

## PHYSICIAN ANNUAL TRAINING ATTESTATION FORM

Return ALL Attestations to:

**RUBEN.P@PROCAREMSO.COM or FAX: (855) 405-2288**

Training Modules: <https://premiercareipa.net/providers>

Please submit all Health Plan specific attestations that pertain to you and your office and check off those that have been completed and sign the attestations attached.

☐ **ALL CLINICAL STAFF/PHYSICIAN TRAININGS YEARLY:**

- ☐ HIPAA Privacy, Breach Notification and Compliance (PPC website)
- ☐ Cultural & Linguistic Sensitivity (PPC website)
- ☐ CMS-LAP (PPC website)
- ☐ OIG/SAM/Medi-Cal Exclusions Screening Attestation (below)
- ☐ CMS Parts C and D and Fraud Waste Abuse web training go here for and sign completion certificate <https://www.cms.gov/Outreach-and-Education/MLN/WBT/MLN3995723-MLNPartsCD/FWA/story.html>

PremierCare IPA/Procure MSO have posted these training modules on our public website for your review. For health plan specific trainings, please log into the health plan website and register as needed to complete required training and/or complete training attestations provided. Please fill out one training attestation packet for each provider/practitioner. **For questions regarding these trainings, please contact Ruben Paul, your Provider support representative at 760-960-9492.** Please complete the following in acknowledgement of your attestation that these were reviewed on PCI Provider Training webpage. **Complete a form for each Physician and/or Practitioner in your office annually and within 10 business days of contract effective date.**

Tax ID: \_\_\_\_\_ Individual NPI: \_\_\_\_\_ State License Number: \_\_\_\_\_

Practitioner Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Practice / Group Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

### **OIG/SAM/Medi-Cal Exclusions Screening Attestation**

PREMIERCARE IPA (PCI) is committed to ensuring that our first-tier, downstream, and related entities (FDR) are in compliance with applicable state and federal regulations, including regulations concerning the Office of the Inspector General (OIG) and General Services Administration (GSA). Specifically, the regulations require that all FDRs that participate in the delivery of governmental funded health care programs **must review the OIG, GSA System for Awards Management ("SAM") and Medi-Cal Exclusion Lists upon Initial hiring of or contracting with personnel and on a monthly basis thereafter** to ensure

that any employee, manager or downstream entity is not on any such list. FDRs must retain documentation to support results. Screen prints of negative results are sufficient.

In order to validate that each FDR has met the requirements, we must obtain a completed Attestation from an authorized representative of every FDR (i.e . Compliance Officer, CEO, CMO, Practice Manager, Provider, Owner, etc.). Please be advised that pursuant to the terms of your agreement with PMS or an affiliated entity, you are required to comply with all applicable federal, state, and municipal rules and regulations and that this request is directly related to such provision. Please also be advised that such screenings are required under the contract between PCI or an affiliated entity, on the one hand, and the health plan, on the other hand.

To assist you with the implementation of your OIG\_GSA Exclusion process, we are providing links to the relevant exclusions lists in order to comply with the regulations:

<http://exclusions.oig.hhs.gov/>

<https://sam.gov/content/exclusions>

<https://files.medi-cal.ca.gov/pubsdoco/SandILanding.aspx>

Please note that these three lists do not necessarily overlap and thus all three lists must be checked as to each employee, manager or downstream entity . For example, an employee could be listed on the Medi-Cal exclusion list but not listed on the OIG and SAM exclusion li sts.

**Please execute and return the Included Attestation Form at your earliest opportunity .**

**If you have any questions, please contact us at 760-960-9492**

Thank you.

#### **OIG/ SAM / Medi-Cal Exclusions Screening Attestation**

As a first -tier, downstream or related entity that participates in one or more governmental funded health care program, the organization Identified In the signature block below attests to the following:

- That we review the Office of the Inspector General (OIG) and General Services Administration System for Award Management (SAM) exclusion lists and Medi -cal Susp ended and Ineligible Provider List upon Initial hire/contract and monthly thereafter to ensure that any new employee, manager or downstream entity Is not included In any such list.

- If an employee, manager or downstream entity is on such lists, the organization will terminate such person or entity and notify PMS of the person or entity's identity

Your organization will retain and furnish confirmation upon request documentation that your organization reviews the OIG/GSA exclusion lists upon Initial hire/contract and monthly thereafter.

Print Name:	Name of Organization:
Signature:	Date Signed:

Provider contact person for questions:

Print Name:	
Signature:	
Email:	

Please sign and fax to 855-405-2288, or by email to: [Ruben.P@procaremso.com](mailto:Ruben.P@procaremso.com)