

**2019 Medicare Compliance Program Guidelines Attestation for Downstream Entities**

*As required by the Centers for Medicare & Medicaid Services (CMS), First Tier, Downstream, and Related Entities (FDRs) that provide administrative and/or health care services for Medicare Parts C and D plans must meet specific CMS compliance program expectations. NationsHearing, LLC. (“NationsHearing”) is considered a First Tier Entity as we provide administrative and or health care services for Medicare Part C or D plans. Your organization is considered a Downstream Entity of NationsHearing, and this attestation is intended to be evidence that the requirements listed below were met by your organization for 2019. These requirements are further described within CMS’s updated guidance on the compliance program requirements and related provisions for Sponsors (“Guidelines”), 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.*

**1. General Compliance and Fraud, Waste and Abuse (“FWA”) Training**

Either the CMS Medicare Parts C and D FWA Training and General Compliance Training *or* our own equivalent of each were provided to all of our employees and downstream entities who are assigned to work on Medicare business. If deemed\*, our organization is exempt from completion of FWA training but ensures general compliance training is provided to all employees and downstream entities who are assigned to work on Medicare business. This occurred initially within 90 days of hire or contracting and annually thereafter.

**2. Code of Conduct and/or Compliance Policies**

Either NationsHearing’s Code of Conduct and Compliance Policies *or* our own comparable COC and/or Compliance Policies are in place and were provided to all of our employees and downstream entities who are assigned to work on Medicare business. This occurred initially within 90 days of hire or contracting, upon revision, and annually thereafter.

**3. Reporting Mechanisms**

Internal employees were informed of their obligation and how to report any suspected or detected non-compliance or potential FWA for internal investigation. The reporting mechanisms ensure confidentiality and allow for anonymity, as desired. In addition, we don’t allow retaliation or intimidation against anyone who reports in good faith. In turn, our organization reports any applicable incidents to NationsHearing as they arise.

**4. Exclusion/Debarment**

Our organization ensures that none of our employees that service Medicare business are on the HHS Office of Inspector General (OIG) or the General Services Administration (GSA) System for Award Management (SAM) exclusion lists through the screening of these lists prior to hire and monthly thereafter.

**5. Offshore Operations**

Our organization does not engage in offshore operations for related Medicare business without the express consent of an authorized representative since these activities, if involving the receipt, processing, transferring, handling, storing or accessing of PHI, must be reported to CMS.

**6. Downstream Entity Oversight**

Our organization ensures that compliance is maintained by our organization as well as any of our contracted downstream entities. Our organization has strong oversight in place to ensure that any of our subcontracted downstream arrangements that are used to service Medicare business are in compliance with all of the above requirements, as well.

I certify, as an authorized representative of an entity that has a written agreement with NationsHearing, a First Tier, that the statements made above are true and correct to the best of my knowledge. Also, my organization agrees to maintain documentation supporting the statements made above. We’ll maintain this documentation in accordance with federal regulations and our contract with NationsHearing, which is no less than ten (10) years. My organization will produce evidence of the above to NationsHearing, Medicare Health Plans, or CMS upon request. My organization understands that the inability to produce this evidence may result in a request for a Corrective Action Plan (CAP) or other contractual remedies such as contract termination.

\_\_\_\_\_  
Signature of Organization’s Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Organization’s Authorized Representative Printed Name and Title

\_\_\_\_\_  
Organization Name Printed

\_\_\_\_\_  
Organization Mailing Address

\* Deemed: means that the organization has met the FWA certification requirements through enrollment into the Parts A or B of the Medicare program or accreditation as a Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS); deeming status only applies to the training and educational requirements for FWA.