St. Vincent IPA
The Patient's Choice for Health Care

2026 DOWNSTREAM ATTESTATION

This attestation documents your organization's adherence to compliance and privacy requirements, as well as plan-specific training requirements. These requirements are further described in the training materials and other resources accessible at pdtrust.com/compliance.

1. **Standards of Conduct and/or Compliance Policies**
   All workforce members and downstream entities are provided the PDT Code of Conduct (or equivalent) within 30 days of hire or contracting, annually thereafter, and upon revision.
   Annual SoC distribution was completed on, or will be completed by: ___/___/2026

2. **General Compliance Training & Fraud, Waste and Abuse ("FWA") Training**
   All workforce members and downstream entities complete General Compliance and FWA training within 30 days of hire or contracting and annually thereafter.
   Annual GC/FWA training was completed on, or will be completed by: ___/___/2026

3. **Privacy & Security (HIPAA) Training**
   All workforce members and business associates complete privacy and security training upon onboarding, annually thereafter, and upon revision.
   Annual HIPAA training was completed on, or will be completed by: ___/___/2026

4. **OIG/GSA Exclusion Screenings**
   All employees and downstream entities are screened against the OIG and GSA exclusion lists prior to hire or contracting and monthly thereafter. Resolution of potential matches is documented.

5. **Offshore Operations**
   Our organization does not engage in offshore operations (including work performed offshore by a US-based business) involving IPA member PHI. Otherwise, our organization will report such operations to the IPA immediately for review, and annually thereafter.

6. **Subcontractor Oversight**
   Our organization conducts sufficient oversight to ensure that downstream entities and business associates meet all compliance and privacy program requirements.

7. **Cultural Competency & Language Assistance Program (LAP)**
   Providers and staff complete cultural competency, sensitivity, and diversity training consistent with national Culturally and Linguistically Appropriate Services (CLAS) standards.

8. **Health Plan Required Training**
   Providers and staff complete Model of Care (MOC) training and any additional plan-specific training required by affiliated health plans.

9. **Document Retention and Evidence Requests**
   Our organization and our subcontractors save all documentation pertaining to IPA business for a minimum of ten years, including evidence of the above requirements. Our organization agrees to produce this documentation upon request, or face corrective actions.

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An office manager or other authorized representative may sign on behalf of the organization.

Signature of Organization's Authorized Representative	Date
Organization's Authorized Representative Name	Title
Organization Name	Tax ID
Organization Email Address	Phone Number

Return this completed attestation via email, fax, or SignNow. Please contact us if you have any questions.

PHONE: 888-255-5053 **EMAIL:** prsvipa@pdtrust.com **FAX:** 562-207-6558