# FDR Attestation for Medicare Advantage (MA) Compliance

**Please complete the form below. All fields are required.**

For more information about these questions and guidelines for responding, view our FDR Program Guide at MedMutual.com/Provider > Resources > First Tier, Downstream or Related Entities.

**By checking the box below, you confirm that you are authorized to attest to your organization's adherence with specific Medicare regulatory requirements.**

☐ I confirm that I am authorized to attest to my organization's adherence with specific Medicare regulatory requirements.

| General Information | |
|---|---|
| Provider Name | Tax Identification Number* |

| FDR Attestation | | |
|---|---|---|
| **Item** | **Attestation** | **Response** |
| 1 | Has your organization distributed the established compliance policies, procedures and Standards of Conduct in accordance with the requirements outlined on page 4 of the FDR Program Guide? | ○ Yes ○ No |
| 2 | Does your organization require employees that assist with Medicare Advantage services to take the General Compliance training within 90 days of hire, and annually thereafter? (If your organization is a sole proprietorship, please include yourself as an employee.) | ○ Yes ○ No |
| 3 | Does your organization require employees that assist with Medicare Advantage or other Federally funded program services to take the Fraud, Waste, and Abuse (FWA) training within 90 days of hire and annually thereafter, or has your organization been deemed to have met the FWA certification requirements through enrollment in the Medicare program or accreditation as a supplier of Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS)? (If your organization is a sole proprietorship, please include yourself as an employee.) | ○ Yes ○ No |
| 4 | Does your organization confirm that it and all employees, board members, officers, consultants, volunteers, temporary employees, providers, and contractors involved in the administration or delivery of Medicare Advantage services are not on the OIG and GSA exclusion lists prior to hiring, and then monthly thereafter? (If your organization is a sole proprietorship, please include yourself as an employee.) | ○ Yes ○ No |
| 5 | Does your organization have at least one anonymous mechanism for employees to report suspected FWA or noncompliance, and has the reporting mechanism been distributed to employees? | ○ Yes ○ No |
| 6 | Does your organization maintain all books, records, and documents regarding the Medicare Advantage services you perform for Medical Mutual, as well as documentation of compliance with all Medicare requirements for at least ten (10) years, consistent with 42 C.F.R. §§ 422.504(d)–(e) and/or 423.505(d)–(e)? | ○ Yes ○ No |
| 7 | Does your organization confirm that all subcontracted, downstream entities that assist with Medicare Advantage services, if any, adhere to these compliance requirements? (If you do not sub-contract other entities to perform delegated functions, answer not applicable.) | ○ Yes ○ No ○ N/A |
| 8 | Is your organization free of any conflict of interest in administering or delivering Medicare Advantage or other Federally funded program benefits to Medical Mutual beneficiaries? | ○ Yes ○ No |
| 9 | Does your organization employ or utilize any Offshore Entities to perform Medicare Advantage services for Medical Mutual that involves processing, handling, or accessing Protected Health Information (PHI)?<br>*If you answered yes, additional questions regarding the offshore entity are required. Please complete the Offshore Attestation found here.* | ○ Yes ○ No |

*If multiple TINs, please enter one and attach list of others.

If you answered "No" to questions 1 through 7 on this attestation, your organization is not compliant with Medical Mutual policy and/or Medicare program requirements. As such, you must remediate these deficiencies within ninety (90) days of this notice.

If you answered "No" to question 8, please reach out to your Medical Mutual contact to verify adherence.

If you answered "Yes" to question 9, please be advised that the Offshoring Attestation and additional documents are required to ensure appropriate PHI protections are in place. If you have questions regarding this process, please contact your Medical Mutual Provider Contracting Manager at 1-800-625-2583.

| **Authorization** | | | |
|---|---|---|---|
| By completing this Attestation and signing below, I am attesting on behalf of the Provider named below, and all other entities on whose behalf Provider has contracted with Medical Mutual for Medicare Advantage network participation, that all information is true and correct. I understand that CMS and/or Medical Mutual may request additional information to substantiate the statements made in this Attestation. | | | |
| Provider Name | | Tax Identification Number* | |
| Street Address | | | |
| City | | State | ZIP |
| Email | | Phone | |
| Printed Name | | Title | |
| Signature | | Date<br>MM/DD/YYYY | |

*If multiple TINs, please enter one and attach list of others.

**Once complete, please return using one of the options listed below.**

**By Fax**

Laura Cottle
Provider Network Compliance Specialist
1-440-878-7061

**By Email**

FDRProviderAttestations@MedMutual.com