



**FIRST TIER, DOWNSTREAM & RELATED ENTITIES/AFFILIATES (“FDR”)
2021 COMPLIANCE ATTESTATION**

_____ is an FDR to *iCare* that administers and/or delivers Parts C and D Benefits on behalf of *iCare*. As such, _____ through its below authorized representative, hereby certifies and attests to *iCare* that the below compliance requirements were met in 2020 and will continue to be enforced in 2021:

- ✓ We conduct Exclusion Screenings against the Office of the Inspector General and General Services Administration of our employees/contractors prior to hire and monthly thereafter;
- ✓ We distribute Code of Conduct and Compliance Policies to our employees/contractors within ninety (90) days of their start date and annually thereafter;
- ✓ We provide Fraud, Waste and Abuse (herein, “FWA”) Training, meeting or exceeding CMS 42 CFR §422.503(b)(4)(vi)(C) and 42 CFR §423.504(b)(4)(vi)(C), to our employees/contractors within ninety (90) days of their start date and annually thereafter;
- ✓ We maintain a Confidential FWA and Compliance Reporting Mechanism and distribute the same to our employees/contractors within ninety (90) days of their start date and annually thereafter;
- ✓ We retain the aforementioned compliance related materials for a period of ten (10) years and agree to make said materials available to *iCare* upon its request.

_____ utilizes the following (select one (1)):

- _____ Compliance Program Materials; or
- iCare* Compliance Program Materials.

PRINTED NAME & TITLE OF AUTHORIZED REPRESENTATIVE

AUTHORIZED REPRESENTATIVE SIGNATURE

DATE OF SIGNATURE

PLEASE NOTE, ALL INFORMATION NEEDED FOR COMPLIANCE WITH THIS ATTESTATION IS AVAILABLE AT:
<https://www.icarehealthplan.org/Care-Management/Compliance.htm>

**PLEASE RETURN YOUR COMPLETED ATTESTATION VIA E-MAIL (COMPLIANCE@ICAREHEALTHPLAN.ORG)
SHOULD YOU HAVE QUESTIONS, PLEASE CONTACT MARY RAFEL AT (414) 231-1173**