UCLA Health | Medicare ADVANTAGE PLAN
by New Century Health Plan

FDR Annual Attestation

New Century Health Plan, *dba UCLA Health Medicare Advantage Plan* (the Plan), in accordance with the Centers for Medicare & Medicaid Services (CMS), requires that First Tier, Downstream, and Related Entities (FDRs) delivering healthcare, administrative, or prescription drug services under Medicare Advantage plans comply with established Medicare program requirements. As a First Tier Entity, your organization must affirm its compliance at the time of contracting and every year thereafter.

Objective: To ensure First Tier Entities understand and comply with CMS Medicare Compliance Program requirements

Intended Audience: First Tier Entities

Estimated Completion Time: 15 minutes

Due: Tuesday, September 30, 2025

Completing this Attestation confirms your organization's ongoing commitment to CMS and New Century Health Plan's standards. Please note that follow-up communication or supporting documentation may be requested by the Plan to validate responses or address responses that pose concern/risk. **Thank you for your partnership!**

For questions/assistance with this process or form, please contact

Definitions

First Tier Entity: Any party that enters a written arrangement, acceptable to CMS, with a Medicare Advantage Organization or Part D plan sponsor or applicant to provide administrative services or healthcare services to a Medicare eligible individual under the Medicare Advantage program or Part D program

Downstream Entity: Any party that enters 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

Related Entity: Any entity that is related to a Medicare Advantage Organization or Part D sponsor by common ownership or control and:
1) Performs some of the Medicare Advantage Organization's or Part D plan sponsor's management functions under contract or delegation; or
2) Furnishes services to Medicare enrollees under an oral or written agreement; or
3) Leases real property or sells materials to the Medicare Advantage Organization or Part D plan sponsor at a cost of more than $2,500 during a contract period

FDR & Authorized Representative Information

1. Name of your organization *

   Please provide your organization's legal entity name. If you are replying on behalf of more than one entity, list ALL entities these responses apply to.

2. By checking the box, you confirm you're the authorized representative attesting on behalf of the organization listed herein. *

   ◯ **I confirm that I am authorized to attest to my organization's adherence with Medicare regulatory and compliance requirements provided in this attestation.**

3. Authorized Representative's Name *

4. Authorized Representative's Title *

5. Authorized Representative's Contact Number *

6. Authorized Representative's Email *

7. If NCHP has questions regarding the responses provided in the FDR Attestation, please share the name and email address of the appropriate contact person we can reach out to for clarification. *

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8. My organization has Policies, Procedures and/or Standards of Conduct (Compliance Program Policies) that describe its commitment to comply with CMS, federal and state regulations, and applicable laws, and those outlined in the contractual obligations with the Plan. They are distributed to employees and all involved in the delivery/administration of Medicare Advantage services within 90 days of hire, upon revision and annually thereafter. 42 CFR 422.503(b)(4)(vi)(A), 423.504(b)(4)(vi)(A) *

For the purposes of this attestation, "employees and all involved" include all employees of the organization, board members, officers, consultants, volunteers, temporary employees, providers, contractors, and subcontractors (i.e., Downstream or Related Entities).

- ◯ Yes
- ◯ No

9. My organization requires employees, and all involved in the delivery/administration of Medicare Advantage services or other Federally funded programs take General Compliance training within 90 days of hire, and annually thereafter. Documentation of completion is maintained by the organization, per CMS retention requirements and for the Plan's access and audit needs. 42 CFR 422.503(b)(4)(vi)(C), 423.504(b)(4)(vi)(C) *

For the purposes of this attestation, "employees and all involved" include all employees of the organization, board members, officers, consultants, volunteers, temporary employees, providers, contractors, and subcontractors (i.e., Downstream or Related Entities).

- ◯ Yes
- ◯ No

10. My organization requires employees and all involved in the delivery/administration of Medicare Advantage services or other Federally funded programs take Fraud, Waste and Abuse (FWA) training within 90 days of hire, and annually thereafter. Documentation of completion is maintained by the organization, per CMS retention requirements and for the Plan's access and audit needs. 42 CFR 422.503(b)(4)(vi)(C), 423.504(b)(4)(vi)(C)

    FDRs who have met the FWA certification requirements through enrollment into the Medicare program or accreditation as a supplier of Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS), are deemed to have met the training and educational requirements for FWA. If this applies to your organization, select "NA."

    Free CMS web-based training:
    Combatting Medicare Parts C and D Fraud, Waste, and Abuse https://www.cms.gov/training-education/medicare-learning-networkr-mln/resources-training/web-based-training
    *

    For the purposes of this attestation, "employees and all involved" include all employees of the organization, board members, officers, consultants, volunteers, temporary employees, providers, contractors, and subcontractors (i.e., Downstream or Related Entities).

    ◯ Yes

    ◯ No

    ◯ Deemed as DMEPOS Accredited Provider

11. My organization confirms that it, employees and all involved in the delivery/administration of Medicare Advantage services or other Federally funded programs are not excluded or precluded* from participation or payments on the Office of Inspector General (OIG) List of Excluded Individuals and Entities (LEIE), the System for Award Management (SAM)/General Services Administration (GSA) exclusions lists and the CMS Preclusion list* (collectively exclusion and preclusion lists). My organization screens the required exclusion and preclusion lists prior to hire/contracting and monthly thereafter. If found on either list, my organization will immediately remove the individual/entity from conducting any work or providing any service and promptly notify the Plan. 42 CFR 422.2

    **Applicable for healthcare providers or facilities only.* *

    For the purposes of this attestation, "employees and all involved" include all employees of the organization, board members, officers, consultants, volunteers, temporary employees, providers, contractors, and subcontractors (i.e., Downstream or Related Entities).

    ◯ Yes

    ◯ No

12. My organization has at least one anonymous mechanism to report any suspected or detected issue of noncompliance and/or potential Fraud, Waste and Abuse (FWA). My organization has communicated to employees and all involved in the delivery/administration of Medicare Advantage services, how to report, and that it is their obligation to report without fear of retaliation or intimidation against anyone who reports in good faith. 42 CFR 422.503(b)(4)(vi)(D) *

- ◯ Yes
- ◯ No

13. My organization maintains procedures to ensure timely reported of any and all suspected incidents of noncompliance/FWA are reported to the Plan in a manner that support timely investigation and remediation thereof. 42 CFR 422.503(b)(4)(vi)(D) *

- ◯ Yes
- ◯ No

14. My organization agrees to maintain for ten (10) years books, records, documents, and other evidence of accounting procedures and practices regarding the Medicare Advantage services performed for or on behalf of the Plan. 42 CFR 422.504(d) *

- ◯ Yes
- ◯ No

15. My organization maintains policies and procedures to ensure proper monitoring and/or auditing (i.e., oversight) of the functions or services performed by my organization, or its sub contractors, is performed in compliance with applicable, legal, regulatory and contractual requirements. These activities are well documented and available to provide to the Plan at any time, upon request. *

- ◯ Yes
- ◯ No

16. My organization employs or utilizes offshore entities to perform Medicare Advantage services for New Century Health Plan that involves processing, handling, or accessing Protected Health Information (PHI).

    If you answered "Yes," additional actions regarding the offshore entity are required as New Century Health Plan policy generally prohibits offshoring. Any exceptions must be approved, and additional controls required to monitor offshore entities. *

    - ◯ Yes
    - ◯ No

Sub-delegation

17. My organization utilizes subcontractors to provide items or services related to our contract with the Plan and thus delegated to provide items or services for or on behalf of the Plan. *

- ◯ No
- ◯ Yes

18. Based on your prior response, please address the following: *

- ☐ **Email a list of subcontractors contracted to provide items/services delegated to your organization by NCHP. The list must include, at a minimum: (1) the subcontractors legal name; (2) the subcontractors marketing name, if different than the legal name; (3) a list or description of delegated services; and (4) Identify if the subcontractor uses offshore resources. Send responses to: HPVendorMgmt@mednet.ucla.edu**
- ☐ **My organization maintains effective systems and procedures to communicate and enforce compliance requirements imposed on our organization by delegation of MAPD functions or services performed for or on behalf of the Plan to said subcontractors. As such, my organization and Downstream contracts contain required CMS language as stated in Chapter 11 of the Medicare Managed Care Manual.**
- ☐ **Your organization maintains effective systems and procedures to monitor and validate said subcontractor(s) compliance with applicable CMS requirements.**

19. My organization has an auditing and monitoring program that addresses functions and services performed as part of the delegated relationship. Additionally, my organization has established processes to identify and address risks within the organization on a routine basis. *

- ◯ Yes
- ◯ No

20. My organization has processes in place to report auditing and monitoring results to the Plan routinely or upon request to include all information/reporting (e.g., suspected incidents, significant changes, auditing and monitoring activity and results to perform oversight, etc.). *

- ◯ Yes
- ◯ No

21. My organization is free of any conflict of interest in delivering and/or administering Medicare Advantage or other Federally funded program benefits to New Century Health Plan. 42 CFR 422.503(b)(4)(vi)(F), 423.504(b)(4)(vi)(F) *

- ◯ Yes
- ◯ No

Final Attestation

Please click on the below to complete your Attestation.

22. **I acknowledge receipt and review of the referenced materials and, by completing this Attestation, confirm my commitment to all outlined requirements, which are also reflected in my organization's contractual agreement with New Century Health Plan, *dba UCLA Health Medicare Advantage Plan* (the Plan).** *

- ◯ Yes, I accept.