

UNITEDHEALTH GROUP®

DELEGATED ENTITY COMPLIANCE ATTESTATION

Organization:

Affiliate(s):

Background

As a Delegated Entity (a “Delegate”) with UnitedHealth Group and/or our affiliates, which include UnitedHealthcare and Optum companies (collectively, “UHG”), you may partner with many risk teams to ensure your organization meets relevant performance, operational, contract and legal/regulatory compliance requirements. As part of an effective compliance program, the Centers for Medicare and Medicaid (“CMS”) and other federal and state regulators require that UHG and its first tier, downstream and related delegated entities (each, and “FDR”) communicate and monitor specific compliance and Fraud, Waste and Abuse (FWA) requirements to employees and subcontractors.

As a Delegate that performs administrative or health care services on behalf of UHG, you are considered an FDR; therefore, CMS and other federal or state regulators require you and your employees, who are responsible for or assigned to perform contracted services, meet certain FWA and general compliance requirements. Additionally, you may have contractual requirements that further outline specific requirements that include developing and documenting a program to perform FWA functions to meet current regulatory requirements. These contractual requirements may include:

- FWA policies and procedures including internal controls, and proof of training of new hires and annually thereafter
- Code of Conduct dissemination
- Exclusion sanction disbarment checks on a monthly basis
- Conflict of Interest Program
- Notifying UHG within 24 hours of receipt of request for information from CMS

Delegated Entity Attestation Resources:

Chapter 9 of the Prescription Drug Benefit Manual
Chapter 21 of the Medicare Managed Care Manual
Chapter 11 of the Medicare Managed Care Manual, §100
42 C.F.R. §§ 422.503; 423.504
42 C.F.R. §§ 438.230, 457.1233

Offshore Subcontracting Resources:

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

STANDARDS OF CONDUCT

1. Does your company distribute to new employees and contractors within 90 days of hire one of the following:

➤ Your Code of Conduct documentation and related policies **OR** the UnitedHealth Group Code of Conduct?

- Yes**
- No**

2. Does your company distribute to all employees one of the following annually:

➤ Your Code of Conduct documentation and related policies **OR** the UnitedHealth Group Code of Conduct?

- Yes**
- No**

Comments: Please provide explanation &/or additional information for any ‘No’ responses from above section.

FEDERAL AND STATE MONTHLY EXCLUSION CHECKS

Exclusion check requirements by Program

	Medicare	Medicaid
OIG Excluded List	<i>Pre-hire & Monthly</i>	<i>Pre-hire & Monthly</i>
GSA/SAM Excluded List	<i>Pre-hire & Monthly</i>	<i>Pre-hire & Monthly</i>
State Exclusion Lists, if State requires	<i>N/A</i>	<i>Pre-hire & Monthly</i>

3. Do you screen applicants considered for employment against the Department of Health and Human Services (DHHS) Office of Inspector General (OIG) and GSA System for Award Management (SAM) federal programs exclusion lists prior to hire?

- Yes**
- No**

4. Do you screen all employees against the Department of Health and Human Services (DHHS) Office of Inspector General (OIG) and General Services Administration (GSA) federal programs exclusion lists monthly?

- Yes**
- No**

Medicaid Programs:

* **State Exclusion List requirements** are based upon where the Member resides, not necessarily the state(s) where your employees are located. If you support Medicaid administrative or health services that support members in multiple states, you must check all applicable state exclusion lists.

5. For Medicaid programs, if you serve Medicaid health plans/membership **and the state(s) require it***, do you screen applicants selected for employment against the state exclusion lists prior to hire?

- Yes**, complete for state(s) that require pre-hire exclusion checks
- No**
- N/A** – I do not support the Medicaid Members in any States which have state exclusion list requirements

6. For Medicaid programs, if you serve Medicaid health plans/membership **and the state(s) require it***, do you screen all employees against the state exclusion lists monthly, as applicable?

- Yes**, complete for state(s) that require pre-hire exclusion checks
- No**
- N/A** – I do not support the Medicaid Members in any States which have state exclusion list requirements

Comments: Please provide explanation &/or additional information for any **'No'** responses from above section.

MAINTAIN DOCUMENTATION FOR 10 YEARS

7. Do you retain documentation of all Compliance Program requirements, including Code of Conduct and exclusion lists checks, for 10 years?

- Yes
- No

Comments: Please provide explanation &/or additional information for any 'No' responses from above section.

NOTIFICATION OF OFFSHORING

Medicare Programs:

You must obtain approval from UnitedHealth Group prior to moving any administrative or health care services relating to Medicare Part C or Part D services off-shore that involves the use, disclosure or sharing of individual's PHI/PII. Do you agree that your Company has obtained or will obtain express written approval from UnitedHealth Group?

Medicaid Programs:

If your company serves Medicaid health plans/membership offshoring activities must be approved by UnitedHealth Group prior to moving any activity offshore, as many states expressly prohibit offshoring activities.

8. Does our organization currently offshore any applicable services as described above, or plan to offshore services in the future?

- Yes – please continue to **8.1a**
- No – please continue to **8.1b**

8.1a IF YES, Do you agree that your Company has obtained or will obtain express written approval from UnitedHealth Group?

- Yes
- No

8.1b IF NO, Do you agree that your Company will obtain express written approval from UnitedHealth Group prior to moving any applicable services offshore?

- Yes
- No

MONITORING AND AUDITING OF SUBCONTRACTED DELEGATES OR DOWNSTREAM ENTITIES

CMS describes Audit/Monitoring as follows: **Audit** is a formal review of compliance with a particular set of standards (e.g., policies and procedures, laws and regulations) used as base measures. **Monitoring Activities** are regular reviews performed as part of normal operations to confirm ongoing compliance and to ensure that corrective actions are undertaken and effective.

Delegates who subcontract the administrative or health benefit services performed for the Sponsor to a subcontractor, or downstream entity, have an obligation to ensure the downstream entity complies with all same applicable federal and state laws, regulations and requirements through contract language, compliance oversight, monitoring and auditing activities.

Records of such activities must be maintained for a minimum of 10 years and be available for review by CMS, state regulators or our organization upon request.

*Subcontracted delegates are third party delegates who handle PHI/PII and perform administrative services or health care services for Medicare and Medicaid beneficiaries and members.

9. Does your company utilize subcontractors, or downstream entities, to fulfill any of the work you are contracted to perform on behalf of UnitedHealthGroup?

- Yes** *please complete questions **9.1 thru 9.5**
- No** *proceed to question **10**

9.1 If **YES**, do you have auditing and monitoring programs in place that address the functions and services performed as part of the delegated relationship, including those sub-delegated to a downstream entity:

- Yes**
- No**

9.2 Does your company have processes in place to report auditing and monitoring results to UHG routinely or upon request?

- Yes**
- No**

9.3 Does your company validate that downstream entities maintain Business Associate Agreements (when applicable)?

- Yes**
- No**

9.4 Medicare Programs: Does your company ensure that all First tier entity and downstream contract(s) contain(s) required CMS language as stated in Chapter 11 of the Medicare Managed Care Manual, section§100?

- Yes**
- No**
- Not Applicable** [Medicaid only programs supported]

9.5 Does your company validate that downstream entities meet the requirements outlined in this attestation on an annual basis?

- Yes**
- No**

Comments: Please provide explanation &/or additional information for any 'No' responses from above section

FWA & GENERAL COMPLIANCE TRAINING AND REPORTING REQUIREMENTS

Effective January 1, 2019, CMS no longer requires FDR's to use the CMS modules for FWA and General Compliance Training or provide evidence of training within specific time periods. It is important to note that all FDR's are still required to know, understand and follow all FWA and General Compliance regulations and requirements.

**Employees include hired personnel, temp workers, senior executives, managers, Board members, volunteers/interns, consultants, contractors, subcontractors and downstream entities responsible for Medicare Advantage Parts C, Part D or Medicaid administrative and health benefit services on behalf of UHG or affiliates.*

10. Do you have policies and procedures in place to provide training and information to employees to ensure they are familiar with and can identify incidents of Fraud, Waste and Abuse or general non-compliance?

- Yes**
- No**

11. Do you have widely publicized system in place for employees to report compliance questions, concerns, or potential misconduct, and FWA both confidentially and anonymously, available 24/7?

- Yes**
- No**

12. Does your company have a non-retaliation policy that is communicated to all Employees*?

- Yes**
- No**

13. Does your company have processes in place to ensure compliance concerns or potential misconduct incidents are reported to UHG and/or appropriate law enforcement agency in a timely manner in order to ensure timely resolution.

- Yes**
- No**

Medicaid Programs:

14. Does your company provide to all employees Fraud, Waste and Abuse (FWA) training upon hire and annually thereafter?

- Yes**
- No**
- N/A** - my company does not support Medicaid Program membership

Comments: Please provide explanation &/or additional information for any 'No' responses from above section.

We all have the obligation to combat FWA and should be aware of how to identify and report FWA and non-compliance - if you need assistance in training or more info on FWA and general compliance guidance, please check out the information provided on our [website](#).

Your company is obligated to implement compliance programs with training and education that will prevent, detect and correct compliance issues or misuse of federal or state funds.

Reporting resources:

If you suspect misconduct or if you identify an excluded individual or entity employed or contracted by your organization, report it to us immediately so we may investigate and respond appropriately. You can report this either to your UnitedHealthcare/Optum Contract Manager, business contact, or by using one of the methods below:

- ✓ To report FWA concerns: report online at uhc.com/fraud or by calling **844-359-7736**.
- ✓ To report other Compliance & Ethics Concerns: you may email: EthicsOffice@uhg.com, report online at www.uhghelpcenter.ethicspoint.com, or by calling **800-455-4521**.

Reports to the HelpCenter can be made anonymously, where permitted by law. UHG prohibits retaliation for reports made in good faith.

Completion Process: By completing the Signature, Name and Title fields, you represent your authority to attest to these requirements, and you consent to the understanding of your intent to sign the attestation document generated by your responses to the above questions. Please provide both First and Last name to complete the signature below. Please provide a contact email for any additional questions.

Signature: _____

Name (printed): _____

Title: _____

Email address: _____

If you have received a request to complete an online attestation, you must submit your response online. Please go to <https://egrc-portal.unitedhealthgroup.com/> to access your online attestation.

If you are unable to access your online attestation please complete this form in its entirety and submit your completed document, including signature and contact details to our Delegated Entity Compliance mailbox: DECompliance@UHC.com