



## Heritage Provider Network & Affiliated Medical Groups

### 2026 First Tier, Downstream, or Related Entity (FDR) Compliance Attestation

The Center for Medicare and Medicaid Services (CMS) considers you a First Tier, Downstream, or Related Entity (FDR). FDRs must attest **annually** to continued compliance with Medicare program requirements.

Please return completed/signed attestation to:

email [FDRCompliance@heritagemd.com](mailto:FDRCompliance@heritagemd.com) or Fax (888) 721-9901

FDR Name:	
FDR Address:	
FDR TaxID:	
FDR NPI:	
	<input type="checkbox"/> Check here if attaching a roster of Providers/staff covered by this attestation.

This form must be completed by Providers/entities contracted to provide administrative or health care services to Medicare enrollees on behalf of Heritage Provider Network (HPN) and its affiliated Medical Groups (Groups):



Coastal Communities Physician Network



FDR attests as follows as it relates to its Providers, board members, officers, employees (including temporary employees and volunteers), and contractors engaged in treatment, administration, or support services for Medicare enrollees:

1) **Compliance Program and Code of Conduct.** Please select **one** of the following:

FDR has implemented and distributed an internal compliance program, code of conduct and policies and procedures, that meet the requirements outlined in 42 CFR Section 422.503(b)(4)(vi) to prevent, detect, and correct instances of FWA, HIPAA Privacy or Security violations, or other non-compliance.

FDR has adopted and distributed HPN's compliance program, code of conduct and policies and procedures, which are available at: <https://www.hpnaco.com/compliance/site/login>



## Heritage Provider Network & Affiliated Medical Groups

### 2026 First Tier, Downstream, or Related Entity (FDR) Compliance Attestation

2) **Compliance Training.** FDR attest that required training is completed within 30 days of new hire/appointment/contract, and annually thereafter. Please select **one** of the following:

FDR has an internal training program, and FDR has completed the required training modules on or before the dates listed in section 2.a. below.

FDR has adopted HPN’s training program (available at: <https://www.hpnaco.com/compliance/site/login>), and FDR has completed the required training modules on or before the dates listed in section 2.a. below.

<b>2.a. Training Modules:</b>	<b>Completion Dates:</b>
a. <u>General Compliance and Code of Conduct</u>	____/____/2026
b. <u>Fraud Waste and Abuse (FWA) (including False Claims Act)</u>	____/____/2026
c. <u>HIPAA Privacy and Security</u>	____/____/2026
d. <u>Model of Care (MOC)</u>	____/____/2026
e. <u>Cultural Competency and Linguistics (California include TGI and DEI Training)</u>	____/____/2026

3) **Exclusion List Monitoring.** FDR screens all Providers, board members, officers, employees (including temporary employees and volunteers), and contractors against the OIG/GSA and Medicaid exclusion lists prior to new hire/appointment/contract, and monthly thereafter.

a. OIG Exclusion List: <https://exclusions.oig.hhs.gov/default.aspx>

b. GSA Exclusion List: <https://sam.gov/search/>

c. California Medi-Cal Exclusion: <https://data.chhs.ca.gov/dataset/provider-suspended-and-ineligible-list-s-i-list>

d. Arizona Medicaid Exclusion List: <https://www.azahcccs.gov/Fraud/Providers/StateExclusionList.html>

4) **Reporting and Non-Retaliation.** FDR has a policy of non-retaliation that protects individuals who report compliance issues in good faith, and FDR agrees to immediately notify HPN/Group by calling the Corporate Compliance Hotline at 855-625-7894 or emailing [corporatecompliance@heritagemed.com](mailto:corporatecompliance@heritagemed.com) upon the occurrence/discovery of any of the following affecting any HPN/Group’s members/patients:

a. Breach of unsecure Protected Health Information (PHI) as defined by HIPAA.

b. Substantiated or credible suspicion of FWA or other non-compliance or violation of law.

c. Actual or potential conflict of interest as it relates to FDR’s contract with HPN/Group.

d. If your organization or your subcontractors perform services offshore that require accessing or sharing PHI belonging to HPN/Group’s members/patients. (requires approval by HPN/Group’s IT)

e. Termination or transfer of FDR staff member with login credentials to HPN/Group’s networks/systems.



## Heritage Provider Network & Affiliated Medical Groups

### 2026 First Tier, Downstream, or Related Entity (FDR) Compliance Attestation

- 5) **Record Retention.** FDR shall retain documented evidence to support the foregoing statements for at least 10 years and provide such documented evidence to HPN/Group upon request.

**I certify that I am knowledgeable about and authorized to attest to the foregoing matters on behalf of my organization and that the information contained herein is true and accurate:**

<b>Signature:</b>	
<b>Name and Title:</b>	
<b>Date:</b>	
<b>Email:</b>	
<b>Phone:</b>	
<b>Fax#:</b>	

#### **Additional Resources:**

Medicare Managed Care Manual

<https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/mc86c21.pdf>

Office of Inspector General (OIG) General Compliance Program Guidance

<https://oig.hhs.gov/compliance/general-compliance-program-guidance/>



## Heritage Provider Network & Affiliated Medical Groups

### 2026 First Tier, Downstream, or Related Entity (FDR) Compliance Attestation

Roster of Providers/staff covered by this attestation. FDR attests that all requirements, including training, have been completed on or before the date of this attestation.

#	Provider / Staff Name (Last Name, First Name)	NPI
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		
21		
22		
23		
24		
25		
26		
27		
28		
29		
30		