



## Heritage Provider Network & Affiliated Medical Groups

### First Tier, Downstream, or Related Entity (FDR) Compliance Attestation 2023

FDR Name: \_\_\_\_\_ FDR Address: \_\_\_\_\_

Check here if attaching a roster of staff members or contracted individuals for whom you are attesting.  
(Please include names, license numbers, and NPI numbers as applicable)

In recognition of FDR's status and role as a covered entity, contracted with Heritage Provider Network and its Affiliated Medical Groups (HPN), FDR attests to the following statements:

FDR has received HPN's Compliance Plan, which includes the Code of Conduct. HPN's Compliance Plan may be accessed on each HPN Medical Group's website or at <https://www.hpnaco.com/Compliance/site/login>.

FDR has in place an effective compliance program, meeting CMS/Health Plan standards to detect, prevent, and correct instances of Fraud, Waste, and Abuse (FWA), other non-compliance, or Health Insurance Portability and Accountability Act (HIPAA) Privacy or Security issues;

FDR screens all employees, officers, and vendors against the OIG/GSA exclusions lists and, if applicable, Medicaid and/or Medi-Cal exclusion lists prior to hire/contract, and monthly thereafter;

FDR and all staff engaged with treatment, administration, or support of CMS/Health Plan members, have completed all the required new hire training within orientation period and/or annual training (HPN training or equivalent as required by 42 CFR 422.503 and 423.504) as follows:

(All dates must be MM/DD/YYYY)

- FDR and staff have completed Fraud, Waste, and Abuse (including False Claims Act) training on (or before): \_\_\_\_/\_\_\_\_/2023
- FDR and staff have completed Code of Conduct/General Compliance training on (or before): \_\_\_\_/\_\_\_\_/2023
- FDR and staff have completed HIPAA and Cyber Security training on (or before): \_\_\_\_/\_\_\_\_/2023
- FDR and staff have completed Model of Care (MOC) training on (or before): \_\_\_\_/\_\_\_\_/2023  
(only applicable to persons directly involved with patient care).
- FDR and staff have completed Cultural and Linguistics training on (or before): \_\_\_\_/\_\_\_\_/2023

FDR agrees to notify HPN's Compliance Officer immediately upon discovery of any FWA, non-compliance, or suspected violation of the HIPAA, HITECH Act, Medicare Advantage, CMS regulations, or any other statute, regulation, and/or policy and procedure; and may do so by calling the Corporate Compliance Hotline at 855-625-7894 or emailing [corporatecompliance@heritaged.com](mailto:corporatecompliance@heritaged.com).

FDR agrees to immediately disclose to HPN's Compliance Officer any actual or potential conflicts of interests, as outlined in HPN's Code of Conduct, should any arise.

FDR agrees to inform HPN if FDR utilizes offshore vendors to support any work performed under the FDR's contract with HPN by emailing [corporatecompliance@heritaged.com](mailto:corporatecompliance@heritaged.com).

FDR agrees to contact HPN's Compliance Officer or Provider Relations when a staff member is no longer employed with FDR to ensure logon access to HPN networks/systems is appropriately disabled.

FDR understands that any privacy incident involving any Medi-Cal or Medicaid patient requires notice to HPN and the California Department of Health Services within 1 business day from discovery.

FDR understands that, upon HPN's request, it agrees to provide HPN's Compliance Officer with documentation to substantiate its screening, training, and/or compliance and privacy program activities.

**I have completed the above and certify it as true and accurate, as of today:**

FDR Entity/Provider NPI: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(MM/DD/YYYY)



# Heritage Provider Network & Affiliated Medical Groups

## FDR Compliance Attestation

Roster of Credentialed Staff Members or Contracted Individual Providers with NPI numbers, for whom the attached FDR Compliance Attestation is attesting on behalf of:

#	Credentialed Provider/Staff (Last Name, First Name)	NPI
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#	Credentialed Provider/Staff (Last Name, First Name)	NPI
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FDR Entity/Provider Name: \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Roster Verified By: \_\_\_\_\_

Title: \_\_\_\_\_