

*First Tier, Downstream and Related Entities (FDR), please complete, sign and fax this Attestation*

FDR Name and Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In recognition of FDR's status and role as a covered entity contracted with Arizona Priority Care, FDR attests to the following statements:

FDR has in place an effective compliance program, meeting CMS standards to detect, prevent and report instances of Fraud, Waste and Abuse ("FWA"), other non-compliance or Health Insurance Portability and Accountability Act ("HIPAA") Privacy or Security issues.

FDR screens all employees, officers and vendors against the OIG/GSA Excluded Persons Lists prior to hire/contract and monthly thereafter.

FDR and all staff engaged with treatment, administration or support of CMS members have completed all required initial new hire and annual trainings as follows:

- 1) FDR and staff have completed HIPAA Training on \_\_\_\_\_/2017
- 2) FDR and staff have completed the required CMS annual FWA Training\* on \_\_\_\_\_/2017 (\*as required by 42 CFR 422.503 and 42 CFR 423.504)
- 3) FDR and staff have completed the CMS annual Medicare General Compliance Training\* which includes Code of Conduct on \_\_\_\_\_/2017 (\*as required by 42 CFR 422.503 and 42 CFR 423.504)
- 4) FDR and staff have completed the SNP Model of Care (MOC) Training on \_\_\_\_\_/2017 (*only applicable to persons directly involved with patient care*)

FDR agrees to notify Arizona Priority Care's Compliance Officer immediately upon discovery of any FWA, non-compliance or suspected violation of HIPAA, HITECH Act, Medicare Advantage, CMS regulations or any other statute, regulation and/or policy and procedure and may do so by calling the Corporate Compliance Hotline at 855-682-4127.

FDR understands that, upon Arizona Priority Care's request, it agrees to provide Arizona Priority Care's Compliance Officer with documentation to substantiate its screening, training and/or compliance and privacy program activities.

I have completed the above and certify it as true and accurate, as of today, \_\_\_\_/\_\_\_\_/\_\_\_\_.

Signature: \_\_\_\_\_

[ ] Attached is the roster of our credentialed providers for whom we are attesting on behalf of.

**Please fax your completed form to Provider Relations Department at 480-403-8209 or email to [providerrelations@azprioritycare.com](mailto:providerrelations@azprioritycare.com) no later than August 4, 2017.**