



First Tier, Downstream, and Related Entity (FDR) Attestation

As a First Tier, Downstream, or Related Entity of HealthPartners, we attest that we have the following compliance-related activities in place (check all activities that apply)

We received and reviewed HealthPartners Code of Conduct; Preventing, Detecting, and Reporting Fraud, Waste, and Abuse policy; and Oversight of (FDRs) policy.

If not checked, additional explanation required.

We have a Code of Conduct, and it is distributed to employees within 90 days of hire and annually thereafter

If not checked, additional explanation required.

We include Non-retaliation/intimidation language in Code of Conduct or other related policy

If not checked, additional explanation required.

We have a Conflict of Interest reporting and review process

If not checked, additional explanation required.

We have a Compliance Program

If not checked, additional explanation required.

We have a Fraud, Waste and Abuse Policy

If not checked, additional explanation required.

We perform monthly verifications to ensure employees, board members, and contractors are not sanctioned or excluded from Federal or State

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If not checked, additional explanation required.

We perform code of conduct, general compliance and fraud, waste, and abuse training within 90 days of hire and annually thereafter

If not checked, additional explanation required.

We have a compliance reporting mechanism(s) and appropriately investigate compliance-related reports

If not checked, additional explanation required.

We apply discipline, as appropriate, for compliance-related incidents

If not checked, additional explanation required.

We monitor and audit operations to ensure compliance with applicable Federal and State regulations based on assessed risks

If not checked, additional explanation required.

We implement corrective actions for any identified compliance-related deficiencies

If not checked, additional explanation required.

We report any compliance-related or Fraud, Waste, or Abuse-related matters to HealthPartners immediately that impact the delegated services

If not checked, additional explanation required.

We retain relevant supporting records for 10 years

If not checked, additional explanation required.

* By entering my name below, I acknowledge that I have reviewed all the activities above and have completed this survey to the best of my knowledge.

* Name

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Organization Name(s)