



2026 Attestation Year

Re: Annual FDR Compliance Attestation Request

Dear {provider_name}

The Centers for Medicare and Medicaid Services (CMS) require any organizations or individuals contracted to provide administrative or healthcare services to Medicare Advantage beneficiaries to comply with CMS program requirements. This includes maintaining an effective Compliance Programs.

Intermountain Health's commitment to compliance includes ensuring that our contracted business partners who are first-tier, downstream, and related entities (FDRs) under the Medicare Advantage program also observe all applicable laws, regulations, and sub-regulatory guidance. This requirement is delegated through our health plan contracts and extends to all FDRs in our network.

As such, a representative from your entity must sign an attestation annually verifying that your organization has met these requirements. The attestation includes the following:

1. Code of Conduct and Compliance Policy Distribution
2. General Compliance and Fraud, Waste and Abuse ("FWA") Training
3. Reporting & Response Mechanisms
4. Exclusion Checks
5. Downstream Entities
6. Offshoring Notification
7. Record Retention
8. Attestation Sign Off

Our 2026 annual attestation is attached to this letter. Please review and submit to nv_fdrattestation@imail.org by **September 30, 2026**. Please note, you may be selected for a random audit to provide documentation supporting your responses.

Only one attestation is required per FDR entity.

Thank you for your continued partnership and commitment to delivering quality health care to our patients. If you have any questions about the attestation, please feel free to contact Network Communications [NV] nv_fdrattestation@imail.org.

Sincerely,

Network Management & Contracting Department
Intermountain Health – Nevada



Annual Intermountain Health Annual Compliance Attestation

Oversight of FDRs is a CMS requirement for all Medicare Advantage plan sponsors. Intermountain Health has developed an annual attestation as part of our efforts to validate that each of our contracted FDR's has met CMS requirements. This attestation must be completed by an individual in your organization who has signatory authority to make the representations in the attestation.

1. Code of Conduct and Compliance Policy Distribution

- 1.1 Has your organization provided Standards of Conduct and/or Compliance Policies to applicable employees within 90 days of hire, when updates are made, and annually thereafter?

Yes

No

N/A

If you answered “No” or “N/A” for any questions in this section, please provide comments below and include a corrective action plan (CAP) if applicable.

The Intermountain Code of Conduct is available <https://intermountainnv.org/provider-fdr-guidance/>

2. General Compliance and Fraud, Waste and Abuse (FWA) Training

- 2.1 Have applicable employees completed Medicare Parts C and D General Compliance Training within 90 days of hire and annually thereafter and does proof of training exist?

Yes

No

N/A

- 2.2 Have applicable employees completed Medicare Parts C and D Fraud, Waste, and Abuse Training within 90 days of hire and annually thereafter and does proof of training exist?

Yes

No

N/A

If you answered “No” or “N/A” for any questions in this section, please provide comments below and include a corrective action plan (CAP) if applicable.

3. Reporting Mechanisms

- 3.1 My organization has a widely publicized reporting system in place for Employees to confidentially and anonymously report compliance questions, concerns, potential misconduct, and FWA which is available 24/7.

Yes

No

N/A

The Intermountain Health Compliance Reporting Flyer is available <https://intermountainnv.org/provider-fdr-guidance/>

- 3.2 My organization has a process in place to report related compliance concerns, including FWA, or potential misconduct to Intermountain.

Yes

No

N/A

- 3.3 My organization maintains procedures and a system for promptly and appropriately responding to compliance issues as they are raised.

Yes

No

N/A

- 3.4 My organization has a non-retaliation policy that is communicated to all Employees.

Yes

No

N/A

- 3.5 My organization has an auditing and monitoring program in place that addresses services performed as part of the delegated relationship with Intermountain, including those sub-delegated to a Downstream entity.

Yes

No

N/A

If you answered “No” or “N/A” for any questions in this section, please provide comments below and include a corrective action plan (CAP) if applicable.

4. Exclusion Checks

4.1 My organization is currently excluded from participation in any federal or state healthcare programs including Medicare and Medicaid.

Yes, my organization is currently excluded

No, my organization is not currently excluded

If you answered “**Yes**”, please provide comments below and include a corrective action plan (CAP) if applicable.

The LEIE is available at: <http://oig.hhs.gov/exclusions/index.asp>

The SAM is available at: <http://www.sam.gov>

4.2 My organization screens all Employees against the Office of Inspector General (OIG) List of Excluded Individuals and Entities (LEIE) and General Services Administration (GSA) System for Award Management (SAM) prior to initial hire or contracting and monthly thereafter and maintains evidence of all screening activities and results.

Yes

No

4.3 My organization immediately removes Employees found on the OIG or GSA exclusion list from any work directly or indirectly, related to federal or state health care programs and notifies Intermountain.

Yes

No

If you answered “**No**” for any questions in this section, please provide comments below and include a corrective action plan (CAP) if applicable.

5. Downstream Entities

5.1 My organization's contract(s) with Downstream Entities contain(s) required and applicable CMS language as stated in Chapter 11 of the Medicare Managed Care Manual, section §100.

Yes

No

N/A

5.2 On at least an annual basis my organization validates any related downstream entities meet the requirements outlined in this attestation.

Yes

No

N/A

If you answered “No”, for any questions in this section, please provide comments below and include a corrective action plan (CAP) if applicable. Please use N/A if you do not contract with Downstream Entities.

6. Offshoring Notification

6.1 Does your organization offshore any protected health information (PHI) related to this contract?

No, my organization or subcontractors do not offshore any PHI

Yes, my organization or my subcontractors do offshore PHI

If you answered “Yes”, please provide the names of the organizations or subcontractors that offshore PHI in the section below.

- 6.2 My organization is required to notify Intermountain prior to offshoring of protect health information (PHI) by your organization or subcontractors related to this contract. In the past year has your organization or subcontractors begun offshoring any related PHI?

Yes

No

N/A

If you answered “**Yes**”, please provide comments below and include a corrective action plan (CAP) if necessary.

7. Record Retention

- 7.1 My organization maintains all records related to administration or delivery of Part C and/or Part D benefits including but not limited to: as applicable training attendance records, certificates of completion (if applicable), and test scores of any tests administered to their Employees* and prior to hire/contracting and monthly evidence of OIG and GSA/SAM screening records for a period of at least 10 years.

Yes

No

N/A

If you answered “**No**” or “**N/A**”, please provide comments below and include a corrective action plan (CAP) if necessary.



8. Attestation and Signature

By submitting this attestation as a representative of your organization, you are acknowledging that you have signatory authority on behalf of your organization, and, to the best of your knowledge, the responses are accurate, correct and complete. You are also agreeing that upon further request, you will provide Intermountain Health with additional documentation to confirm compliance with applicable CMS Requirements.

Please provide your signature and contact information below. If your email address has changed, please provide the updated address to ensure you receive future attestation requests. Return the completed attestation to nv_fdrattestation@imail.org.

Printed name of Stakeholder/Compliance Officer completing form:

Title:

Name of your organization:

Organization address:

Phone number:

New email address to receive future attestation requests (if different from current):

Tax Identification Number: