



Choice Physicians Network
Medicare Advantage Compliance Program
Attestation Form for First Tier, Downstream and Related Entities

Submission Due Date: 09/30/2026

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

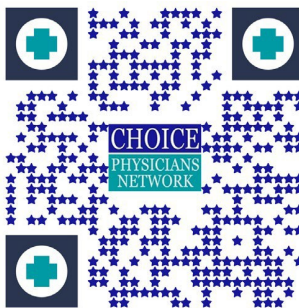
FDR Name: *(IPA or Practice Name)* _____

FDR Address: _____

As a covered entity contracted with Choice Physicians Network (CPN) and its Affiliated Medical Groups, the undersigned First Tier, Downstream, or Related Entity (FDR) attests to the following:

- The FDR has received and reviewed CPN's Compliance Plan and Code of Conduct, accessible at <https://www.choicemg.com/compliance/>.
- The FDR maintains an effective compliance program that meets CMS and Health Plan standards to detect, prevent, and correct instances of Fraud, Waste, and Abuse (FWA), non-compliance, and Health Insurance Portability and Accountability Act (HIPAA) Privacy or Security concerns.
- The FDR conducts regular screenings of all employees, officers, and vendors against OIG/GSA exclusion lists, and if applicable, Medicaid and/or Medi-Cal exclusion lists prior to hire/contract, and monthly thereafter.
- The FDR and all staff involved in the treatment, administration, or support of CMS/Health Plan members have completed all required new hire and/or annual CPN training (or equivalent training per 42 CFR 422.503 and 423.504) on or before the date this attestation was signed as follows:
 - a. FWA (including False Claims Act)
 - b. Code of Conduct/General Compliance
 - c. HIPAA Privacy and Security
 - d. Model of Care (MOC)
 - e. Cultural and Linguistics

CPN Policies and Training Material can be accessed at www.choicemg.com/cpn-policies-and-training or with QR Code:



Reporting & Compliance Commitments:

- The FDR agrees to notify CPN's Compliance Officer immediately upon discovery of any FWA, non-compliance, or suspected violations of HIPAA, HITECH Act, Medicare Advantage, CMS regulations, or other applicable statutes and policies. Reports can be made by:
 - Calling the Corporate Compliance Officer at **(760) 242-7777 ext. 291**
 - Emailing sgreiner@choicemg.com.
 - Reporting anonymously via CPN's Compliance Website at <https://www.choicemg.com/compliance/> (available 24/7).
- The FDR agrees to promptly disclose any actual or potential conflicts of interest as outlined in CPN's Code of Conduct.
- If the FDR intends to engage offshore vendors for work related to its contract with CPN, it must notify CPN's Compliance Officer prior to signing an offshore vendor contract at sgreiner@choicemg.com.
- The FDR agrees to notify CPN's Compliance Officer, VP of IT, or Provider Relations when a staff member leaves employment to ensure appropriate termination of CPN system/network access:
- The FDR acknowledges that privacy incidents involving Medi-Cal or Medicaid patients must be reported to CPN and the California Department of Health Services within **one business day** of discovery.
- Any actual or suspected Medicare program noncompliance or potential FWA must be reported to CPN **immediately**, as CPN is required to notify the Health Plan Sponsor within **ten working days**.
- Upon request, the FDR agrees to provide documentation to CPN's Compliance Officer substantiating its screening, training, and compliance/privacy program activities.
- In compliance with federal and state requirements, the FDR will maintain records of compliance training documentation and exclusion screenings for **a minimum of ten years**. Acceptable retention methods include electronic storage, hard copies, cloud repositories, or offsite storage.

I certify that the above statements are true and accurate as of today, _____.

Signature: _____ Print Name: _____

Alternate Submission Method:

This form may be completed, signed, and returned to:

Sharla Greiner, CHC, CRC, Director of Compliance, Choice Physicians Network

Email: sgreiner@choicemg.com

Fax: (888) 370-4271