

2021**First Tier, Downstream, Related Entity (FDR) Compliance Attestation**FDR Name: _____ FDR Address: _____
TIN: _____

Please specify whether your FDR attestation is being submitted for the entire practice (one form for all) or individually (each Staff Member/Physician are submitting separately):

 Group Attestation **Individual Attestation**

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

- A. FDR has an effective compliance program in place (which is available to all staff and outlines non-retaliation) CMS/health plan standards to detect, prevent, and correct instances of Fraud, Waste, and Abuse (FWA), other non-compliance, or HIPAA (Health Insurance Portability and Accountability Act) Privacy or Security issues.
- B. FDR screens all employees, officers and vendors against the OIG/GSA Excluded Persons Lists prior to hire/contract and monthly thereafter.
- C. FDR and all staff engaged with treatment, administration or support of CMS and health plan members have completed all AZPC's Compliance training modules **or equivalent compliance training modules** (as outlined by 42 CFR 422.503 and 423.504) as follows:
1. FDR and staff have completed Fraud, Waste and Abuse (FWA) training on (or before): ____/____/2021
 2. FDR and staff have completed General Compliance and Code of Conduct training on (or before): ____/____/2021.
 3. FDR and staff have completed HIPAA on (or before): ____/____/2021.
 4. FDR and staff have completed Cyber Security training on (or before): ____/____/2021.
 5. FDR and staff have completed Model of Care (MOC) training on (or before): ____/____/2021 (only applicable to persons directly involved with patient care).
 6. FDR and staff have completed Cultural and Linguistic training on (or before): ____/____/2021.
- D. 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 855-625-7894 or emailing Compliance@AZPriorityCare.com.
- E. FDR agrees to immediately disclose to AZPC's Compliance Officer any actual or potential conflicts of interests, as outlined in AZPC's Code of Conduct, should any arise.
- F. FDR agrees to inform AZPC if FDR utilizes offshore vendors to support any work performed under the FDR's contract with AZPC by emailing: Compliance@AZPriorityCare.com.
- G. FDR understands that, upon Arizona Priority Care's request, it agrees to provide AZPC's Compliance Officer with documentation to substantiate its screening, training and/or compliance and privacy program activities.

We/I have completed the above and certify it as true and accurate, as of today, ____/____/2021.

Authorized Signatory: _____

Please fax the roster(s) and 2021 Compliance Attestation Form(s) to the Provider Relations Department at 480-403-8209 or email to providerrelations@azprioritycare.com no later than September 30, 2021.