PRESBYTERIAN

First Tier, Downstream, and Related Entities Attestation Form

Instructions

Complete and submit this attestation form to Presbyterian Health Plan, Inc. and Presbyterian Insurance Company, Inc. (Presbyterian) to demonstrate compliance with the First Tier, Downstream, and Related Entities (FDR) training requirement. **Incomplete attestations will not be accepted.**

Provider Information

Office/Organization Name: _____ **Tax ID Number:** _____

Your Name: _____ **Your Title:** _____

Attestation Questions

1. **Is your office Medicare-certified?**
   A facility, practitioner, provider or healthcare agency is Medicare-certified when it applies for a National Provider Identifier (NPI) number, meets the federal regulations, and is approved to provide care and be reimbursed under Medicare for services rendered.

   ☐ Yes ☐ No ☐ N/A, please give reason: _____

2. **Does your office/organization have a code of conduct?**

   ☐ Yes ☐ No ☐ N/A, please give reason: _____

   a. **If yes, does your code of conduct or other relevant policy include language about non-retaliation for good faith reports about suspected conduct violations?**

      ☐ Yes ☐ No

   b. **If yes, does your office have a reporting and review process to manage conflicts of interest?**

      ☐ Yes ☐ No

   c. **If you answered "No" to any part of the second question, then do you agree to abide by the Presbyterian Code of Conduct?**

      ☐ Yes ☐ No

3. **Does your office contract with other organizations or use affiliated entities to provide services to Presbyterian members?**

   ☐ Yes ☐ No

   a. **If yes, do you have a system in place to monitor the affiliated entities' compliance with Medicare's program requirements?**

      ☐ Yes ☐ No

   b. **If yes, do you ensure related entities train their employees on Medicare compliance expectations?**

      ☐ Yes ☐ No

4. **Does your office/organization have a compliance program?**
Presbyterian reserves the right to request a description of your program or seek additional information.

☐ Yes (Please answer Questions 4a-e)

☐ No (Please proceed to Question 5)

☐ N/A, please give reason: _____

a. **Does your compliance program include a mechanism(s) for reporting and investigating compliance concerns or violations?**

☐ Yes ☐ No

b. **Does your office/organization perform compliance training for employees and governing body members upon hire and annually thereafter?**

☐ Yes, we provide our own internal compliance training that includes information for employees about how to report compliance concerns and violations

☐ Yes, we distribute the compliance training information provided by Presbyterian

☐ No

c. **Does your office/organization apply discipline to employees and down-stream contractors, as appropriate, for compliance-related incidents?**

☐ Yes ☐ No

d. **Does your office/organization implement a corrective action plan for any identified compliance-related deficiencies?**

☐ Yes ☐ No

e. **Does your compliance program include monitoring and auditing your business practices to ensure compliance with applicable federal and state regulations?**

☐ Yes ☐ No

5. **Does your office contract with other organizations or use affiliated entities to provide services to Presbyterian members?**
Presbyterian reserves the right to request documentation of these verifications.

☐ Yes ☐ No ☐ N/A, please give reason: _____

6. **Do you acknowledge that your office/organization will report any concerns or violations related to compliance or fraud and abuse that impact the contracted services we perform to Presbyterian immediately?**

☐ Yes ☐ No

Attestation

By adding your signature and submitting this attestation form, you are indicating that you have approved authority to sign for your office/organization. You are also confirming that the information provided on this form is accurate and complete to the best of your knowledge. In addition, you are attesting that you, and any individuals or entities that you or your office contracts with for the administration of the Medicare program or the delivery of benefits or services to Presbyterian Medicare members, are compliant with all applicable laws, rules and regulations regarding Medicare's FDR program requirements.

Signature: _____ **Date:** _____