

**Welcome to**



**First Tier Entity Attestation Instructions**

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Here is a step-by-step process for logging into and accessing information about the Industry Collaboration Effort (ICE) First Tier Entity (FTE) attestation process.

**\*Please Note: If you already have an ICE account see instructions starting on page 9**

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## WHAT IS ICE?

Health Industry Collaboration Effort, Inc. (ICE) is a volunteer, multi-disciplinary team of providers, health plans, associations, state and federal agencies and accrediting bodies working collaboratively to improve health care regulatory compliance through education of the public.

ICE was originally formed in 1998 as a voluntary work group (in the form of a California nonprofit mutual benefit corporation) to educate the public regarding common concerns around implementation of the Balanced Budget Act of 1997. The founders of ICE recognized that collaborative and consistent development of educational materials by health plans and the provider community would be a sound approach to promoting compliance with this far-reaching new regulatory scheme.

In 2001, ICE received a grant to fund development of its own web site, so as to facilitate the broadest possible dissemination of its educational materials. In 2003, the board of directors of ICE determined to restructure ICE as California nonprofit public benefit corporation organized and operated exclusively for educational and charitable purposes as described in Section 501 (c)(3) of the Internal Revenue Code. The corporation is filed in California as a not-for-profit charitable corporation and was granted 501(c)(3) status from the IRS in May 2006. As such, ICE relies on funding from health plans, provider organizations and other health care industry entities to support educational and collaborative activities.

ICE mobilizes volunteers from health care industry stakeholders to develop educational and "best practice" materials designed to streamline, simplify, and standardize all regulatory policies and procedures which govern the provision of health care services that particularly require the collaboration between health plans and their provider partners. **ICE volunteers work cooperatively to develop policies, procedures, and tools designed to find a consistent way to implement regulations, with the minimal amount of impact and the maximum amount of return, for both the health plan and the provider community to enable them to more readily and easily comply with regulations.** Volunteers from state and federal government agencies also participate in ICE. Through their participation, they help to educate with clarification of issues which might arise from time to time as a result of the promulgation of new regulatory schemes.

ICE has a track record of success, and is nationally recognized as a volunteer working group that effectively educates the public regarding regulatory issues which affect the health care industry.

# INSTRUCTIONS

As you are reading these instructions, please know that for ease of navigation, we have created the following types of visuals to aid the ease of understanding.

Screen shots of the actual ICE website will have the blue border

Instructions will be placed in the boxes with this grey dot border

This Red border will be used to highlight actions needed on the screen shots

## HOW TO OBTAIN AN ICE ACCOUNT

To obtain access to the ICE website type <http://www.iceforhealth.org> into your internet browser and choose “**Join ICE**” (either choice will get you to the initial registration page). **Google Chrome web browser MUST be used in order to access the attestation page features.**

<https://www.iceforhealth.org/home.asp>

The screenshot shows the ICE website home page. The URL bar at the top right shows <https://www.iceforhealth.org/home.asp>. The page features a navigation menu with links: ABOUT ICE, LIBRARY, FAQ, CALENDAR, TEAMS, LEADERSHIP, PODCASTS, RELATED SITES, and SPONSORS. A search bar for library documents is also present. The main banner area contains the text "COMMUNICATION FOR COLLABORATION" and "INDUSTRY COLLABORATION EFFORT Health plans, Providers, Associations". A "Join ICE" button is visible in the bottom right corner. A red oval highlights the "Join ICE" link in the top right navigation area, and another red oval highlights the "Join ICE" button in the bottom right banner area. A red arrow points from the text in the dashed box to the "Join ICE" button.

## STEP 1

Enter your First Name,  
Last Name and  
Email address.

Industry  
Collaboration  
Effort

Home | Contact ICE | Join ICE [Login](#)

Search Library Documents:

ABOUT ICE LIBRARY FAQ CALENDAR TEAMS LEADERSHIP PODCASTS RELATED SITES SPONSORS

### Register with ICE - Step One

Registering with ICE is a three step process. First provide your first name, last name, and email address, read the participation guidelines, and click the button at the bottom of the page to indicate acceptance of the guidelines. Next select or enter your Organization information. Finally enter your contact information and select teams on which you would like to participate.

First Name:

Last Name:

Enter Email:

Re-Enter Email:

After completing this  
information, please scroll to the  
bottom of the page and click  
"Step 2" to continue.

By proceeding with registration I indicate that I have read and accept the ICE Volunteer Organizational Guidelines and Participation Policy

[Step 2 ->](#)

## STEP 2

Select your Organization  
from the list.  
Click "Step 3" to continue.

OR

If your organization  
does not appear,  
add your organization here.  
"Add New Organization".  
Click "Step 3" to continue.

Industry  
Collaboration  
Effort

Home | Contact ICE | Join ICE [Login](#)

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### Register with ICE - Step Two

Select your organization from the drop down list below and continue.  
If you can not find your organization in the list, you may create a new one  
by entering the organization details and then continue.

Select Organization:

All A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

3M  
4 Your Choice EPO/PPO  
A & L Medical Group  
AAAHC  
Advancia Home Health Services, LLC

[Step 3 ->](#)

- OR -

Add New Organization:

Name:

Type:

State:

Provider?

[Step 3 ->](#)

### STEP 3

Please enter your Contact Information

Industry Collaboration Effort

Home | My ICE | Contact ICE Logout

Search Library Documents:

ABOUT ICE LIBRARY FAQ CALENDAR TEAMS LEADERSHIP PODCASTS RELATED SITES SPONSORS

Change Your Password | Change Your Organization | Change Your Contact Information or Teams | Training | Coded DOFR

### Register with ICE - Step Three

You are currently logged in to the user administration site. Please complete your contact information and select teams.

Save

Title: [dropdown] Other: [dropdown] Credential: [dropdown] Other: [dropdown]

First Name: Test1 Last Name: Test1

Position: [text]

Department: [text]

Phone: [text] Phone Ext: [text]

Alt Phone: [text] Alt Ext: [text]

Fax: [text] Email: Test1@test.com

Asst. Name: [text] Asst. Email: [text]

Asst. Phone: [text] Asst. Ext: [text]

Address 1: [text]

Address 2: [text]

City: [text]

State: [dropdown]

Zip: [text] Zip4: [text]

How did you hear about ICE?

ICE depends on teams to accomplish its goals. Please select teams on which you would like to participate. If you would like to learn more about a particular team, please see the [Team Activities Page here](#) (opens in a new window).

**Teams**

Select a team to view details such as its mission statement, related library categories, upcoming events, and to access the team's FAQs, as available.

To add a team to your ICE profile, follow these steps:

- Click on Log In at the top right-hand corner of the web site.
- Enter your email address.
- Enter your ICE password (select Retrieve Password if you can't remember it - it will be sent to your e-mail address).
- Click on Log In (after entering your email address and password).
- Click on the Change Your Contact Information or Teams option.
- Update information about yourself and your organization in the top section, if needed.
- Scroll down to where you see two large boxes: Available Teams and Selected Teams.
- Under Available Teams find the team(s) of interest and click on it. Clicking on it will automatically move it to the box that shows your personal Selected Teams.
- Check the boxes that apply to you in the next section.
- Scroll to the bottom left and click Save.

Appeals & Grievances Improvement Team  
C & C Team Coded DOFR Workgroup (Inactive)  
C&L (Cultural & Linguistics) Team - Main  
Claims Standardization Team - Main  
Contracting & Compliance Team  
Credentialing Shared Audit Policy Team - Main / CA  
Credentialing Shared Audit Policy Team - Main / MA  
Credentialing Shared Audit Policy Team - Main / NW  
DMHC Access Regulations Team - Main  
DMHC Access Regulations Team Workgroup  
Encounters Standardization Team  
Pharmacy Regulations Team / CA  
QI / UM Team - Main  
QI and UM Required Reports Team  
RADAR Team - Risk Adj Data Acquisition & Reprtg

To add a "Team" to your ICE profile, follow these steps:

Scroll down to where you see two large boxes: "Available Teams" and "Selected Teams". Under Available Teams, find the team(s) of interest and click on it (them). This will automatically move your choice(s) to the box that shows your personal, Selected Teams.

To remove a "Team" from the "Selected Team" list, click the name.

**Available Teams:**

- Appeals & Grievances Improvement Team
- C & C Team Coded DOFR Workgroup (Inactive)
- C&L (Cultural & Linguistics) Team - Main
- Claims Standardization Team - Main
- Contracting & Compliance Team
- Credentialing Shared Audit Policy Team - Main / CA
- Credentialing Shared Audit Policy Team - Main / MA
- Credentialing Shared Audit Policy Team - Main / NW
- DMHC Access Regulations Team - Main
- DMHC Access Regulations Team Workgroup

**Selected Teams:**

- Credentialing Shared Audit Policy Team - Main / MA
- Credentialing Shared Audit Policy Team - Main / NW
- DMHC Access Regulations Team - Main
- DMHC Access Regulations Team Workgroup
- Encounters Standardization Team
- Pharmacy Regulations Team / CA
- QI / UM Team - Main
- QI and UM Required Reports Team
- RADAR Team - Risk Adj Data Acquisition & Reprtg
- Service Determination Standardization (SDS) Team

Scroll down and “**Check (all) the boxes that apply to you**”. After completing the applicable areas of interest, we ask a couple other questions. If they apply to you, please check them.

**Check the boxes that apply to you:**

- I am involved in compliance for  Medicare  Medicaid  Commercial HMO  Other
- I am interested in future leadership positions within ICE.
  - I am a practitioner.
  - I am the CFO of my organization.
  - I am a health plan reviewer.
  - I am an IPA reviewer.
  - I am a hospital reviewer.
  - I am currently conducting presentations on behalf of ICE.
  - I am interested in conducting presentations on behalf of ICE.
  - My organization operates at a national level.
  - I am a key contact for my organization.
  - I am a Medical Director.
  - I have executive approval for my organization.
  - I am a contracting contact for my provider organization.
  - I am a quality improvement contact for my provider organization.

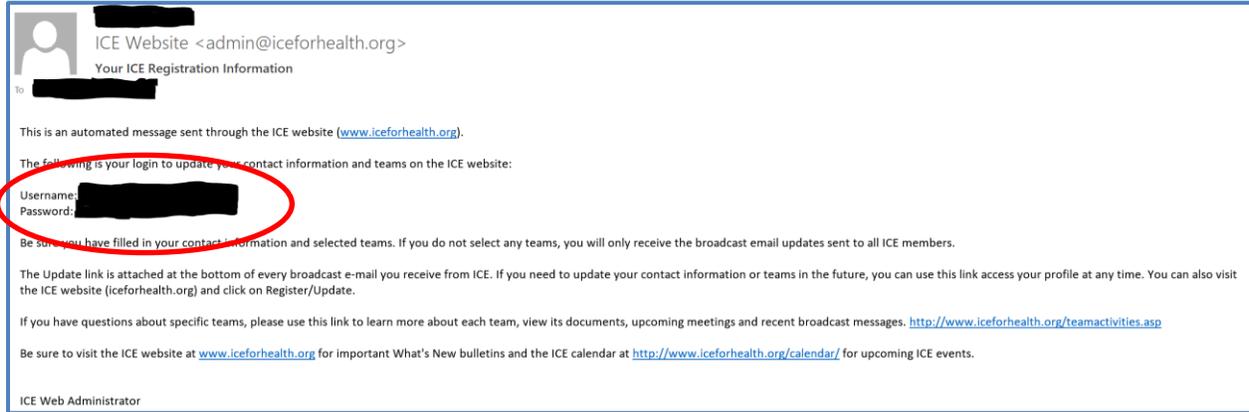
Save

You must click the “**Save**” button on the bottom left of the page to save your contact information, confirm your team selections and verify your checked boxes.

**After you click “Save”, you are now officially logged into the website.**

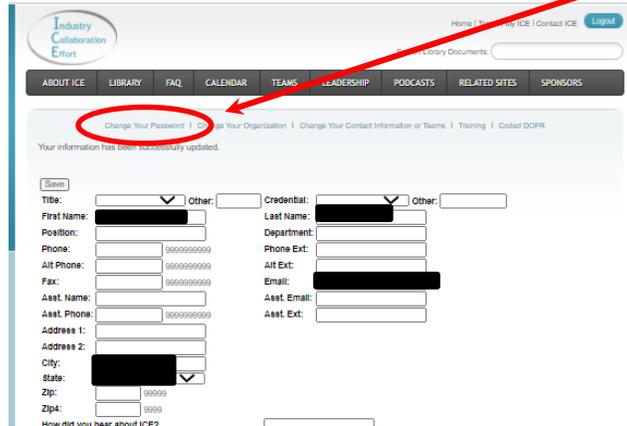
## Confirmation Email

You will receive a confirmation email, with your Username and temporary Password.  
(This is a sample confirmation email)



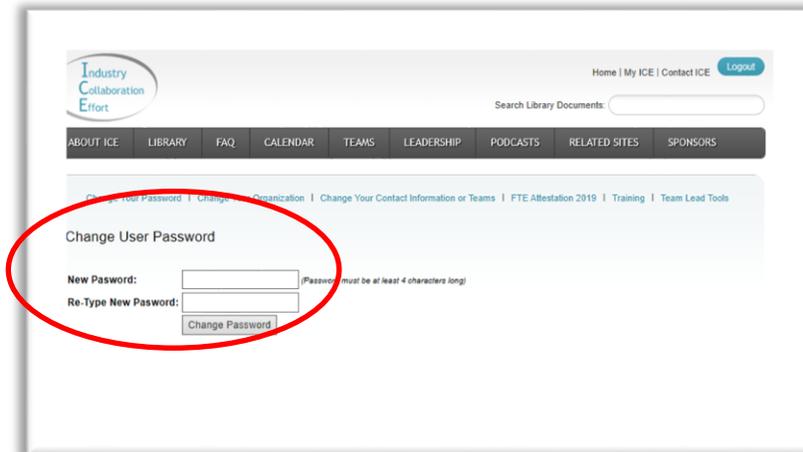
## Change Password

You are now officially logged into the website; so, just click on **“Change Your Password”** at the top left of the screen to give yourself a new, personalized password to remember.



You won't need to use the temporary “Password” that you were given in the confirmation email, since you are taken directly to this page to create a new password.

(Please remember your new password.)



## COMPLETING THE FTE ATTESTATION FORM

Log in to the ICE Website with your email and password (For new users please refer to pages 4 – 8)

<https://www.iceforhealth.org/clientadmin/loginIce.asp>

(Please Note: **Google Chrome web browser works best to access the attestation page features.**)

Industry Collaboration Effort

Home | Terms | Contact ICE | Join ICE [Login](#)

Search Library Documents:

ABOUT ICE LIBRARY FAQ CALENDAR TEAMS LEADERSHIP PODCASTS RELATED SITES SPONSORS

### ICE User Administration Login

Enter Email Address and Password.

Email Address:

Password:

[Log In](#)

Next, select the **FTE Attestation 2020** to access the Electronic FTE Attestation Dashboard.

Industry Collaboration Effort

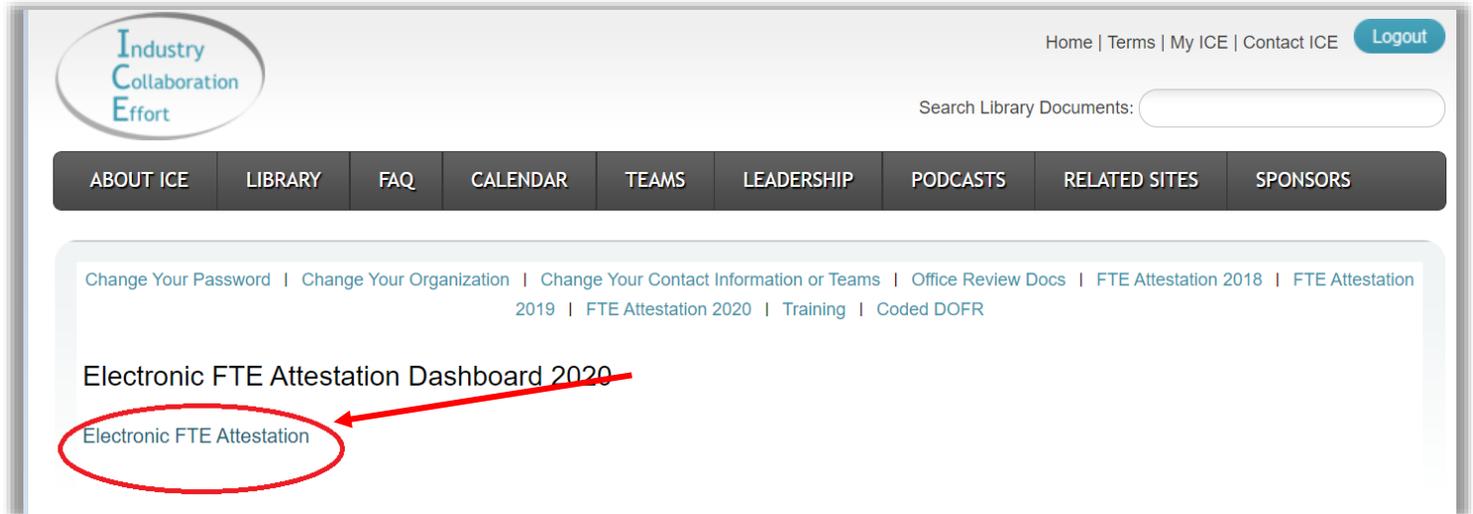
Home | Terms | My ICE | Contact ICE [Logout](#)

Search Library Documents:

ABOUT ICE LIBRARY FAQ CALENDAR TEAMS LEADERSHIP PODCASTS RELATED SITES SPONSORS

[Change Your Password](#) | [Change Your Organization](#) | [Change Your Contact Information or Teams](#) | [Office Review Docs](#) | [FTE Attestation 2018](#) | [FTE Attestation 2019](#) | [FTE Attestation 2020](#) | [Training](#) | [Coded DOFR](#)

From the Electronic FTE Attestation Dashboard, select **Electronic FTE Attestation**.



Once you select the Electronic FTE Attestation you will be to access and complete the 2020 **Electronic First Tier Entity (FTE) Compliance Attestation Form** (Please see screenshot below).

### **Attestation Form Submission Instructions**

Please respond “Yes” or “No” to the attestation questions. If the response is “No”, provide an explanation and a corrective action plan to the Sponsor in the section provided. Upon completion of the questions and required fields, select the “Submit” button.

You may select ‘Save’ and/or “Print” (located at the bottom of the form) at any point of completing this Compliance Attestation Form. Once you have completed all the responses, select ‘Submit’ to complete your Compliance Attestation Form submission.

Thank you for your attention to annual communication and action. If you have any questions, please send them to your sponsor. The sponsor emails and FTE Frequently Asked Questions are located here.



[Electronic FTE Dashboard](#)

## Electronic First Tier Entity (FTE) Compliance Attestation Form

Date:  First Tier Entity Name:

Sponsor Name:  
AffiliateEntityName(s):

Please submit the completed Compliance Attestation Form by <12/08/2019 >.

You may select 'Save' and 'print' (located at the bottom of the form) at any point of completing this Compliance Attestation Form to save your responses in progress. Once you have completed all the responses, select 'Submit' to complete your Compliance Attestation Form submission.

Please review the Affiliated Entity Name(s) listed above. If there are any changes required, please explain the required changes in the text box below, or contact your Sponsor to report changes. Please complete this Compliance Attestation Form even if there are other required changes such as the Affiliated Entity Name(s):

As part of an effective compliance program, the Centers for Medicare and Medicaid Services (CMS) and other federal and state regulators require our Medicare Advantage Organizations (Sponsors) and Medicaid Sponsors communicate and monitor specific compliance and fraud, waste and abuse (FWA) requirements to our First Tier, Downstream and Related entities (FDRs), including guidance set forth in Title 42 of the Code of Federal Regulations, Parts 422 and 423 and sub-regulatory guidance published in both Pub. 100-18, Medicare Prescription Drug Benefit Manual Chapter 9, and in Pub. 100-16, Medicare Managed Care Manual Chapter 21.

While a Sponsor may contract with FDRs to perform certain functions<sup>1</sup> (administrative and health care services) on its behalf, the Sponsor maintains ultimate responsibility for fulfilling the terms and conditions of its contract with CMS and for meeting the Medicare program requirements, including ensuring that FDRs are in compliance with all applicable laws, rules and regulations with respect to delegated responsibilities. The same responsibilities apply to subcontracted delegates that perform functions for Medicaid Sponsors.

This Compliance Attestation Form is intended to facilitate the oversight and monitoring for First Tier Entity (FTEs) compliance with the CMS and other federal and state regulators program requirements, laws, rules and regulations. We are asking our FTEs to complete and electronically sign this Compliance Attestation Form. This Compliance Attestation Form **must be signed by an individual with the authority to attest to the accuracy and completeness of the information provided.**

Timely submission is a condition of continued contracting for most FTEs. Any question please contacts your Sponsor. Note: Sponsors that agreed to collaborate and use the same Compliance Attestation Form in order to reduce the administrative burden associated with Medicare and Medicaid contracts are the following: [FTE Subcontractor FDRs](#)

Please Note: If you have Offshore Subcontracting vendors you will need to select the second option in **Section VIII. Offshore Subcontracting (Contractor does offshore protected health information)**, and then complete section **IX. Offshore Subcontracting**.

### VIII. Offshore Subcontracting

A. If Contractor offshores any **protected health information (PHI)** must notify the Sponsor **prior to** entering into or amending any agreement with an Offshore Subcontractor, and Contractor must complete the Offshore Subcontracting Attestation.

Please check one of the following:

- Contractor does not offshore any protected health information.
- Contractor does offshore protected health information. (Complete Offshore Subcontracting Attestation)

### IX. Offshore Subcontracting

Complete this section if Contractor offshores any protected health information (required if response to section VIII was "Yes").

If you have more than one offshore subcontractor/staff that touches protected health information, Once you save the Compliance Attestation Form with the first off shore subcontracting information, you will see an "Add New Offshore" button and a "Save Offshore" button that will allow you to create additional offshore subcontracting records.

#### Offshore Subcontracting Attestation

Part I. Offshore Subcontractor Information	
Offshore Subcontractor Name:	<input type="text"/>
Offshore Subcontractor Country:	<input type="text"/>
Offshore Subcontractor Address:	<input type="text"/>
Describe Offshore Subcontractor Functions:	<input type="text"/>
State the Proposed or Actual Effective Date for Offshore Subcontractor: (MONTH DAY, YEAR; Example January 15, 2017)	<input type="text"/>
Part II. Precautions for Protected Health Information (PHI)	
Describe the PHI that will be provided to the Offshore Subcontractor:	<input type="text"/>
Discuss why providing PHI is necessary to accomplish the Offshore Subcontractor objectives:	<input type="text"/>
Describe alternatives considered to avoid providing PHI and why each alternative was rejected:	<input type="text"/>