

Vendor Signup

Compliance Questionnaire

This questionnaire applies to vendors who receive payment to perform a service for or provide supplies to AHS Management Company, Inc., or any of its Ardent affiliates. AHS Management Company, Inc., or any of its Ardent affiliates participate in various plans and programs with government contractors to provide healthcare services. These plans and programs require us to gather additional information on each contracted vendor. This questionnaire has been developed to gather the necessary information based on the service provided to or on behalf of AHS Management Company, Inc., or any of its Ardent affiliates.

1. Do the services provided to or on behalf of AHS Management Company, Inc. or any of its Ardent affiliates by your organization include creating, receiving, processing, storing/maintaining, or transmitting of AHS Management Company, Inc. or any of its Ardent affiliates protected health information ("PHI") as defined in 45 CFR §160.103? *

☐ Yes ☐ No

2. Do the services provided to or on behalf of AHS Management Company, Inc. or any of its Ardent affiliates by your organization include creating, receiving, processing, storing/maintaining, or transmitting AHS Management Company, Inc. or any of its Ardent affiliates personally identifiable information ("PII") as defined in NIST SP 800-122? *

☐ Yes ☐ No

3. Do the services provided to or on behalf of AHS Management Company, Inc. or any of its Ardent affiliates by your organization include creating, receiving, processing, storing/maintaining, or transmitting AHS Management Company, Inc. or any of its Ardent affiliates' data outside the jurisdiction of the United States (e.g. "offshoring")? *

☐ Yes ☐ No

If Yes to question 1, read and attest to the statements below or provide a reasoning as to why you are unable to attest

All AHS Management Company, Inc. and Ardent Affiliates who participate with Medicare Advantage or Medicaid Plans are considered to be a First Tier, Downstream, or Related Entity (FDR). FDRs are required to conduct additional monitoring of their vendors that create, receive, process, store/maintain, or transmit Medicare Advantage or Medicaid Beneficiary PHI in order to participate in each program.

You have indicated you are a vendor performing a function that creates, receives, processes, stores/maintains, or transmits Medicare Advantage or Medicaid PHI. Below is an outline of the requirements for Medicare Advantage Organization FDRs. At the end of this outline, you will be asked to attest that your organization substantially conforms to any material requirements and can supply proof of one or more of these requirements upon request.

Vendors who contract with health care providers participating in government programs are required to develop and implement a compliance program based on guidance published by the Department of Health and Human Services Office of Inspector General, which includes:

- An appointed representative to serve as the Compliance Officer or in a similar capacity to implement, monitor, educate employees and vendors, and enforce the organization's Compliance Program.
- A Code of Conduct and written compliance and privacy policies and procedures applicable to your organization. You should, at a minimum, adopt a Code of Conduct or policies and procedures that:
 - Require employees to read and agree to comply with your Code of Conduct and policies and procedures;
 - Require employees, vendors/contractors, board members, or volunteers to complete standard compliance training within 90 days of hire and annually thereafter;
 - Prohibit retaliation for good faith reporting of suspected violations, noncompliance, or fraud, waste and abuse;
 - Require disclosures of potential and actual conflicts of interest by employees and potential/current business partners prior to employment/contracting and annually afterwards;
 - Prohibit employment or contracting with an individual or entity sanctioned or excluded from participating in any federally funded healthcare program;
 - Include a well-published disciplinary action policy;
 - Require employees, contractors/vendors, board members and volunteers to report suspected compliance violations to a member of management or your appointed compliance individual;
 - Retention of records in accordance with government agency requirements (e.g. in most cases, records must be retained and available to CMS for a period of at least 10 years).

- A log certifying that employees have read and agree to comply with the Code of Conduct and Policies and procedures upon hire and annually thereafter. This log should include:
 - The employees, vendor/contractor, board members, or volunteers name, course completed and training completion date.
- Monitoring to ensure employees, board members, volunteers, and contractors/vendors are not sanctioned or excluded from participating in state or federally funded health care programs prior to hire/contracting and monthly thereafter.
- A Conflict of Interest policy or procedure requiring the disclosure/report of all potential and actual conflicts by employees and potential/current business partners prior to employment/contract and annually afterwards.
- Monitoring to ensure employees and vendors are free of Conflicts of Interest or that any reported potential conflicts have been vetted, managed or eliminated if necessary.
- A system to monitor the effectiveness of your Compliance Program and affiliated entities' compliance with applicable laws, regulations and statutes.
- An auditing and monitoring plan to include review of business practices to ensure compliance with applicable federal and state regulations.
- Assessment of regulatory and compliance risks at least annually.
- If your organization or any of your subcontractors/vendors perform functions which are physically located outside of the United States or one of its territories you should be able, if asked, to provide the following information for any person or entity contracted to provide services/items for Medicare, Medicare Advantage Plans, Medicaid or other government beneficiaries which are physically located outside of the United States or one of its territories:
 - Name
 - Country
 - Address
 - Proposed/actual effective date of subcontracting agreement
 - If PHI is provided to the offshore subcontractor:
 - Explanation of why providing PHI is necessary
 - Alternatives considered to providing PHI
 - Proof of subcontractor's policies and procedures ensuring the security of PHI
 - A copy of the agreement, which should include all required Medicare Part C and D language (e.g. record retention requirements, compliance with all Medicare Part C and D requirements, etc.)
 - An annual audit of the offshore subcontractor

I have reviewed the Enhanced Compliance requirements and attest that my organization substantially confirms to any material requirements. *

☐ Yes ☐ No

Signature *

Sign Here

Date *

MM / DD / YYYY

Printed Name *

Title *

If yes to question 3

4. What are the cities and countries outside of the jurisdiction of the United States in which offshoring occurs? *

Stark Compliance Questionnaire

In order to assist AHS Management Company, Inc. and Ardent affiliates in complying with federal law concerning financial arrangements between physicians and entities that provide certain healthcare services, it is required that all vendors provide us with the following information.

For the purposes of this Questionnaire, the following definitions apply:

"Immediate Family Member" means any of the following individuals:

- husband or wife
- birth or adoptive parent, child, or sibling
- stepparent, stepchild, stepbrother, stepsister
- father-in-law, mother-in-law, sister-in-law, brother-in-law, son-in-law, daughter-in-law
- grandparent or grandchild
- spouse of a grandparent or grandchild

"Physician" means a doctor of medicine or osteopathy, a doctor of dental surgery or dental medicine, a doctor of podiatric medicine, a doctor of optometry, or a chiropractor.

For a full listing of all AHS Hospitals and Hospital Systems, please visit https://ardenthealth.com/ardent_hospitals_health_systems.

1. Is your company owned in whole or part, directly or indirectly, by a Physician who refers patients to or treats patients at any Ardent affiliated Facility or an Immediate Family Member of a Physician who refers patients to or treats patients at any Ardent affiliated Facility? *

☐ Yes ☐ No

2. Is your company owned in whole or part, directly or indirectly, by any person (other than a Physician or an Immediate Family Member of a Physician) who refers patients to any Ardent facility? *

☐ Yes ☐ No

3. Does your company employ or contract with a Physician who refers patients to or treats patients at any Ardent Facility or an Immediate Family Member of a Physician who refers patients to or treats patients at any Ardent Facility? *

☐ Yes ☐ No

4. If you are entering into an arrangement as a vendor with Ardent or any Ardent affiliated entity as an individual, are you a Physician who refers patients to or treats patients at any Ardent Facility or an Immediate Family Member of a Physician who refers patients or treats patients at any Ardent Facility? *

☐ Yes ☐ No

Service Organization Control (SOC) Questionnaire

Please answer the following questions below pertaining to the types of services you are providing for AHS Management Company, Inc. and Ardent affiliates. If the answer to any of the following questions is "yes", you will be asked to upload the appropriate SOC report.

1. Will you process financial transactions (such as credit card transactions) on behalf of AHS Management Company, Inc. or any of its Ardent affiliates? *

☐ Yes ☐ No

If Yes to question 1

Based on the answers to the above questions, your organization is required to provide a SOC 1/Type 2 Report. Please indicate whether your organization has this report available at this time.

☐ My organization has the requested SOC report available ☐ My organization does not currently have the requested SOC report available

2. Will you provide a service that Ardent relies upon for its own financial reporting? *

☐ Yes ☐ No

If Yes to question 2

Based on the answers to the above questions, your organization is required to provide a SOC 1/Type 2 Report. Please indicate whether your organization has this report available at this time.

☐ My organization has the requested SOC report available ☐ My organization does not currently have the requested SOC report available

3. Will you store or transfer confidential information (e.g. PHI or PII) from Ardent hosted systems to your own hosted systems? *

☐ Yes ☐ No

If yes to question 3

Based on the answers to the above questions, your organization is required to provide a SOC 2/Type 2 Report. Please indicate whether your organization has this report available at this time.

☐ My organization has the requested SOC report available ☐ My organization does not currently have the requested SOC report available

4. Will employees, subcontractors, or other representatives of your organization be granted ongoing access to Ardent affiliated IT systems? *

☐ Yes ☐ No

If yes to question 4

Based on the answers to the above questions, your organization is required to provide a SOC 2/Type 2 Report. Please indicate whether your organization has this report available at this time.

☐ My organization has the requested SOC report available ☐ My organization does not currently have the requested SOC report available

Please upload the requested SOC report:

No file chosen

Foreign Corrupt Practices Act (FCPA) Questionnaire

Please answer the following questions based on Ardent's compliance with the Foreign Corrupt Practices Act (FCPA).

1. Is the contracting party (company or individual) incorporated/domiciled in a jurisdiction outside the U.S.? *

☐ Yes ☐ No

2. Is the contracting party a wholly-owned subsidiary of a company incorporated/domiciled outside the U.S.? *

☐ Yes ☐ No

3. Is the contracting party providing services outside the U.S. for Ardent or its affiliated entities? *

☐ Yes ☐ No

4. Is the contracting party representing Ardent or its affiliated entities on its behalf to third parties outside the U.S.? *

☐ Yes ☐ No

5. Will the contracting party have to interact or engage with third parties located outside the U.S. to perform its obligations to Ardent? (Contracting party can be within U.S. during such interaction) *

☐ Yes ☐ No