

Downstream Entity Attestation - Medicare Advantage

As a First-Tier Entity, Pinnacle Insurance Marketing LLC requires that Downstream Entities attest compliance with the relevant topics listed below in accordance with the provisions of 42 C.F.R. 422.503(b)(4)(vi), 422.504(i), 423.504(b)(4)(vi), and 423.505(i), as well as Chapter 21 of the Medicare Managed Care Manual and Chapter 9 of the Prescription Drug Benefit Manual.

Your company is regarded as a downstream business since Pinnacle has a contract with you to carry out a portion of the Pinnacle Field Marketing Organization (FMO) duties on behalf of one or more Medicare Advantage Organizations (MAO) and/or Part D Sponsors. Please respond to each of the Section II questions before signing the attestation.

Compliance Questionnaire

1. Code of Conduct and/or Compliance Policies

- My company has established its own code of conduct / policies. **Check the first box if you follow the carrier(s) code of conduct / policies.**
- My company has established internal compliance regulations and standards of conduct, and it will do so in the future. The internal compliance standards and code of conduct that my organization adheres to are substantially the same as those of Pinnacle, the MAO(s), and/or the Part D Sponsor(s), for whom my organization fulfills downstream entity duties under Pinnacle. **Check the second box if you follow the Pinnacle code of conduct / policies**
- The Pinnacle Compliance Program will be maintained. **Check the third box if you have your own code/policies**
- My company has established internal compliance regulations and standards of conduct, and it will do so in the future. The internal compliance standards and code of conduct that my organization adheres to are substantially the same as those of Pinnacle, the MAO(s), and/or the Part D Sponsor(s), for whom my organization fulfills downstream entity duties under Pinnacle.
- The aforementioned information is not applicable. My organization will be maintained. **Check the first box if you have non-agent employees and follow this process**
- The aforementioned information is not applicable. My organization will be maintained. **Check the second box if you don't have any non-agent employees other than producing agent (i.e., downline agents)**
- Not applicable. My organization will be maintained.

2. General compliance and Fraud Waste and Abuse Training

- For employees and contractors (non-licensed staff or licensed staff who are not appointed by any insurance carrier) who are involved in the sales and marketing process, the organization will provide general compliance training within ninety (90) days of hire and annual general compliance training thereafter. **Check the first box if you have non-agent employee and follow this process**
- For employees and contractors (non-licensed staff or licensed staff who are not appointed by any insurance carrier) who are involved in the sales and marketing process, the organization will provide general compliance training within ninety (90) days of hire and annual general compliance training thereafter. **Check the second box if you don't have any non-agent employees other than producing agent (i.e., downline agents)**
- Not relevant. There are neither employees nor contractors working with my company.

3. Exclusion List Screenings against Office of Inspector General List of Excluded Individuals and Entities ("OIG") <https://exclusions.oig.hhs.gov/> and General Services Administration System for Award Management ("GSA SAM") . <http://www.sam.gov/>

- In order to make sure that employees and contractors (non-licensed staff, licensed staff, etc.) are not appointed by any insurance carrier, my company records ALL telephone and virtual calls pertaining to Medicare business and will continue to screen and will continue to conduct exclusion screenings on all licensed personnel who are not assigned by any insurance carrier) before hire and on a monthly basis thereafter. Upon Pinnacle's request, I will also supply supporting documentation.
 - Check the first box if you have non-agent employee and follow this process
 - Check the second box if you don't have any non-agent employees other than producing agent (i.e., downline agents)
- Not relevant. There are neither employees nor contractors working with my company.

4. TPMO

- Using a HIPAA compliant system, my company records ALL telephone and virtual calls pertaining to Medicare business.
 - If you record ALL telephonic and virtual calls, check this box
- My organization never discloses to beneficiaries that his or her information will be provided to a licensed insurance agent for future contact, check this box.
 - If you disclose to beneficiaries that his or her information will be provided to a licensed insurance agent for future contact, check this box
- My organization uses the stated TPMO Disclaimer, check this box.
 - If you use the stated TPMO Disclaimer, check this box
- My organization reports disciplinary actions or violations monthly, please check this box.
 - If you report disciplinary actions or violations monthly, please check this box
- My organization uses the following language: "The information we provide is limited to those plans we do offer in your area. Please contact Medicare.gov or 1-800-MEDICARE to get information on all of your options;" Verbally within the first minute of a sales call, electronically when communicating with a beneficiary through email, Online chat, or other electronic means of communication, prominently on the organization's TPMO website, and all marketing materials, including print materials and TV ads.
- Reports any staff disciplinary actions or violations of any rules that relate to the MA plan on a monthly basis to plans. Related to beneficiary engagement with the plan

5. Record Retention

- My organization is required to maintain records for 10 years, including but not limited to a list of the employees who require training, the training subject, attendance, completion certificates, recognition of receipt of the Code of Conduct, the outcomes of exclusion screenings, and recordings of phone calls made in person or online. Upon request, these records will be sent to Pinnacle or the MAO(s)/Part D Sponsor(s) that my organization is authorized to act on behalf of under Pinnacle.
 - If you maintain Medicare-related records for 10 years, check this box

6. Offshore Contracting

- My company uses subcontractors to complete Medicare work, and I have told Pinnacle.
 - If you subcontract out all or a portion of the Medicare work you complete to an entity outside of the USA, check this box
- My company does not use subcontractors to complete Medicare work, and I have told Pinnacle.
 - If you do not subcontract out all or a portion of the Medicare work you complete to an entity outside of the USA, check this box

7. Privacy, Information Security, and Breach Notification Regulations

- My organization is required to have a process(es) in place to safeguard information and are aware of the breach notification requirements your organization hold, check this box.
 - If you have a process(es) in place to safeguard information and are aware of the breach notification requirements your organization hold, check this box

8. Downstream oversight

In order to assure compliance, we will monitor downstream contractors upon request.

● If you subcontract out all or a portion of the Medicare work you complete and follow this process, check this box

● If you do not subcontract out all or a portion of the Medicare work you complete, check this box

continue to
Pinnacle

No downstream contractors are used by my company to support the Medicare Advantage operation

Attestation

● Sign, date, and return the completed form to Sales@pfsinsurance.com

As an authorized representative of my organization, I attest to the following:

- I. The representations made here in above are a true, accurate, and complete representation of my organization's compliance during the 2022 and 2023 plan years;
- II. I represent and warrant that my organization will be in compliance for the 2024 plan year; and
- III. My organization will obtain attestations with similar representations from other entities with which we have contracted to provide Medicare Advantage and/or Part D services on behalf of my organization under

Organization

Contact Phone Number

Name of Authorized Representative

Title

Signature

Email

Date

****Please return completed form in its entirety to Pinnacle via email at Compliance@pfsinsurance.com****