

2023

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**

For a group attestation, please complete page 2 of this form to list each provider in the group.

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): ____/____/23
 - 2. FDR and staff have completed General Compliance and Code of Conduct training on (or before): ____/____/23.
 - 3. FDR and staff have completed HIPAA on (or before): ____/____/23.
 - 4. FDR and staff have completed Cyber Security training on (or before): ____/____/23.
 - 5. FDR and staff have completed Model of Care (MOC) training on (or before): ____/____/23 (only applicable to persons directly involved with patient care).
 - 6. FDR and staff have completed Cultural and Linguistic training on (or before): ____/____/23.
- 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, ____/____/2023.

Authorized Signatory: _____ Email Address: _____

Printed/Typed Signature: _____

Please fax the roster on page 2 and this 2023 Compliance Attestation Form(s) to the Provider Relations Department at 480-403-8209 or email to providerrelations@azprioritycare.com no later than Friday, May 26th, 2023.



First Tier, Downstream, or Related Entity (FDR) Provider Roster

Roster of Credentialed Staff Members or Contracted Individual Providers with NPI numbers for whom the attached FDR Compliance Attestation is attesting on behalf of:

#	Credentialed Provider/Staff (Last Name, First Name)	NPI
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		

Continue on Additional Pages If You Have More Than 15 Providers In Your Group