ITASCA MEDICAL CARE (IMCare)
ITASCA RESOURCE CENTER

Visit us at: www.imcare.org

Provider Compliance Attestation

Instructions for Completing Attestation	
Please complete this form in its entirety and return the completed form to one of the following: Email: IMCareCompliance@co.itasca.mn.us Fax: (218) 327-5545 Mail: IMCare, Compliance, 1219 SE 2nd Avenue, Grand Rapids, MN 55744	
Attestation	**Response**
1. Distribution of Standards of Conduct (SOC) and Compliance Policies and Procedures My organization has adopted either IMCare's or a comparable SOC and/or compliance program policies. These policies were distributed to employees within 90 days of hire, upon revision, and annually thereafter.	☐ Yes ☐ No
2. Fraud, Waste and Abuse (FWA) Training and General Compliance Training My organization's applicable employees complete FWA and general training within 90 days of hire and annually thereafter.	☐ Yes ☐ No
3. OIG and SAM Exclusion Screening My organization checks the OIG's list of Excluded Individuals/Entities (LEIE) and General Services Administration's Excluded Parties List System (EPLS) at the time of hire or contract and monthly thereafter for all personnel involved in the administration or delivery of IMCare benefits.	☐ Yes ☐ No
4. Reporting Mechanisms My organization communicates to employees how to report suspected or detected non-compliance or potential FWA, and that it is their obligation to report without fear of retaliation or intimidation against anyone who reports in good faith. My organization either requests employees report concerns directly to IMCare or maintains confidential and anonymous mechanisms for employees to report internally, and concerns affecting IMCare are reported to IMCare.	☐ Yes ☐ No
5. Offshore Operations For any work my organization performs that involves the receipt, processing, transferring, handling, storing, or accessing of Protected Health Information (PHI), my organization maintains oversight and has notified IMCare that either my organization does not work offshore or my organization does work offshore and has notified IMCare of the offshore entities.	☐ Yes ☐ No
6. Downstream Entity Oversight My organization either doesn't use Downstream Entities or uses Downstream Entities in connection with IMCare programs and we monitor and audit their performance to ensure they are also in compliance with applicable CMS requirements.	☐ Yes ☐ No
7. Operational Oversight My organization conducts internal oversight of the services that we perform for IMCare to ensure that compliance is maintained with applicable laws, rules and regulations.	☐ Yes ☐ No

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