

## 2023 Medicare Compliance Program Guidelines Attestation

Farm & Family Insurance Associates, Inc. dba Producers XL is considered a First Tier<sup>1</sup> entity. We provide administrative and or health care services for Aetna/CVS, Humana, WellCare (Centene), Lasso Healthcare, and Mutual of Omaha Medicare Products. Your organization is a Downstream Entity of Farm & Family Insurance Associates, Inc. dba Producers XL. This attestation confirms your commitment to comply with the Centers for Medicare & Medicaid Services (“CMS”) requirements<sup>2</sup>. These requirements are below. They apply to all services your organization, as Aetna/CVS, Humana, WellCare (Centene), and Mutual of Omaha Downstream Entity<sup>3</sup>, provide for Aetna/CVS, Humana, WellCare (Centene), Lasso Healthcare, and Mutual of Omaha Medicare products<sup>4</sup>. They also apply to any of the Downstream Entities you use for Aetna/CVS, Humana, WellCare (Centene), Lasso Healthcare, and Mutual of Omaha Medicare products.

### 1. Code of Conduct (“COC”) and/or compliance policies

My organization has adopted a comparable COC and/or compliance program policies. These policies were distributed to employees within 90 days of hire, upon revision and annually thereafter.

### 2. CMS Fraud, Waste, and Abuse (“FWA”) Training

My organization’s applicable employees *either* completed the AHIP (Medicare Fraud, Waste and Abuse), or CMS *Combating Medicare Parts C & D Fraud, Waste, and Abuse Training* module within 90 days of hire and annually thereafter .

### 3. CMS General Compliance Training

My organization’s applicable employees completed the AHIP (Medicare Fraud, Waste and Abuse), or CMS *Medicare Parts C & D General Compliance Training* module within 90 days of hire and then annually thereafter. The training was completed on the Medicare Learning Network (MLN) or was incorporated, unmodified, into our existing training materials and systems.

### 4. Office of Inspector General (OIG) and General Services Administration’s System for Award Management (SAM) exclusion screening

My organization screens the US Department of Health & Human Services Office of Inspector General (OIG) and the General Services Administration’s System for Award Management (SAM) exclusion lists prior to hire or contracting, and monthly thereafter, for employees and Downstream Entities. My organization removes any person or entity from work on Aetna Medicare products if found on these lists.

### 5. Reporting mechanisms

My organization communicated to employees how to report suspected or detected non-compliance or potential FWA, and that it is their obligation to report without fear of retaliation or intimidation against anyone who reports in good faith. My organization *either* requests employees report concerns directly to the carrier or maintains confidential and anonymous mechanisms for employees to report internally. In turn, we report these concerns to the carrier when applicable.

### 6. 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 required forms and obtained approval from an authorized Aetna/CVS, Humana, WellCare (Centene), Lasso Healthcare, and Mutual of Omaha representative to do so.

### 7. Downstream Entity oversight

My organization *either* doesn’t use Downstream Entities, or uses Downstream Entities for Medicare products and conducts robust oversight to ensure they comply with all the requirements described in this attestation (e.g. FWA training, OIG and GSA’s SAM exclusion screening, etc.) and any applicable laws, rules and regulations.

### 8. Operational oversight

My organization conducts internal oversight of the services that we perform for Aetna, Humana, WellCare (Centene), Lasso Healthcare, and Mutual of Omaha Medicare products to ensure that compliance is maintained with applicable laws, rules and regulations.

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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.

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Authorized representative printed name and title

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Signature of authorized representative

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Date

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Organization name printed

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Organization mailing address

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

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<sup>1</sup> A First Tier Entity 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.)

<sup>2</sup> CMS guidance for Medicare Advantage organizations and Part D sponsors are 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 are identical in each.

<sup>3</sup> 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.)

<sup>4</sup> For purposes of this attestation, "Medicare products" includes Medicare Advantage (MA), Prescription Drug Plans (PDP and MAPD), and/or Medicare-Medicaid Plan (MMP) product lines under contract with CMS. Within the attestation, the terms "employee" and "Downstream Entity" refer only to those supporting Aetna's Medicare products.

**PLEASE EMAIL COMPLETED FORM TO [RICK.ROBERTS@PRODUCERSXL.COM](mailto:RICK.ROBERTS@PRODUCERSXL.COM) OR FAX TO 785-825-1391**