# Annual Compliance Program and Offshore Subcontractor Attestation for

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## Section I. Instructions

| Instructions for Completing Attestation |
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| Please complete this form in its entirety and return the completed form to VIVA HEALTH, Attention: Tanya Maddox, Manager of Privacy and Vendor Oversight at one of the following:<br>Email: tanyamaddox@uabmc.edu; Fax: 205-449-7626<br>Mail: 417 20th Street N., Suite 1100, Birmingham, AL 35203<br><br>**For FDR resources and helpful information, please visit our website at: http://www.vivahealth.com/FDR.** |

## Section II. Compliance Program

| Attestation | Response |
|---|---|
| **1.** Our organization has provided, and will continue to provide, Compliance and Fraud, Waste and Abuse (FWA) training for all employees (including temporary employees, volunteers and others acting as part of our workforce) and contractors involved in providing services for VIVA HEALTH's Medicare or Medicaid plans.<br><br>Training is provided within 90 days of hire/contract execution and annually thereafter. Our training addresses relevant topics listed CMS Publication 100-16, Medicare Managed Care Manual, Chapter 21 and 100-18, Medicare Prescription Drug Benefit Manual, Chapter 9 (available at: http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs.html). | ☐Yes ☐No* |
| **2.** Our organization has provided, and will continue to provide, training on the Health Insurance Portability and Accountability Act (HIPAA) as it relates to the privacy and security of Protected Health Information (PHI). Training is provided to employees (including temporary employees, volunteers and others acting as part of our workforce) within 90 days of hire and annually thereafter. | ☐Yes ☐No* |
| **3.** Our organization has reviewed, and will continue to review, the Office of the Inspector General (OIG)'s List of Excluded Individuals and Entities (LEIE) and the System for Award Management (SAM) for our employees (including temporary employees, volunteers and others acting as part of our workforce), consultants, governing body members, and contractors involved in providing services for VIVA HEALTH's Medicare and Medicaid plans (if applicable). Exclusion screenings from these sources are checked upon prior to date of hire/contract execution and monthly thereafter. If an individual/contractor is on such lists, the individual/contractor will be immediately removed from any work directly or indirectly related to VIVA HEALTH's plans. | ☐Yes ☐No* |
| **4.** Our organization screens providers and/or prescribers involved in providing services for VIVA HEALTH's Medicare plans against the CMS Preclusion List. Providers or prescribers appearing on this list are immediately removed from any work directly or indirectly related to VIVA HEALTH's plans. | ☐Yes ☐No* ☐N/A |
| **5.** Our organization is and will remain in compliance with all applicable CMS, State and Federal guidance, during the term of the Agreement with VIVA HEALTH, and will immediately notify VIVA HEALTH of all suspected or known instances of noncompliance and/or fraud, waste and abuse impacting VIVA HEALTH or VIVA HEALTH's members. | ☐Yes ☐No* |
| **6.** Our organization will, upon request, furnish such information that VIVA HEALTH deems necessary to validate the representations made in this attestation are accurate, including, but not limited to: training materials and training logs; proof of screening against LEIE and SAM; Compliance program policies and procedures; etc. | ☐Yes ☐No* |
| **7.** Our organization has and will continue to obtain attestations for these same provisions from our contractors (i.e., downstream and related entities) with which we have contracted to provide services for Viva Health's Medicare plans, and will, upon Viva Health's request, obtain the same documentation requirements listed above from those entities. | ☐Yes ☐No* |

*Explanation required for any "no" response to the questions above: _____

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## Section III. Data Security

| Attestation | Response |
|---|---|
| **1.** We have had a reportable breach within the last year. **If yes, please attach details.** | ☐Yes ☐No |
| **2.** We have completed a Security Audit in CY2025. **If yes, please attach details.** | ☐Yes ☐No |

## Section IV. Offshore Subcontractor(s)/Staff

**Attach additional pages as necessary.**

| Attestation | Response |
|---|---|
| **1.** Our organization uses an offshore subcontractor or offshore staff to perform functions that support our contract with VIVA HEALTH.<br>**If no, skip to #9. If yes, please specify offshore relationship:** ☐Subcontractor ☐Staff | ☐Yes ☐No |
| Offshore subcontractor name (if applicable – attach additional pages as necessary): | |
| Country of offshore function: / Offshore address: | |
| Offshore function(s): | |
| Description of PHI to be provided to offshore subcontractor/staff: | |
| Description of the reason providing PHI offshore is necessary: | |
| Description of alternatives considered to avoid providing PHI offshore and why each was rejected: | |
| Proposed or actual effective date for offshore subcontractor or staffing: | |
| **2.** Offshore subcontractor/staff has policies and procedures in place to ensure that Protected Health Information (PHI) and other personal information remains secure. | ☐Yes ☐No* |
| **3.** Offshore subcontractor/staff does not have access to (or is prohibited from accessing) member data not associated with the functions subcontractor/staff performs for our organization. | ☐Yes ☐No* |
| **4.** Offshore subcontracting arrangement has policies and procedures in place that allow for immediate termination of the subcontract upon discovery of a significant privacy or security breach. For offshore staff, our organization enforces disciplinary actions against any person violating HIPAA privacy and security requirements. | ☐Yes ☐No* |
| **5.** Offshore subcontracting agreement with our organization includes all required Medicare Part C and D language (e.g., record retention requirements, compliance with all Medicare Part C and D requirements, etc.). | ☐Yes ☐No* |
| **6.** Our organization conducts (or will conduct) an annual audit of offshore subcontractor and monitors offshore staff's access to PHI. | ☐Yes ☐No* |
| **7.** Offshore subcontractor audit results will be used by our organization to evaluate the continuation of its relationship with the offshore subcontractor. | ☐Yes ☐No* |
| **8.** Our organization agrees to share offshore subcontractor's audit results with VIVA HEALTH and/or CMS upon request. | ☐Yes ☐No* |
| **9.** Our organization agrees to notify VIVA HEALTH at least 60 days in advance of our intent to use any new offshore subcontractor(s) or before employing new offshore staff for a function VIVA HEALTH has asked us to perform. | ☐Yes ☐No* |

*Explanation required for "no" response to questions #2-#9: _____

## Section V. Authorization

| Attestation Authorization<br>By signing below, I hereby attest that the information contained herein is true, correct and complete. | |
|---|---|
| Printed Name of Authorized FDR Representative: | Title of Authorized FDR Representative: |
| Email address: | Phone #: |
| Signature of Authorized FDR Representative: | Date: |