

Gold Kidney Health Plan Annual FDR Attestation

Contracted Entity: _____

Section I: Instructions for Completing the Attestation

Please complete this form in its entirety and return the completed form to:

Francisco Leon, Audit and Compliance Officer at

Francisco.leon@goldkidney.com

Section II: Annual Attestation	Response
<p>1. I attest that my organization has provided, and will continue to provide, general compliance that includes HIPAA and Fraud Waste and Abuse (FWA) training for all employees (including temporary employees, volunteers, and others acting as part of our workforce) and contractors involved in providing services for Gold Kidney Health Plan (GKHP) and its subsidiaries. The training is provided to employees and contractors at within 90 days of hire /contract execution and annually thereafter.</p>	Yes <input type="checkbox"/> No* <input type="checkbox"/>
<p>2. I attest that my organization has read and understands GKHP Compliance policies, and procedures, including FWA/Compliance, and Standards of Conduct, <u>or</u> my organization has equivalent documentation. My organization has implemented and distributed them to all appropriate employees, board members, partners, and contractors of my organization within 90 days of hire/contract execution and annually thereafter.</p>	Yes <input type="checkbox"/> No* <input type="checkbox"/>
<p>3. I attest that my organization has reviewed, and will continue to review, the Office of the Inspector General (OIG)/List of Excluded Individuals and Entities (LEIE) and General Services Administration (GSA) for our employees (including temporary employees, volunteers and others acting as part of our workforce), governing board members or any shareholders, and contractors responsible for providing services for GKHP. Exclusion screenings from these sources are checked before initial hire/contract execution and monthly thereafter. Any individual found on such lists will immediately be removed from any work directly or indirectly related to GKHP. If applicable, I attest that my organization meets all CMS Preclusion List screening, notification, and termination requirements because I contract with GKHP.</p>	Yes <input type="checkbox"/> No* <input type="checkbox"/>
<p>4. My organization agrees to maintain records of training, disciplinary standards, and exclusion checking of all governing body members, all employees, including temporary staff and volunteers as well as to downstream entities, for a minimum of 10 years. Records maintained must include but are not limited to: Training materials and training logs, documentation of exclusion checks, and compliance program policies and procedures.</p>	Yes <input type="checkbox"/> No* <input type="checkbox"/>
<p>5. I attest that my organization is and will remain in compliance with all applicable CMS, State, and Federal guidelines, during the term of the Agreement with Gold Kidney Health Plan and will immediately notify GKHP of all suspected or known instances of noncompliance, FWA, and/or privacy breaches impacting GKHP. or Gold Kidney Health Plan's members.</p>	Yes <input type="checkbox"/> No* <input type="checkbox"/>
<p>6. I attest that my organization has and will continue to monitor our contractors (downstream and related entities) with which we have contracted to provide services for GKHP and will, upon GKHP's request, obtain the same documentation requirements listed above from those entities.</p>	Yes <input type="checkbox"/> No* <input type="checkbox"/>

Explanation required for any "No*" response to the questions above:

Section III: Offshore Subcontracting Attestation	Response
<p>1. My organization uses an offshore subcontractor to perform functions that support our contract with</p>	Yes <input type="checkbox"/>

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<p>GKHP. If no, skip to #9.</p>	No <input type="checkbox"/>
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Offshore subcontractor name (if applicable – attach additional pages as necessary):	
Country of offshore function:	Offshore address:
Offshore function(s):	
Description of PHI to be provided to offshore subcontractor/staff:	
Description of the reason providing PHI offshore is necessary:	
Description of alternatives considered to avoid providing PHI offshore and why each was rejected:	
The proposed or actual effective date for offshore subcontractor or staffing:	
2. Offshore subcontractor/staff has policies and procedures in place to ensure that Protected Health Information (PHI) and other personal information remains secure.	Yes <input type="checkbox"/> No* <input type="checkbox"/>
3. Offshore subcontractor/staff does not have access to (or is prohibited from accessing) member data not associated with the functions subcontractor/staff performs for our organization.	Yes <input type="checkbox"/> No* <input type="checkbox"/>
4. Offshore subcontracting arrangement has policies and procedures in place that allow for immediate termination of the subcontract upon discovery of a significant security breach.	Yes <input type="checkbox"/> No* <input type="checkbox"/>
5. Offshore subcontracting agreement with our organization includes all required Medicare Part C and D language (e.g., record retention requirements, compliance with all Medicare Part C and D requirements, , etc.).	Yes <input type="checkbox"/> No* <input type="checkbox"/>
6. My organization conducts (or will conduct) an annual audit of offshore subcontractors and monitor offshore staff's access to PHI.	Yes <input type="checkbox"/> No* <input type="checkbox"/>
7. Offshore subcontractor audit results will be used by our organization to evaluate the continuation of its relationship with the offshore subcontractor.	Yes <input type="checkbox"/> No* <input type="checkbox"/>
8. My organization agrees to share the offshore subcontractor's audit results with Gold Kidney Health Plan and/or CMS upon request.	Yes <input type="checkbox"/> No* <input type="checkbox"/>
9. My organization agrees to notify GKHP at least 60 days in advance of our intent to use new offshore subcontractor(s) or before employing new offshore staff for a function Gold Kidney Health Plan has asked us to perform.	Yes <input type="checkbox"/> No* <input type="checkbox"/>

Explanation required for any "No*" response to the questions above (attach additional pages as necessary):

Section IV: 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.

Printed Name of Authorized FDR Representative:	Date:
Title of Authorized FDR Representative:	Email address:
Signature of Authorized FDR Representative:	Phone #: