

**Subcontractor Name:**

Lines of Business Associated:

I hereby attest to the following:

**I. Standards of Conduct and Conflicts of Interest**

We/I as a Subcontractor attest to have adopted and implemented Standards of Conduct or have adopted IEHP's Code of Business Conduct and Ethics, for our board members, employees, temporary employees, volunteers/interns, senior leadership, contractors, and Downstream Subcontractors. The adopted Standards of Conduct is distributed to board members, employees, temporary employees, volunteers/interns, and Downstream Subcontractors within 90 days of hire or contracting and annually thereafter and documentation of distribution and receipt is maintained. We/I further attest to identify and addresses conflicts of interest for board members, employees, temporary employees, volunteers/interns, and Downstream Subcontractors on at least an annual basis and maintains documentation of all conflict of interest questionnaires, responses, and follow-up activities.

**II. General Compliance, Fraud, Waste, and Abuse (FWA), and HIPAA Privacy & Security Training**

We/I attest that our board members, employees, temporary employees, volunteers/interns, senior leadership, contractors, and Downstream Subcontractors received General Compliance Training, FWA, and HIPAA Privacy & Security Training within 90 days of hire or contracting and annually thereafter. I attest that certificates or documentation of training completion, such as certificates of completion, training logs, system generated reports, spreadsheets, and other training records (including the following details: employee names, dates, attendance, topic, and test scores, if any) are maintained for a period of ten years. I hereby attest that my organization has fulfilled at least one of the three options below to ensure satisfaction with the general compliance and FWA training requirement:

1. Completion of the web-based general compliance and/or FWA training modules located on the Centers for Medicare & Medicaid Services (CMS) MLN. Upon completion of the training, the system generated a MLN certificate of completion.
2. Incorporation of the content of the CMS standardized training modules from the CMS website into the organization's existing compliance training materials/systems, and completion of the training. The CMS training content was not modified to ensure the integrity and completeness of the training.
3. Incorporation of the content of the CMS training modules into written documents for providers (e.g. Provider Guides, Participation Manuals, Business Associate Agreements, etc.).

**III. Records Management**

We/I attest that all records related to the administration or delivery of benefits to IEHP Members and delegated activities are maintained for a period of no less than 10 years.

**IV. Regulatory Exclusion Monitoring**

We/I attest that our organization nor any individuals, including employees, temporary employees, board members, senior leadership, interns/volunteers, contractors, or Downstream Subcontractors of the organization have been excluded from participation in Federal or State healthcare programs and are not named on Federal or State published exclusionary lists, including but not limited to The Department of Health & Human Services (HHS) Office of Inspector General (OIG) List of Excluded Individuals and Entities List (LEIE), General Services Administration (GSA) Excluded Parties Lists System

(EPLS) System of Award Management (SAM), DHCS Medi-Cal Suspended and Ineligible List, Centers for Medicare & Medicaid Services (CMS) Preclusion List (collectively “Exclusionary Lists”). In the event the organization or an employee of the organization appears on an Exclusionary List or is otherwise not eligible to participate in the Medi-Cal and/or Medicare programs, the Subcontractor Entity shall notify IEHP within five (5) business days and shall ensure that the employee does not participate in the care or services provided to IEHP or IEHP Members.

We/I attest to conduct regulatory exclusion screening of all board members, employees, temporary employees, senior leadership, volunteers/interns, contractors, and Downstream Subcontractors against the following upon initial hire or contracting and at least monthly thereafter and maintains evidence of all screening activities and results:

- (HHS) Office of Inspector General (OIG) List of Excluded Individuals and Entities (LEIE),
- GSA EPLS System of Award Management (SAM),
- DHCS Medi-Cal Suspended and Ineligible Provider List, and the
- CMS Preclusion List, as applicable

We/I attest to immediately remove any board members, employees, temporary employees, senior leadership, volunteers/interns, contractors, or Downstream Subcontractors responsible for the administration or delivery of benefits to IEHP Members, found on the OIG LEIE, GSA EPLS/SAM lists, DHCS Medi-Cal Suspended and Ineligible Provider List, and/or the CMS Preclusion List (as applicable) from any work related (directly or indirectly) to Federal and/or State health care programs. Additionally, any exclusion is identified, the Subcontractor, ensures payments are not made to the individual or entity on or after the effective date of action.

**V. Monitoring of Downstream Subcontractors**

We/I attest that my organization monitors the compliance of the subcontractors with which my organization contracts (IEHP’s “downstream” Subcontractors).

**VI. Offshore Subcontracting**

Subcontracting that involves receiving, processing, transferring, handling, storing, or accessing Personal Health Information (PHI) to an offshore location requires IEHP approval.

As of February 1, 2022, IEHP no longer allows the use of offshore services for all lines of business.

All Subcontractors contracted to provide services to IEHP must not utilize Offshore Subcontractor(s) without a pre-approved exception.

We/I attest that our organization does not subcontract offshore for services provided to IEHP.

**VII. Subcontractor Headquarters**

We/I attest the Subcontractor is headquartered at the following address:

**Headquarters Address:**

**VIII. Reporting**

We/I agree to report suspected violations of any laws and regulations to IEHP and understand that any such violation is grounds for disciplinary action, up to and including termination of my contractual status. We/I am aware that I am protected from retaliation for False Claims Act complaints, as well as any other applicable anti-retaliation protections.

**IX. Compliance Program Requirements Manual**

We/I attest to have received, read, and will comply with the Subcontractor Compliance Program Requirements Manual, including attached policies.

**X. Comments**

If you are unable to attest to any of the statements above, please use the space below to provide an explanation.

Unless otherwise noted in the space immediately above, We/I am not aware of any possible violations of any laws and regulations at this time.

**We/I attest and agree to the above and that documentation to support compliance with this attestation will be made available to IEHP or Federal and/or State regulatory agencies upon request.**

**Name (Print):** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Subcontractor/Organization/ Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

**Date:** \_\_\_\_\_

### Attestation Form Submission Instructions

This Attestation Form must be signed by an individual with the authority to sign on behalf of the Subcontractor and to attest to the accuracy and completeness of the information provided. Timely submission is a condition of continued contracting. Please submit the completed Attestation Form within 10 days of receipt using **any one of the following methods**:

1. **Email:** Scan and email the signed Attestation Form to the IEHP Compliance Department at: [Compliance@iehp.org](mailto:Compliance@iehp.org)
2. **Mail To:**  
Attn: IEHP Compliance Department  
Inland Empire Health Plan  
PO Box 1800  
Rancho Cucamonga, Ca 91729
3. **Fax To:** 909-477-8536