

2016 Compliance Program

Introduction

Your Organization is receiving this “Annual Attestation and Disclosure Statement” because your Organization is contracted with The University of Arizona Health Plans (UAHP) as a First Tier, Downstream or Related Entity (FDR) (CMS) and/or an Administrative Service Subcontractor or Provider (AHCCCS) for UAHP’s Medicare and/or Medicaid products.

As a UAHP Medicare and/or Medicaid contractor, the Organization is subject to federal and state laws related to the Medicare and Medicaid programs as well as CMS and state Medicaid program (AHCCCS) rules, regulations and sub-regulatory guidance. This includes ensuring the Organization’s employees and downstream contractors abide by said federal and state laws, regulations, and sub-regulatory guidance.

Instructions:

- 1 Review each section**
Section 1: Medicare and Medicaid Participation Compliance Program Requirements
Section 2: Attestations
Section 3: Organization Information and Signature
- 2 Complete the 2016 Annual Attestation using one of the following methods:**
Online: www.uahealthplans.com/providers/compliance
Paper Form: Beginning on page 7

Definitions

✓ CMS definitions of subcontractors as:

First Tier Entity

Any party that enters into a written arrangement, acceptable to CMS, with a Medicare Advantage Organization or Part D plan sponsor or applicant to provide administrative services or healthcare services to a Medicare eligible individual under the Medicare Advantage program or Part D program.

Downstream Entity

Any party that enters into a written arrangement, acceptable to CMS, with persons or entities involved with the Medicare Advantage benefit or Part D benefit, below the level of the arrangement, between:

- A Medicare Advantage Organization, or
- Applicant, or
- A Part D plan sponsor, or
- Applicant and a first tier entity.

These written arrangements continue down to the level of the ultimate provider of both health and administrative services.

Related Entity

Any entity that is related to a Medicare Advantage Organization or Part D sponsor by common ownership or control and:

- Performs some of the Medicare Advantage Organization or Part D plan Sponsor’s management functions under contract or delegation;
- Furnishes services to Medicare enrollees under an oral or written agreement; or
- Leases real property or sells materials to the Medicare Advantage Organization or Part D plan Sponsor at a cost of more than \$2,500 during a contract period.

✓ AHCCCS defines subcontractors as:

Administrative Service Subcontractors

A subcontractor that UAHP delegates any of the requirements of the AHCCCS Acute Care Contract to including but not limited to the following:

- Claims processing, including pharmacy claims
- Credentialing, including those for only primary source verification (i.e., Credential Verification Organization)
- Management Service Agreements
- Service Level Agreements with any Division or Subsidiary of a corporate parent owner

Provider

Any person of entity that contracts with the AHCCCS or UAHP for the provision of covered services to members according to the provisions A.R.S. §36-2901 or any subcontractor of a provider delivering services pursuant to A.R.S. §36-2901.

For consistency throughout this document, UAHP will refer collectively to its subcontractors as FDRs’.

Section 1: Medicare and Medicaid Participation Compliance Program Requirements

General Compliance and Fraud Waste and Abuse Provisions

Medicare (CMS)

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

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

Medicare program requirements apply to FDRs who have been delegated administrative or health care service functions relating to UAHPs Medicare contracts. A link to the guidelines is noted above; FDRs must review the guidelines and ensure appropriate protocols are in place to demonstrate compliance.

Medicaid (AHCCCS)

Compliance requirements for the Arizona State Medicaid Program, AHCCCS, are located in the AHCCCS Contractor Operations Manual (Policies 103, 104 and 438); the AHCCCS Medical Policy Manual (AMPM). AHCCCS Contractor Guides & Manuals:

<https://azahcccs.gov/PlansProviders/GuidesManualsPolicies/index.html>

Policies and Procedures and Code of Conduct

UAHP makes available to its FDRs the Banner Health Code of Conduct and Banner Health Insurance Division Companies Compliance Program and Fraud, Waste and Abuse Plan and all applicable Compliance Program policies and procedures via the secure provider portal and/or the UAHP website.

Organization Requirements

Your Organization is required to:

- Distribute the Banner Health Code of Conduct and applicable Compliance policies and procedures to all employees within 90 days of hire, when there are updates to the policies, and annually thereafter or;
- Your Organization is permitted to utilize your own Code of Conduct and applicable Compliance Program policies and procedures with the condition that they are comparable to those of UAHP; these documents are subject to review upon request.
- You should ensure that employees, as a condition of employment, read and agree to comply with all written compliance policies and procedures and Code of Conduct.
- Employee statements or certifications should be retained and be available to UAHP or CMS upon request.
- Records must be maintained for 10 years.
- The Code of Conduct states your Organization's over-arching principles and values by which your Organization operates, and defines the underlying framework for the compliance policies and procedures. The Code of Conduct must provide the standards by which your employees will conduct themselves including the responsibility to perform duties in an ethical manner and in compliance with laws, regulations and policies.
- Your Organization's Code of Conduct should include provisions to ensure employees, managers, officers and directors responsible for the administration or delivery of the Medicare benefits are free from any conflict of interest in administering or delivering Medicare benefits. Conflicts of interest are created when an activity or relationship renders a person unable or potentially unable to provide impartial assistance or advice, impairs a person's objectivity, or provides a person with an unfair competitive or monetary advantage.

General Compliance and Fraud, Waste and Abuse (FWA) Training

As an Organization that provides health, prescription drug or administrative services to Part C Medicare Advantage (MA) or Part D Prescription Drug Plan (PDP) enrollees on behalf of UAHP, the Organization is required to provide General Compliance and FWA training to its employees (including temporary employees and volunteers) and to the Organization's downstream entities within 90 days of contract with UAHP, within 90 days of new employee hire and annually thereafter.

CMS Trainings

CMS will accept the following two options to satisfy the training requirement:

Option 1: Complete CMS training on the MLN website

FDRs and their employees can complete the general compliance and/or FWA training modules and testing on the CMS Medicare Learning Network (MLN) website. Once an individual completes the training, the MLN system will generate a certificate of completion.

Option 2: Use the CMS training within your own training

FDRs and their employees can download or print the content of the CMS standard training modules. They can also download the testing from the CMS website. They can add it to their organization's existing training that covers topics specific to their organization. But you can't modify the CMS training content. This will ensure the integrity and completeness of the training.

Link to CMS Medicare Learning Network (MLN) website: <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/MedCandDGenCompdownload.pdf>

UAHP and CMS will accept either the MLN system generated certificates of completion, or, an attestation confirming that the organization's employees have completed the compliance and FWA trainings.

FWA Training Exemption (Deemed)

FDRs who have met the FWA certification requirements through the accreditation process by a national accreditation program (approved by CMS) are deemed and have met the FWA training and education requirements.

The deeming exception for FWA training and education does not apply to the general compliance training and education requirement described above.

Therefore, even if the Organization is deemed for FWA training and education, the requirement for general compliance training and education must be fulfilled through one of the CMS approved options listed above. The certificate of completion for all employees must be kept on file and available to UAHP or CMS upon request.

False Claims Act

For all FDRs, or Administrative Service Subcontractors, contracted with UAHP for the Medicaid line of business, the Organization must have policies and procedures in place to establish training requirements for all staff and provide training on the following aspects of the False Claims Act:

- The administrative remedies for false claims and statements;
- Any state laws relating to civil or criminal penalties for false claims and statements; and
- The Whistleblower protections under such laws.

Reporting Non-Compliance and Suspected Fraud, Waste and Abuse

Your Organization is required to comply with all applicable laws, whether or not specifically addressed. Issues of non-compliance and potential FWA must be reported immediately to UAHP through the appropriate mechanisms and reported issues will be addressed and corrected. Your processes must be documented and include detailed and specific guidance regarding how to report potential compliance issues.

Your Organization may contact UAHP to report Non-Compliance or FWA:

- ComplyLine: 1-888-747-7989 Reports can be made anonymously
- Email: UAHPComplianceandAuditMailbox@bannerhealth.com
- Secure Fax: (520) 874-7072
- U.S. Mail: The University of Arizona Health Plans
Compliance and Audit Department
2701 E. Elvira, Tucson, AZ 85756
- Directly call UAHP Compliance Officer, Terri (Theresa) Dorazio at (520) 874-2847

UAHP Monitoring and Auditing of FDRs

UAHP monitors its FDRs through metrics and other oversight monitoring tools. As required by CMS, FDRs are required to respond to identified compliance deficiencies promptly. Accordingly, upon the discovery of a compliance deficiency, either through your internal compliance activities or notification by UAHP, your Organization must promptly address, correct, and report to the deficiency to UAHP in accordance with CMS and AHCCCS rules, regulations and guidance.

CMS has released the 2015 and 2016 Audit Protocols which will be utilized to measure outcomes in a number of performance areas and to determine a Plan Sponsor's (UAHP) effective oversight of its FDRs. Upon selection by CMS for audit Plan Sponsors and any selected FDRs must be able to show data as requested by CMS (e.g. claims, coverage determinations, notices, etc.) and have a plan representative available to address questions as requested during review.

Note: Per AHCCCS requirements, UAHP is required to annually audit all of its Administrative Service Subcontractors.

Sub-Delegation

Sub-delegation occurs when a UAHP delegated FDR gives another entity the authority to carry out a delegated responsibility that UAHP has delegated to that FDR; this would also be considered a "downstream entity" to both UAHP and your Organization.

For example, UAHP may delegate provider credentialing activities to a Provider Hospital Organization (PHO) and the entity then delegates' a portion of the credentialing process, such as primary source verification, to a Credentialing Verification Organization (CVO) instead of performing the primary source verification itself. In this case, the CVO is the sub-delegate.

In the event the Organization sub-delegates any currently delegated function, the Organization must obtain ninety (90) days advance written approval from UAHP and the contract between UAHP and the Organization will be amended to include the sub-delegation. Any updated agreements shall be filed with the appropriate governmental agency (ies). Any sub-delegation shall be subject to all requirements set forth herein as mandated by CMS.

Note: Your Organization is expected to monitor their downstream entities for compliance with all CMS and Medicaid (AHCCCS) regulations that are applicable to your organization as well.

Offshore Subcontractors

The term "Offshore" refers to any country that is not one of the fifty United States or one of the United States Territories (American Samoa, Guam, Northern Marianas, Puerto Rico and Virgin Islands). Subcontractors that are considered Offshore can be either American-owned companies with certain portions of their operations performed outside of the United States or foreign-owned companies with their operations performed outside of the United States. Offshore subcontractors provide services that are performed by workers located in offshore countries, regardless of whether the workers are employees of American or foreign companies.

The Organization must ensure its employees, and downstream and related entities have read and understand all requirements pertaining to the regulations for services that are performed by workers located in Offshore countries, regardless of whether the workers are employees of American or foreign companies.

Consistent with CMS direction, this applies to entities the Organization may contract or sub-contract with to receive, process, transfer, handle, store, or access beneficiary protected health information (PHI) in oral, written, or electronic form. In the event the Organization sub-delegates any UAHP Medicare activities to an offshore subcontractor, the Organization will be required to adhere to the approval process outlined for sub-delegation activities. To ensure that UAHP is compliant with CMS regulations for Offshore subcontracting, UAHP's contract with Organizations based in the United States and its territories and includes contract language that the Organization will inform UAHP ninety (90) days in advance from the date Organization plans to outsource part or all of its responsibilities that includes providing Health Plan member PHI to an Offshore company. UAHP will evaluate the specific circumstances and may be required to terminate its contract with the Organization.

For the State of Arizona's Medicaid Program, AHCCCS, any functions that are described in the specifications or scope of work that directly serve the State of Arizona, its clients, or AHCCCS members, and involve access to secure or sensitive data or personal client data shall only be performed within the defined territories of the United States. Unless specifically stated otherwise in the specifications, this requirement does not apply to indirect or "overhead" services, redundant back-up

services or services that are incidental to the performance of the contract. This provision applies to work performed by the Organization and its subcontractors at all tiers.

Provider Exclusions

As an FDR of UAHP, the Organization is prohibited against employing or contracting with persons or entities that have been excluded from doing business with the Federal Government (42 CFR § 1001.1901). Upon hiring or contracting and monthly thereafter, the Organization is required to verify their employees (including temporary and volunteer) are not excluded by comparing them against the Department of Health and Human Services (DHHS) Office of the Inspector General (OIG) List of Excluded Individuals and Entities (LEIE) and the System for Award Management (SAM).

Upon discovery of an excluded individual, the Organization must provide immediate disclosure to UAHP. No payment will be made by Medicare, Medicaid or any other Federal or State of Arizona health care programs for any item or service furnished on or after the effective date specified in the notice period, by an excluded individual or entity, or at the medical direction or on the prescription of a physician or other authorized individual who is excluded when the person furnishing such item or service knew or had reason to know of the exclusion.

To assist you with implementation of your OIG/GSA Exclusion process, links to the LEIE and SAM exclusion websites and descriptions of the lists are below.

List of Excluded Individuals and Entities (LEIE) – <http://exclusions.oig.hhs.gov>

This list is maintained by the Office of Inspector General (OIG) and provides information to the health care industry, patients and the public regarding individuals and entities currently excluded from participation in Medicare, Medicaid and all Federal health care programs. Individuals and entities who have been reinstated are removed from the LEIE.

System for Award Management (SAM) – <https://www.sam.gov/portal/SAM/#1>

All entity records from CCR/FedReg and ORCA and exclusion records from EPLS, active or expired, were moved to SAM. You can search these records and new ones created in SAM. The SAM is an electronic, web-based system that identifies those parties excluded from receiving Federal contracts, certain subcontracts, and certain types of Federal financial and non-financial assistance and benefits. The SAM keeps its user community aware of administrative and statutory exclusions across the entire government, and individuals barred from entering the United States.

Standards for Business Continuity Plans

CMS issued a Final Rule (42 CFR §§422.504(o) and §423.505(p)) the rule outlines the minimum standards for Business Continuity Plans effective 1/1/2016. We are required to validate our FDRs develop, implement and maintain Business Continuity Plans compliant with CMS and AHCCCS (ACOM Policy 104) minimum standards.

Minimum Requirements

Business Continuity Plans must contain policies and procedures to protect the restoration of business operations following disruptions where business is not able to occur under normal conditions.

Minimum Business Continuity Plan requirements include:

- Completion of a risk assessment
- Documented mitigation strategy
- Annual testing, revision and training
- Record keeping including HIPAA & Privacy
- Identification of essential functions
- Chain of command
- Business communication plans

Critical functions

Business Continuity Plans need to address the restoration of identified critical functions within 72 hours of failure, as well as address CMS's minimum requirements.

Critical functions are defined as:

- Benefit authorization (if not waived) for services to be immediately furnished at a hospital, clinic, provider office, or other place of service.
- Benefit authorization (if not waived), adjudication, and processing of prescription drug claims at the point of sale.
- Administration and tracking of enrollees' drug benefits in real time, including automated coordination of benefits with other payers.
- Operation of an enrollee exceptions and appeals process including Coverage Determinations.

- Operation of call center customer service, including translation services and pharmacy technical assistance.
- Production and mailing of essential documents including UAHP's Annual Notice of Change , Evidence of Coverage, Low Income Subsidy Rider, Multi-Language Insert, ID Cards, enrollment/disenrollment letters, formulary guides and enrollee transition supply letters.
- Support of any of the following activities: Medicare appeals, pre-service organization determinations, coverage determinations, utilization management and Medicare websites.

Section 2: Attestations

Directions: Please read the information below. Make one selection per section by checking one of the boxes.

❖ The Organization is contracted with UAHP for the following lines of business:

- Medicare Medicaid Both Medicare and Medicaid (SNP)

❖ Compliance Oversight Attestation

I attest that the Organization has policies and procedures in place to promptly respond to, resolve and report to UAHP all identified compliance deficiencies in accordance with CMS and/or the state Medicaid program AHCCCS rules, regulations and guidance.

Please select one:

- Option 1:** The Organization is in compliance with oversight requirements as set forth by CMS and the Arizona State Medicaid Program, AHCCCS (as applicable). **OR**
- Option 2:** The Organization is **not** in compliance with oversight requirements as set forth by CMS and the Arizona State Medicaid Program, AHCCCS (as applicable).

❖ Conflict of Interest Attestation

Please select one:

- Option 1:** Contractor has a process in place to effectively screen its governing bodies and senior leadership for conflicts of interest.
- Option 2:** The Organization is not in compliance with Conflict of Interest requirements as set forth by CMS Chapter 21, 50.6.4, 42 CFR §§ 422.503(b)(4)(vi)(F), 423.504(b)(4)(vi)(F), 42 CFR 1001.1901.

❖ Record Retention Attestation

Please select one:

- Option 1:** Contractor retains records to support this attestation including but not limited to time, attendance, topic, certificates of completion (if applicable), and test scores of any tests administered to Employees for at least ten (10) years, or longer if required by applicable law.
- Option 2:** The Organization is not in compliance with Record Retention requirements as set forth by CMS Chapter 21, Section 50.3.2, 42 C.F.R. §§ 422.503(b)(4)(vi)(C), 423.504(b)(4)(vi)(C), 42 CFR 422.504 (e) (4).

❖ HIPAA & Privacy Attestation

Health Insurance Portability and Accountability Act of 1996 and 45 Code of Federal Regulations. HITECH Act provisions within the American Recovery and Reinvestment Act of 2009. If the Contractor has access to UAHP's protected health information there must be a Business Associate Agreement (BAA). This also requires that the Contractor have a process to notify UAHP if a breach of unsecured protected health information occurs. Must provide notice to UAHP without reasonable delay and not later than 60 days from discovery of the breach.

Please select one:

- Option 1:** Contractor has appropriate safeguards and controls in place to protect and secure UAHP's protected health information from any intentional or unintentional use or disclosure.
- Option 2:** The Organization is not in compliance with HIPAA & Privacy requirements as set forth by set forth by CMS and the Arizona State Medicaid Program, AHCCCS.

❖ Compliance Training Attestation

For FDRs contracted with UAHP for the Medicare Line of Business: I attest that the Organization has policies and procedures in place to establish the requirements for Medicare Compliance training upon hire and annually thereafter to all persons (employees, temporary employees or downstream entities) involved in the administration or delivery of Medicare benefits.

Please choose all that apply:

- I attest that the Organization has completed the annual requirement of General Compliance and FWA Training as set forth by CMS.

- I attest that the Organization is enrolled with Medicare Part A and B and is deemed(applies to FWA training only).
- I attest that the Organization is **not** in compliance with the General Compliance and FWA training requirement as set forth by CMS.

❖ **For FDRs contracted with UAHP for the Medicaid Line of Business**

I attest that the Organization has policies and procedures in place to establish training requirements for all staff and has provided training for all staff on the following aspects of the False Claims Act:

- The administrative remedies for false claims and statements;
- Any State laws relating to civil or criminal penalties for false claims and statements; and
- The whistleblower protections under such laws.

Please select one:

- Option 1:** I attest that the Organization has policies and procedures in place to establish training requirements for all of the Organization’s staff on the False Claims Act and has trained all staff per our Organization’s policy on such.
- Option 2:** I attest that the Organization is not in compliance with the requirement to train on the False Claims Act as set forth by the Arizona State Medicaid Program, AHCCCS.

❖ **Compliance Program Guidelines Attestation**

Please select one:

- Option 1:** I attest the Organization has reviewed the Compliance Program Guidelines as stipulated in the Medicare Managed Care Manual Chapters 21 and 9 as applicable and is aware of its responsibilities as a First tier-Downstream or Related Entity (FDR) of UAHP; or
- Option 2:** I attest the Organization has **not** reviewed Compliance Program Guidelines as stipulated in the Medicare Managed Care Manual Chapters 21 and 9 as set forth by CMS.

❖ **For FDRs contracted with UAHP for the Medicaid Line of Business**

Please select one:

- Option 1:** I attest the Organization has reviewed the AHCCCS Contractor’s Manual Policies 103, 104 and 438 and is aware of its responsibilities as an Administrative Services Subcontractor.
- Option 2:** I attest that the Organization has **not** reviewed the AHCCCS policies noted above.

❖ **Code of Conduct Attestation**

Please select either Option 1 or Option 2

- Option 1:** I attest that the Organization has a Code of Conduct or Code of Ethics that includes a provision for reporting any potential violations of the code; and has a conflict of interest provision to ensure our governing bodies, and senior leadership responsible for the administration or delivery of Medicare and Medicaid benefits are free from any conflict of interest in administering or delivering said benefits.
 - I attest the Organization adopts and complies with UAHP’s Code of Conduct; or
 - I attest the Organization has adopted another Code of Conduct that is materially similar to the UAHP Code of Conduct and follows set standards. *(Please be prepared to provide copies if requested.)*
- Option 2:** I attest the Organization is **not** in compliance as set forth by CMS.

❖ **Audit Protocols Attestation**

Please select one:

- Option 1:** I attest that the Organization has the capability to conduct webinars of their systems upon request and if the plan and entity is selected for audit by CMS, the entity, upon request and as applicable, will permit personnel of the plan on-site access during any interviews, or system walkthroughs of applicable systems and the entity will provide a dedicated resource responsible for working with UAHP throughout the audit process; or
- Option 2:** I attest the Organization does **not** have the capability listed above to satisfy audit protocols as set forth by CMS.

❖ Sub-Delegation Activities Attestation

Please select one:

- Option 1:** I attest the Organization will notify UAHP at least ninety (90) days in advance, obtain UAHP approval and provide to UAHP a copy of any sub-delegation contract to ensure that all Medicare and delegation language is included (e.g., record retention requirements, compliance with all Medicare Part C & D, as required) and complete required attestation;

Please provide list of any sub-delegated activities:

- Option 2:** I attest that the Organization is **not** in compliance with sub-delegation Activities as set forth by CMS and AHCCCS.

❖ Offshore Activities Attestation

Please select one:

- Option 1:** I attest that the Organization will abide by the Offshore requirements outlined above.
- For Medicare, the Organization is required to complete an Offshore attestation providing additional details of any Offshore arrangement, including protection of PHI.
 - For Medicaid (AHCCCS), the Organization will not perform any work Offshore.
- Option 2:** I attest the Organization is **not** in compliance with reporting of Offshore Activities as set forth by CMS or AHCCCS.

❖ Exclusion Review Attestation

I attest the Organization has policies and procedures in place to review the Office of the Inspector General (OIG) and General Services Administration (GSA) exclusion lists upon initial hire and monthly thereafter to ensure that no employee, temporary employee, volunteer, consultant, governing body member responsible for administering or delivering Medicare benefits is excluded from federal health care programs and (ii) if the undersigned entity identifies an employee as being on such list(s), the undersigned entity will immediately remove the employee from any work related directly or indirectly to any Federal health care program and take appropriate corrective action, including notifying UAHP. Your organization will retain documentation to show that your organization conducted the required review of the lists. This information must be available upon request by UAHP or CMS and records should be maintained for 10 years.

Please select one:

- Option 1:** I attest the Organization is in compliance with Exclusion Review requirements as set forth by CMS and the state Medicaid program, AHCCCS.
- Option 2:** I attest the Organization is not in compliance with Exclusion Review as set forth by CMS and the state Medicaid program, AHCCCS.

❖ Standards for Business Continuity Plans

I attest that the Organization has a Business Continuity Plan which includes at minimum policies and procedures to protect the restoration of business operations following disruptions where business is not able to occur under normal conditions.

Please select one:

- Option 1:** I attest the Organization is in compliance with minimum standards for Business Continuity Plans as set forth by CMS and the state Medicaid program, AHCCCS.
- Option 2:** I attest the Organization is not in compliance with minimum standards for Business Continuity Plans as set forth by CMS and the state Medicaid program, AHCCCS.

Section 3: Organization Information and Signature

I, the undersigned, attest that I am an authorized representative with signature authority for the organization or company listed below, which is hereinafter referenced as the "Organization". The Organization is contracted with The University of Arizona Health Plans (UAHP) as a First Tier, Downstream or Related Entity (FDR) for UAHP's Medicare and/or Medicaid products.

As a UAHP Medicare and/or Medicaid contractor, I understand the Organization is subject to Federal and state laws related to the Medicare and Medicaid programs as well as CMS and AHCCCS rules, regulations and sub-regulatory guidance. This includes ensuring the Organization and the Organization's employees and downstream contractors are also required to abide by all Federal and Arizona State laws related to the Medicare and Medicaid programs as well as CMS and AHCCCS rules, regulations and sub-regulatory guidance. I attest on behalf of the Organization that all Organization employees and downstream entities (including the Organization's contractors and subcontractors) who provide health or administrative services for UAHP members through or on behalf of the Organization have access to compliance information provided by UAHP, through the UAHP website, secure provider portal, training materials, or other communications provided by UAHP.

Please note that the certification is intended to be completed at the contract level. If your Organization has multiple tax identification numbers (TINs) under one contract, please complete one form and list each TIN.

Organization Information

Date (xx/xx/xxxx): _____ Organization Name: _____

Compliance Contact Name & Title: _____

Email Address: _____

Phone Number (xxx) xxx-xxxx: _____

Fax Number (xxx) xxx-xxxx: _____

NPI (10 digits): _____

Tax Identification Number(s) (*required) (9 digits)

- | | | | |
|----------|-----------|-----------|-----------|
| 1. _____ | 6. _____ | 11. _____ | 16. _____ |
| 2. _____ | 7. _____ | 12. _____ | 17. _____ |
| 3. _____ | 8. _____ | 13. _____ | 18. _____ |
| 4. _____ | 9. _____ | 14. _____ | 19. _____ |
| 5. _____ | 10. _____ | 15. _____ | 20. _____ |

Authorized Representative Information

Authorized Representative Name: _____

Title: _____

Email Address: _____

Phone Number (xxx) xxx-xxxx: _____

By signature, I certify that the information provided here is true and correct and I understand that CMS, AHCCCS, The Arizona Department of Insurance and/or UAHP may request additional information to substantiate the statements made in this attestation:

Signature: _____ Date: _____

Upon completion, please send via one of the following methods:

The University of Arizona Health Plans - Compliance

Department Fax: (520) 874-7072

Mail: The University of Arizona Health Plans

Attention: Compliance Department

2701 E Elvira

Tucson, AZ 85756