



2018 FDR Attestation

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 an effective compliance program in place (which is available to all staff and outlines non-retaliation) which meets 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 _____/2018
- 2) FDR and staff have completed the required CMS annual FWA Training* on _____/2018 (*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 _____/2018 (*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 _____/2018 (*only applicable to persons directly involved with patient care*)
- 5) FDR and staff have completed the Cultural & Linguistic Training on _____/2018

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, _____/_____/2018.

Signature: _____

Please fax your completed form to Provider Relations Department at 480-403-8209 or email to providerrelations@azprioritycare.com no later than September 30, 2018.