



## 2020 PROVIDER ATTESTATION

(Providers, please complete, sign, and return this Attestation)

**Provider Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City, State, Zip Code:** \_\_\_\_\_

In recognition of the Provider’s status and role as a covered entity, contracted by Jade Health Care Medical Group (Jade), the Provider attests to the following statements:

The Provider 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, and other mandatory provider training.

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

- a) 2020 CMS Annual FWA Training
- b) 2020 CMS Annual Medicare Compliance Training, including Code of Conduct.
- c) General Compliance, CMS Model of Care, and HIPAA Training.
- d) DMHC Timely Access Requirements
- e) San Francisco Health Plan (SFHP) Provider Training (if applicable).

The Provider agrees to notify Jade’s Compliance Department immediately upon discovery of any FWA, noncompliance, or suspected violation of the HIPAA, HITECH Act, Medicare Advantage, CMS regulations, or any other statute, regulation, and/or policy and procedure, and may do so by calling the Confidential Compliance Hotline at (628) 228-2720;

The Provider understands that any privacy incident involving any Medi-Cal or Medicaid patient requires notice to Jade and the California Department of Health Services within One (1) business day from discovery.

The Provider understands that, upon Jade’s request, it agrees to provide Jade’s Compliance Department with documentation to substantiate its screening, training, and/or compliance and privacy program activities.

By completing the portion below, I have verified the above and certify it as true and accurate, as of today:

Provider NPI: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Person completing form: \_\_\_\_\_ Title: \_\_\_\_\_

Please email your completed forms to [info@jadehcmg.com](mailto:info@jadehcmg.com) or fax it (415) 217-4178