



2026 Vendor Compliance Attestation

As part of an effective compliance program, the Centers for Medicare and Medicaid Services (CMS) and other federal and state regulators require organizations that provide services as part of a Medicare benefit to communicate and monitor specific compliance and fraud, waste and abuse (FWA) requirements to their First Tier, Downstream and Related entities (FDRs), including guidance set forth in Title 42 of the Code of Federal Regulations, Parts 422 and 423 and sub-regulatory guidance published in both Pub. 100-18, Medicare Prescription Drug Benefit Manual Chapter 9, and in Pub. 100-16, Medicare Managed Care Manual Chapter 21.

First-Tier Entity is any party that enters a written arrangement, with a Medicare Advantage Organization (MAO) or Part D plan sponsor or applicant to provide administrative services or health care services to a Medicare eligible individual under the Medicare Advantage (MA) program or Part D program.

Downstream Entity is any party that enters into a written agreement, acceptable to CMS, with persons or entities involved with the MA benefit, below the level of the arrangement between an MAO or applicant or a Part D plan sponsor or applicant and a first-tier entity. These written arrangements continue down to the level of the ultimate provider of both health and administrative services.

Related Entity means any entity that is related to an MAO or Part D sponsor by common ownership or control and:

- 1) Performs some of the MAO or Part D plan sponsor's management functions under contract or delegation.
- 2) Furnishes services to Medicare enrollees under oral or written; or
- 3) Leases real property or sells materials to the MAO or Part D plan sponsor at a cost of at least \$2,500 during a contract period.

CHRISTUS Health Plan maintains ultimate responsibility for adhering to Federal Health Care Program Requirements and for fulfilling the terms and conditions of our respective contracts, including those with CMS. Accordingly, CHRISTUS Health Plan requires the following Compliance requirements from all newly contracted entities.

This Attestation Form is to facilitate the oversight and monitoring for FDR compliance with the CMS and other federal and state regulators program requirements, laws, rules, and regulations. We are asking our First Tier Entities to complete and sign this Attestation Form. This Attestation Form must be signed by an individual with the authority to attest to the accuracy and completeness of the information provided. Please submit the completed Attestation Form within 30 days of receipt.

CHRISTUS Health Plan
5101 N. O'Connor Blvd.
Irving, TX 75039
T: 844.282.3025
CHRISTUShealthplan.org

Your health. Your life. Our purpose.

FDR Attestation

Organizational Information	
Organization Name	
Organization Address	
Name of Person Completing Attestation	
Title of Person Completing Attestation	
Telephone number and email of Person Completing Attestation	

Please respond “yes” or “no” to the questions below. If the response is “no,” provide an explanation and a corrective action plan to CHRISTUS Health Plan. If you have any questions, please email Vanessa Williams, our Program Manager in charge of vendor audits, at Vanessa.Williams3@Christushealth.org. Return the signed Attestation via email to Vanessa.Williams3@Christushealth.org 30 days of receipt.

	Requirement	Compliance	Yes	No
1	<p>Standards of Conduct and Conflicts of Interest Chapter 9 of the Prescription Drug Benefit Manual, §50.1 Chapter 21 of the Medicare Managed Care Manual, §50.1 42 C.F.R. §§ 422.503(b)(4)(vi)(A), 423.504(b)(4)(vi)(A) 42 C.F.R. §§ 438.230, 457.1233 Deficit Reduction Act of 2005</p>	<p>a) Your organization has adopted and implemented its own Standards of Conduct (or similar documents) and written Compliance Policies and Procedures for its board members, employees, temporary employees, volunteers/interns, consultants, contractors and downstream entities, sub-contractors.</p> <p>OR</p> <p>Your organization has adopted and implemented the CHRISTUS Health Plan Standards of Conduct/written Compliance Policies and Procedures for its board members, employees, temporary employees, volunteers/interns, consultants, contractors and downstream entities, sub-contractors.</p> <p>b) Your organization distributes its adopted Standards of Conduct to board members, employees, temporary employees, volunteers/interns, consultants, contractors and downstream entities, sub-contractors within 90-days of hire/contracting; and/or upon required updates/mandates; and annually thereafter.</p> <p>c) Your organization identifies and addresses conflicts of interest for board members,</p>		

		employees, temporary employees, volunteers/interns, consultants, contractors, and downstream entities on at least an annual basis and maintains documentation of all conflict-of-interest questionnaires, responses, and follow-up activities.		
2	<p>Training</p> <p>Chapter 9 of the Prescription Drug Benefit Manual, §50.3 - Chapter 21 of the Medicare Managed Care Manual, §50.3</p> <p>42 C.F.R. §§ 422.503(b)(4)(vi)(C), 423.504(b)(4)(vi)(C), 438.230</p>	<p>a) Your organization provides general compliance and Fraud, Waste and Abuse (FWA) training to all employees who provide administrative or health care services for Medicare products. Training occurs within 90 days of hiring and annually thereafter.</p> <p>b) Your organization retains evidence of training completion for 10 years after conducting the training. Evidence of completion may be in the form of certificates, attestations, training logs or other means that fulfill this requirement.</p>		
3	<p>Reporting of Issues</p> <p>Chapter 9 of the Prescription Drug Benefit Manual, §50.7.3</p> <p>Chapter 21 of the Medicare Managed Care Manual, §50.7.3 - False Claims Acts (31 U.S.C. §§ 3729-3733) - 42 C.F.R. §§ 422.503(b)(4)(vi)(G), 423.504(b)(4)(vi)(G), 438.230</p>	<p>a) Your organization has a widely publicized system in place for employees, temporary employees, and downstream entities to report compliance questions, concerns, or potential misconduct, and FWA confidentially and anonymously.</p> <p>b) Your organization has communicated to your staff that they can report compliance questions or concerns directly to CHRISTUS Health Plan through the following email address: CHPCompliance@Christushealth.org</p> <p>c) Your organization has a non-retaliation policy that is communicated to all employees, temporary employees, and downstream entities.</p>		
4	<p>Records Maintenance</p> <p>42 CFR 422.504 (d), 438.230</p>	<p>a) Your organization maintains all records related to administration or delivery of Part C and/or Part D benefits and including but not limited to: attendance records for General Compliance and Fraud, Waste and Abuse Training, Standards of Conduct Training, Compliance Policy Training, and monthly evidence of OIG and GSA/SAM screening records for a period of 10 years.</p>		

5	<p>Monitoring and Auditing Chapter 21 of the Medicare Managed Care Manual §50.6 – Chapter 9 of the Prescription Drug Benefit Manual, §50.6 – 42 C.F.R. §§ 422.503(b)(4)(vi) €, 423.504(b)(4)(vi) €, 438.230</p>	<p>a) Your organization has an auditing and monitoring program that addresses functions and services performed as part of the delegated relationship.</p> <p>b) Your organization has processes in place to report auditing and monitoring results to the CHRISTUS Health Plan routinely or upon request.</p>		
6	<p>OIG/GSA Exclusion Monitoring Chapter 9 of the Prescription Drug Benefit Manual, §50.6 - Chapter 21 of the Medicare Managed Care Manual, §50.6 - The Social Security Act §1862(e)(1)(B), 42 C.F.R. §§ 422.503(b)(4)(vi)(F), 422.752(a)(8), 423.504(b)(4)(vi)(F), 423.752(a)(6), 1001.1901 & 438.230</p>	<p>a) Your organization is not currently excluded from participation in any federal healthcare programs.</p> <p>b) Your organization screens all board members, employees, temporary employees, volunteers/interns, consultants, contractors, and downstream entities against the Office of Inspector General (OIG) List of Excluded Individuals and Entities (LEIE) and General Services Administration (GSA) System for Award Management (SAM) upon initial hire or contracting and at least monthly thereafter and maintains evidence of all screening activities and results.</p> <p>c) Your organization immediately removes any board members, employees, subcontractors, volunteers/interns, consultants, and downstream entities responsible for the administration or delivery of any Part C and/or Part D benefits, found on the OIG or GSA exclusion lists, from any work related (directly or indirectly) to federal health care programs and notifies Vanessa Williams at Vanessa.Williams3@christushealth.org</p>		
7	<p>Offshore Subcontracting Health Insurance Portability and Accountability Act of 1996, 45 CFR Parts 160, 162 and 164 CMS issued guidance 08/15/2006 and 07/23/2007; and CMS 2008 Call Letter</p>	<p>a) Your organization send any protected health information (PHI) or delegates any Medicare services to an entity or a location outside of the United States and its territories.</p> <p>If “Yes” please complete Attachment A and return with the FDR Attestation</p>		

Negative Responses

If your organization has answered “No” on any of the above questions, please provide an explanation including any corrective actions which your organization has put into place.

I attest that the answers provided are complete and accurate to the best of my knowledge and that documentation to support the responses will be made available to CHRISTUS Health Plan or CMS upon request and understand that CHRISTUS Health Plan may conduct an audit to confirm the attestations (with at least 30 days’ notice).

Name (Signature)

Date

Attachment A

Offshore Subcontracting Attestation

Complete this Attestation if your organization sends any protected health information or delegates any services to a location outside the United States and its Territories.

CMS Defines an Offshore Subcontractor As: The term “subcontractor” refers to any organization that a Medicare Advantage Organization, Part D Sponsor, or First Tier, Downstream or Related Entity (FDR) contracts with to fulfill or help fulfill requirements in their Part C and/or Part D contracts. The term “offshore” refers to any country that is not one of the fifty United States or one of the United States Territories (American Samoa, Guam, Northern Marianas, Puerto Rico, and Virgin Islands). Examples of countries that meet the definition of “offshore” include Mexico, Canada, India, Germany, and Japan. Subcontractors that are considered offshore can be either American-owned companies with certain portions of their operations performed outside of the United States or foreign-owned companies with their operations performed outside of the United States. Offshore subcontractors provide services that are performed by workers located in offshore countries, regardless of whether the workers are employees of American or foreign companies.

I. Offshore Subcontractor Information	
Offshore Subcontractor Name:	
Offshore Subcontractor Address	
Describe Offshore Subcontractor Functions	
Effective date when Offshore Subcontract began or will begin performing services	

II. Precautions for Protected Health Information (PHI)	
Describe the PHI that will be provided to the Offshore Subcontractor	
Describe why providing PHI is necessary to accomplish the Offshore Subcontractor objectives:	
Describe alternatives considered to avoid providing PHI, and why the alternatives were rejected.	

III. Attestation of Safeguards to Protect Beneficiary Information and other Protected Health Information			
Item	Attestation	Yes	No
A	Offshore subcontracting arrangement has policies and procedures in place to ensure that Medicare beneficiary protected health information (PHI) and other personal information remains secure		
B	Offshore subcontracting arrangement prohibits subcontractor's access to Medicare data not associated with your organization's contract with the offshore subcontractor		
C	Offshore subcontracting arrangement has policies and procedures in place that allow for immediate termination of the subcontract upon discovery of a significant security breach		
D	Offshore subcontracting arrangement includes all required Medicare Parts C & D language (e.g., record retention requirements, compliance with all Medicare Parts C & D requirements, etc.)		
E	Organization will conduct an annual audit of the offshore subcontractor		
F	The Organization will use audit results to evaluate the continuation of its relationship with the offshore subcontractor		
G	Organization agrees to share offshore subcontractor's audit results with CMS, upon request		

I attest that the answers provided are complete and accurate to the best of my knowledge and that documentation to support the responses will be made available to CHRISTUS Health Plan or CMS upon request and understand that CHRISTUS Health Plan may conduct an audit to confirm the attestations (with at least 30 days' notice).

Name (Printed)

Signature

Title

Name of Organization

Date