



Memorial Hermann Health Plan, Inc.
 Memorial Hermann Health Solutions, Inc.
 Memorial Hermann Health Insurance Company
 Memorial Hermann Commercial Health Plan, Inc.

Annual Attestation Form

This Attestation Form is required to be completed by the Contracted Entity named below in accordance with the State and Federal (including the Centers for Medicare & Medicaid Services) regulatory requirements and contracting provisions as set forth in the agreement(s) between Contracted Entity and Memorial Hermann Health Plan, on behalf of itself and, Memorial Hermann Health Insurance Company and Memorial Hermann Health Plan, Inc. and Memorial Hermann Health Solutions, Inc. (collectively, "Plan".) This annual attestation must be signed and returned to Plan no later than 30 calendar days from the receipt of the annual notification request.

Contracted Entity certifies compliance with State, Federal, and Plan contracting requirements as set forth below.

1. **Standard or Code of Conduct (SOC).** Contracted Entity has made available to its Employees and subcontractors the Memorial Hermann Standards of Conduct (SOC) **or** Contracted Entity, Senior Management and/or appropriate Management, have reviewed Plan's SOC provided by the Plan. Contracted Entity will inform, train or instruct, as deemed necessary and/or appropriate, its employees (temporary or permanent), subcontractors, other contracted downstream entities and individuals involved with the Plan contract to ensure full understanding of Plan's SOC, ethics, and compliance expectations. The Contracted Entity shall be required to report any suspected wrongdoing including compliance violations, without fear of retaliation, to the Plan Compliance area: mhhealthsolutionscompliance@memorialhermann.org **or to the Plan Compliance Helpline at 1-877-448-4140.**

2. **Fraud, Waste and Abuse (FWA) & General Compliance (GC) Training.** All of Contracted Entity's employees (temporary or permanent) and subcontractors, as defined in the CMS regulations, have completed FWA and GC training within 90 calendar days of hire (or contracting in the case of subcontractors) and **annually**, thereafter. FWA and GC Training shall include, but is not limited to, State and Federal Fraud and Abuse Laws (e.g. the False Claims Act), and the requirements outlined at the Centers for Medicare and Medicaid Services' (CMS) Medicare Learning Network (MLN) at <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNGenInfo/index.html>; **or**, Plan provided GC and FWA training; **or** Contracted Entity's alternate equivalent FWA and GC Training. The GC and FWA training has been integrated into the new hire process and when contracting with subcontractors or other entities. Contracted entity and subcontractors must ensure that the training required by CMS (GC & FWA) is not modified from the original version available on the Medicare Learning Network.

3. **Screening of Excluded Individuals.** Contracted Entity and all of its employees and/or subcontractors are not sanctioned, debarred, suspended or excluded from participation in Medicare or Medicaid under Sections 1128 or 1128A of the Social Security Act. Contracted Entity has screened its employees and/or subcontractors as required by CMS prior to employment or contracting with them, and at least **monthly** thereafter against the CMS required exclusion lists: Department of Health and Human Services Office of Inspector General (OIG) List of Excluded Individuals and Entities (LEIE) and the General Service Administration/System Award for Management (SAM).

The following shall have the same legal force and effect as an original of this document: a facsimile, photocopy, imaged or other electronic version.

Attestation

I hereby attest on behalf of the Contracted Entity that it has complied with and will continue to comply with the certification elements listed above.

_____ (Print name of Contracted Entity)

Signature
Printed Name: _____
Title: _____

 Date (MM/DD/YYYY)
 Email Address: _____
 Phone Number: _____

When completed, please e-mail the signed Attestation to: mhhealthcomplianceoversight@memorialhermann.org
Please contact the Plan Compliance Department at (713) 338-6708, for any questions regarding this attestation.

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