FIRST TIER, DOWNSTREAM AND RELATED ENTITIES (FDR) ANNUAL COMPLIANCE ATTESTATION

Section I: Instructions for Completing the Attestation	
Please complete this form in its entirety and return the completed form to one of the following: Email: compliance@mnscha.org Fax: (507) 444-7774, Attn: Compliance Department Mail: South Country Health Alliance, Compliance Department, 6380 West Frontage Road, Medford, MN 55049	
Section II: Annual Attestation	Response
1. Distribution of Standards of Conduct and Compliance Policies and Procedures My organization has adopted either South Country's or a comparable Code of Conduct and compliance policies and procedures which have been distributed to employees within 90 days of hire, upon revision, and annually thereafter.	☐ Yes ☐ No
2. General Compliance and Fraud, Waste, and Abuse (FWA) Training My organization has completed adequate training to implement an effective compliance program designed to prevent, detect, and correct Medicare and Medicaid non-compliance, fraud waste and abuse, and address improper conduct in a timely and well-documented manner.	☐ Yes ☐ No
3. Exclusion Screening My organization screens the OIG List of Excluded Individuals/Entities (LEIE), the General Services Administration (GSA) System for Awards Management (SAM) database, and the Minnesota Department of Human Services (DHS) Excluded Provider Lists exclusion lists prior to hire or contracting, and monthly thereafter, for our employees and Downstream Entities.	☐ Yes ☐ No
4. Monitoring and Auditing Downstream Entities My organization either doesn't use Downstream Entities or uses Downstream Entities in connection with South Country programs and we monitor and audit their performance to ensure they are also in compliance with applicable CMS requirements.	☐ Yes ☐ No
5. Record Retention My organization understands and agrees to maintain records and supporting documentation for a period of 10 years and will furnish evidence of the above to South Country or CMS upon request.	☐ Yes ☐ No
6. Mechanism to Report FWA and Compliance Concerns My organization has distributed a confidential FWA and compliance reporting mechanism to all employees and Downstream Entities.	☐ Yes ☐ No
7. Reporting FWA and Noncompliance My organization has disclosed all instances of FWA and noncompliance including all instances of FWA and noncompliance from Downstream Entities.	☐ Yes ☐ No

Section III: Attestation Authorization **By signing below, I hereby attest that the information contained herein is true, correct and complete and agree to complete this attestation on an annual basis.**	
Name of FDR:	Date:
Name of Authorized FDR Representative:	Email address:
Signature of Authorized FDR Representative:	Phone #:

If you have any questions regarding this attestation or South Country's Compliance Program, please email us at **compliance@mnscha.org**.