



**2026 FIRST TIER, DOWNSTREAM AND RELATED ENTITIES (FDR)
COMPLIANCE ATTESTATION**

FDR Name	
Attestation Type	Initial <input type="checkbox"/> Annual <input type="checkbox"/>
Section I: Compliance Attestation: Please check box attesting that the requirements have been reviewed and are compliant with all regulatory requirements. If selecting “No” please provide a brief explanation.	
1. Distribution of Standards of Conduct and Compliance Policies and Procedures My organization has adopted Guidant Health’s or a comparable Code of Conduct and compliance policies and procedures, including conflict of interest, which have been distributed to employees within 90 days of hire, upon revision, and annually thereafter.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Compliance Training My organization has completed adequate training, including, but not limited to General Compliance (GC), Fraud, Waste, and Abuse (FWA), HIPAA, Cultural & Linguistics (C&L) and Model of Care (MOC) training, as applicable, to implement an effective compliance program designed to prevent, detect, and correct Medicare and Medicaid non-compliance, fraud waste and abuse, and address improper conduct in a timely and well-documented manner. Training available at: https://guidanthealthplan.com/compliance-resources/	Answer for each: GC: <input type="checkbox"/> Yes <input type="checkbox"/> No FWA: <input type="checkbox"/> Yes <input type="checkbox"/> No HIPAA: <input type="checkbox"/> Yes <input type="checkbox"/> No C&L: <input type="checkbox"/> Yes <input type="checkbox"/> No MOC: <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Effective Compliance Program My organization 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, including but not limited to: - Exclusion Screenings: OIG/LEIE, GSA/SAM, Medi-Cal Suspended and Ineligible Provider, and all applicable state exclusion lists are conducted prior to hire or contracting, and monthly thereafter, for our employees, officers, contractors, vendors and Downstream Entities. -Monitoring and Auditing Downstream Entities: If applicable, my organization monitors and audit their performance to ensure they are also in compliance with applicable CMS requirements. - Record Retention: My organization maintain compliance records and supporting documentation for 10 years and will furnish evidence to Guidant or CMS upon request to substantiate screening, training, and/or compliance and privacy program activities.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Reporting FWA and Noncompliance My organization has distributed a confidential FWA and compliance reporting mechanism to all employees and Downstream Entities and disclosed all instances of FWA and noncompliance including all instances from Downstream Entities. FDR agrees to notify Guidant upon discovery of any FWA, non-compliance, or suspected violation of the HIPAA, HITECH Act,	<input type="checkbox"/> Yes <input type="checkbox"/> No



Medicare Advantage, CMS regulations, or any other statute, regulation, and/or policy and procedure; and may do so by calling the Compliance Hotline at 877-921-1023 or emailing compliance@guidantmsso.com .		
Section II: Attestation Authorization: By signing below, I hereby attest that the information contained herein is true, correct and complete.		
Name of Authorized FDR Representative:	Date:	
Title of Authorized FDR Representative:	Email Address:	
Signature of Authorized FDR Representative:	Phone:	

☐ Attached is a roster of contracted individuals covered by this attestation, including names, license numbers, and NPI numbers, as applicable.

If you have any questions regarding this attestation, please email us at compliance@guidantmsso.com.