

Medicare/CMS Compliance Program Guidelines 2026

GHCHA is a First Tier, Downstream and Related Entity (FDR)¹. We provide administrative and or health care services for GHCHA Medicare products. Your organization is a Downstream Entity and/or Related Entity of GHCHA. This attestation confirms your commitment to comply with the Centers for Medicare & Medicaid Services (CMS) requirements². These requirements are below. They apply to all services your organization provides for Medicare products as a GHCHA MA Plan participant. They also apply to any Downstream Entities you use for Medicare products.

1. Standards of Conduct and/or Compliance Policies

My organization has Standards of Conduct and/or Compliance Program policies that explain its commitment to comply with federal and state laws, ethical behavior, and compliance program operations. They are distributed to employees within 90 days of hire, upon revision, and annually thereafter.

2. US Department of Health & Human Services Office of Inspector General (OIG) and General Services Administration's System for Award Management (SAM) exclusion screening

My organization screens the [OIG](#) and SAM exclusion lists prior to hire or contracting and monthly thereafter for our employees, and annually thereafter for Downstream Entities. My organization immediately removes any person/entity from working on Medicare business if found on either of these lists, and we will notify GHCHA and/or the health plan right away.

3. Reporting Mechanisms

My organization communicates to employees how to report suspected or detected non-compliance or potential Fraud, Waste, or Abuse, and that it is their obligation to report without fear of retaliation or intimidation against anyone who reports in good faith. My organization either requires employees to report concerns directly to the health plan or maintains confidential, anonymous mechanisms for employees to report internally. In turn, we report these concerns to GHCHA and/or the health plan, when applicable.

4. Offshore Operations

For any work my organization performs that involves the receipt, processing, transferring, handling, storing or accessing of Protected Health Information (PHI), my organization either doesn't do the work offshore, doesn't have Downstream Entities that do the work offshore, or does the work offshore (ourselves or through a Downstream Entity) but has submitted information and obtained approval from Ghai and/or contracted health plan authorized representative to do so.

5. Business Continuity Plan

I and/or my organization – **Maintains a business continuity plan (BCP) as applicable, which contain policies and procedures to ensure the restoration of those Medicare and/or applicable State and health plan business operations that support a contracted health plan following disruptions to business operations.** These disruptions can include natural or man-made disasters, system failures, emergencies, pandemic public health emergencies, cyber security incidents and other similar circumstances and the threat of such occurrences. **GHCHA has made available information as requested as to what CMS requires.**

6. Downstream Entity Oversight

My organization either doesn't use Downstream Entities or uses Downstream Entities for Medicare business and conducts oversight to ensure that they abide by all laws, rules, and regulations that apply to me as a First Tier Entity. This includes ensuring that my organization's:

- Contractual agreements with Downstream Entities contain all CMS-required provisions
- Downstream Entities comply with the Medicare compliance program requirements described in this attestation
- Downstream Entities comply with any applicable Medicare operational requirements

Medicare/CMS Compliance Program Guidelines 2026

7. Operational Oversight

My organization conducts internal oversight of the services we perform for GHCHA-contracted Medicare business to ensure compliance with applicable laws, rules, and regulations, including CMS regulatory/sub-regulatory guidance.

8. Retain records

My organization maintains evidence of compliance with the CMS/Medicare Program requirements for no less than 10 years. Contracted Health Plan or CMS may request that I provide documentation that demonstrates my compliance with these requirements.

9. I acknowledge that we have met the required GHCHA **Provider Requirements – the must provide/ensure employees/providers, which include:**

- Distribute a code of conduct or a compliance policy.
- Distribute general compliance and conduct FWA education and training. Complete exclusion list screenings (at practice level, done when hiring)
- Make employees aware of reporting mechanisms
- Report FWA and compliance concerns to GHCHA or to payers utilizing their reporting mechanism.
- Report and/or request to use offshore operations to Ghai.
- **Make Employees aware of the Practice BCP including Security and Breach Notification Processes.**

I certify, as an authorized representative of my organization, that the statements made above are true and correct to the best of my knowledge. Also, we agree to maintain documentation supporting those statements. We'll maintain this documentation in accordance with federal regulations, which is no less than 10 years. We'll produce this evidence, upon request. We understand the inability to produce this evidence may result in a request for a Corrective Action Plan. Other contractual remedies, such as contract termination, may be options as well.

FDR Organization's Authorized Representative Printed Name and Title

Signature of FDR Organization's Authorized Representative

Date

FDR Organization Name Printed

FDR Organization Mailing Address

Tax ID# (TIN)/Employer ID# (EIN)

Medicare/CMS Compliance Program Guidelines 2026

List all GHCHA Provider Names, Title, and NPIs if attesting on behalf of the practice.

Provider Name	Title	NPI

¹ A FDR is any party that enters into a written arrangement, acceptable to CMS, with a Medicare Advantage Organization or Part D plan sponsor or applicant to provide administrative services or health care services to a Medicare-eligible individual under the Medicare Advantage program or Part D program. (See 42 C.F.R. §§ 422.500 & 423.501.)

² CMS guidance for Medicare Advantage organizations and Part D sponsors is published in both Pub. 100-18, Medicare Prescription Drug Benefit Manual, Chapter 9, and in Pub. 100-16, Medicare Managed Care Manual, Chapter 21, and is identical in each.

³ A Downstream Entity is any party that enters into a written arrangement, acceptable to CMS, with persons or entities involved with the Medicare Advantage benefit or Part D benefit, below the level of the arrangement between a Medicare Advantage Organization 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. (See 42 C.F.R. §§ 422.500 & 423.501.)