



Fraud, Waste and Abuse (FWA) & General Compliance Attestation

Submission Due Date: Within 90 days of initial contracting AND Annually by 12/31

Attestation Submission Instructions

The Attestation Form may be faxed or mailed or scanned and e-mailed to:

Email: ComplianceDepartmentAZ@care1st.com; fax: (602) 778-1814; or mail: ONECare by Care1st Health Plan Arizona, Attn: Compliance Department, 2355 E. Camelback Rd., Ste 300, Phoenix, AZ 85016

IPA/Medical Group/Hospital / Contractor/Entity Name: _____

Submitting Organization: _____
(Such as MSO, TPA, if other than IPA/Medical Group or Hospital or Contractor)

Date Submitted: _____

Principal Officer with Contract Signatory Authority:

Print Name: _____

Signature: _____

Please check (✓) one or more of the following related to the annual training requirement:

Completed the Fraud, Waste and Abuse Training and General Compliance Training for all employees, providers, contractors and/or sub-contractors using Care1st FWA & General Compliance Training documents. The training documents have been integrated into the new hire process and the process for contracting with new providers, pharmacies and contractors.

Completed alternate equivalent FWA & General Compliance training for all employees, providers, contractors and/or subcontractors. The alternative training has been integrated into the new hire process and process to contract with new providers, pharmacies and contractors.

Completed alternate equivalent General Compliance Training for all employees, providers, pharmacies, contractors and/or sub-contractors and separate Fraud Waste and Abuse training for employees and contractors who are not Medicare Providers (the FWA training is deemed for Medicare Providers). I also have integrated that alternate training into the new hire process and process to contract with new providers, pharmacies, contractors and/or subcontractors.

Other – Provide Explanation:
