

# CMS Attestation Form

Month DD, YYYY

In order to maintain your participation with Highmark, you must meet the Centers for Medicare & Medicaid Services (CMS) compliance requirements for First Tier, Downstream and Related Entity (FDR)s annually. Once you meet the program requirements, an authorized representative of your organization can complete and retain a copy of this attestation form for your records.

## CMS mandated compliance program requirements:

- General compliance and fraud, waste, and abuse (FWA) training
- Code of Conduct/compliance policies dissemination
- Exclusion list screenings
- Reporting mechanisms for potential FWA and compliance issues
- Offshore protected health information operation reporting
- Downstream entity oversight

**Failure to meet the FDR compliance requirement annually may affect your participation status.**

## Provider FWA and Compliance Training Attestation

I attest I am an entity representative who has signature authority for the group or organization listed below. Each provider and staff member related to this organization has completed the FWA & General Compliance Training requirements as stated in 42 CFR. §§ 422.503(b)(4)(vi)(C) and 23.504(b)(4)(vi)(C). My group or organization has reviewed the Medicare FWA Training & General Compliance Training.

I attest I am an entity representative who has signature authority for the group or organization listed below. Each provider and staff member related to this organization has completed the FWA & General Compliance Training requirements as stated in 42 CFR. §§ 422.503(b)(4)(vi)(C) and 23.504(b)(4)(vi)(C). My group or organization has reviewed the Medicare FWA Training & General Compliance Training.

First Name		Last Name	
Title			
Email Address			
Organization Name			
NPI Number			
Signature			