we comply with all applicable Federal and State standards, and report issues of noncompliance and potential fraud, waste, and abuse through appropriate mechanisms, and that we address and correct any issues of noncompliance and potential fraud, waste, and abuse identified and/or reported. All employees have open access to these documents. Additionally, these documents are reviewed with new employees/ providers within 90 days of hire or contract and annually thereafter.

_____ **No Retaliation Policy** We regularly reinforce the concept of no retaliation and no intimidation with our employees.

_____ **Conducts effective training and education** Employees receive training within 90 days of hire or contract and annually thereafter. The training content must include but is not limited to all of the annual requirements as defined by the Plan Sponsors.

_____ **Disciplinary guidelines** Disciplinary standards are enforced for compliance violations in a timely, consistent, and effective manner.

_____ **Querying Federal Exclusion Lists** The Office of Inspector General List of Excluded Individuals and Entities and the General Services Administration Excluded Parties Lists System (GSA) are queried at hire or contract and on a monthly basis thereafter for all employees, vendors and providers. Individuals or entities appearing on these lists are promptly removed from any work related to the Plan Sponsors and reported to IHP and the related Plan Sponsor(s).

_____ **Conduct internal monitoring and auditing** We have an effective system for the identification and routine monitoring of compliance risks including accurate coding, billing and documentation.

_____ **Conflict of Interest** We have a conflict of interest policy and a process for identifying conflicts. Any identified conflicts of interest are appropriately addressed.

_____ **Respond promptly to detected offenses & undertake corrective action** We ensure a prompt and thorough investigation appropriate to the circumstances for each possible compliance violation. We maintain a record of all employees involved and documentation related to the investigation. We maintain a log of complaints received and maintain a record of all allegations which may constitute a violation of applicable Federal or State laws or regulations. We undertake appropriate corrective actions in response to potential noncompliance or potential Fraud Waste and Abuse. Our corrective action plans are detailed in writing and include ramifications for failure to resolve the deficiency satisfactorily. We continue to monitor corrective actions after their implementation to ensure that they are effective.

_____ **Privacy and Information Security** We provide regular privacy and information security training to our employees to promote compliance with HIPAA.

My signature below is considered formal attestation of maintaining required documentation available upon request.

Signature

Print Name

Date

Title

Practice Name / Group Name

Tax ID Number

Return to Sheri Kowalski at sheri.kowalski@eehealth.org or via fax to 331-221-2359.