

May 16, 2018

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Fraud Waste and Abuse Training and General Compliance

ASPA is contracted with plans that have Medicare and AHCCCS products. It is a requirement of ASPA through our delegation with our contracted plans, we show proof that our Members are in compliance with all training and policy requirements under CMS and AHCCCS. Going forward ASPA will require this attestation to be completed, and kept in our records.

2018

Here are FOUR options to complete the compliance training requirements. Please select the method by which your practice chose to comply (check one):

- Completed the General Compliance and/or FWA training modules located on the CMS MLN. Once an individual completes each of the modules, the MLN system will generate a certificate of completion.
- Downloaded and incorporated the content of the CMS standardized training modules from the CMS website into your Practices existing compliance training materials/systems.
- Incorporated the content of the CMS training modules into written documents for the practice (e.g. provider guides, participation manuals, business association agreements, etc.
- **THIS PRACTICE DOES NOT TREAT/PARTICIPATE WITH ANY MEDICARE OR AHCCCS PRODUCTS/PATIENTS**

CMS Compliance Program requirements are located in Chapter 9 and 21 of the Medicare Care Manual.

<https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs-Items/CMS019326.html>

AHCCCS Compliance Program is located in the AHCCS Contractor Operations Manual (Policies 103, 104, and 438); the AHCCS Medical Policy Manual (AMPM): <https://azahcccs.gov/PlansProviders/GuidesManualsPolicies/index.html>

Copies of Compliance Programs of our contracted plans will be posted on the ASPA Web site www.azspa.com

Attestation and Participation Acknowledgement

By signing below I attest that the practice identified below, and any participating providers, employees and contractor (including temporary employees and volunteers) therein, comply with the Medicare/AHCCCS Compliance and FWA training requirements for **2018** as marked above.

Practice Name: _____

Signature (of individual with legally finding authority): _____ Date _____

Print Name and Title: _____

Tax ID: _____ Group NPI: _____ Phone: _____

Email _____

Attach a list of all employees including providers, training certificates and a current W9.

Fax Form to 602-265-3289

Questions: cathy@azspa.com or 602-265-2524 ext. 216