

COMPLIANCE ATTESTATION FORM

Compliance Training *Please review the provided Compliance Training*

By signing below, I am certifying I have reviewed the contents of the referenced materials and agree to abide by all regulatory laws and procedures as outlined in these documents.

- agilon health Code of Conduct
- agilon health Compliance Training
- ICE Cultural Competency Training

I attest that I have received and reviewed with my staff and providers and will report any/all suspected violations to the agilon health Compliance Officer.

Records Retention

By signing below, I attest that I also attest we maintain patient medical records in accordance with other applicable federal and state laws.

Yes No

That our office maintains all records related to administration or delivery of Medicare beneficiaries including applicable training attendance records, certificates of completion, and test scores of any tests administered to employees and providers.

Yes No

If there is a "No" response to any of the questions above, please use the field below to provide a corrective action plan (CAP) to address each instance of non-compliance. Please include contact information, and projected completion date(s).

Contact Name: _____ Projected Date: _____

OIG/GSA Exclusions Monitoring

Answer the questions below indicating your compliance with exclusion screening of providers and staff. If you need more information on this requirement, please reach out to complianceah@agilonhealth.com

- a. All providers **and Employees** are screened against the Office of Inspector General (OIG) List of Excluded Individuals and Entities (LEIE) and General Services Administration (GSA) System for Award Management (SAM), and applicable state Medicaid exclusion list prior to initial hire or contracting and monthly thereafter and maintains evidence of all screening activities and results.

Yes No

- b. Providers and/or **employees** are immediately removed if found on the OIG or GSA exclusion lists, from any work related (directly or indirectly) to federal or state health care programs.

Yes No

Compliance Hotline: (833) 668-8638 or **Email:** complianceAH@agilonhealth.com

Anonymous Weblink: [agilon health Compliance Reporting Tool](#)

If there is a **“No”** response to any of the questions above, please use the field below to provide a corrective action plan (CAP) to address each instance of non-compliance. Please include contact information, and projected completion date(s).

Sub-Delegation

Does your office sub-delegate to a contractor or downstream entity?

Yes No

If yes, provide the entity name, functions they perform, and monitoring of entity:

Staff Member Name: _____

Signature: _____

Date: _____

Clinic Name: _____

Provider Name(s): _____

TIN: _____



Please send completed attestation forms to the email address below.

ProviderAttestation@mdxhawaii.com

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