



CENTRAL HEALTH PLAN OF CALIFORNIA

First-Tier Individual Attestation Form

I hereby attest that I have completed and understand the CMS MLN “Combating Medicare Parts C and D Fraud, Waste, and Abuse (FWA)” and “Medicare Parts C and D General Compliance Training” Web-Based Training (WBT) Courses at <https://learner.mlnlms.com/> and agree to abide by the laws and regulations therein upon the initial term of my contractual status and annually thereafter.

I have read and agree to comply with all written compliance policies and procedures and Standards of Conduct available at <https://www.centralhealthplan.com/cpa/Home/ComplianceProg>.

I have not been convicted of, or charged with, a criminal offense related to health care, nor have I been listed by a federal agency as debarred, excluded or otherwise ineligible for participation in federally funded health care programs.

I agree to immediately disclose any event that makes me ineligible to perform work related directly or indirectly to Federal health care programs to Central Health Plan of California.

I agree to disclose any potential conflicts of interest with Central Health Plan of California.

I agree to report suspected violations of any laws or regulations to Central Health Plan of California. I understand that any violation of laws and regulations is grounds for disciplinary action, up to and including termination of my contractual status. I am aware that I am protected from retaliation for False Claims Act complaints, as well as any other applicable anti-retaliation protections.

Unless otherwise noted in the space immediately below, I am not aware of any possible violation of any law or regulation at this time.

Signature _____ Date _____

Name _____

Organization _____

Address 1 _____

Address 2 _____

City _____ State _____ Zip _____

Phone _____ E-Mail _____

Comments _____

Please complete the Attestation Form and return it to CHPC, using **any one of the following methods**:

- i. Scan and email the Attestation Form to the Compliance Department at compliance@centralhealthplan.com; OR
- ii. Fax the Attestation Form to 626-388-2367 (Attention: Compliance); OR
- iii. Mail the Attestation Form in the “Attachments” section of the Manual to:

Central Health Plan of California
 Attn: Compliance Department
 1540 Bridgegate Drive
 Diamond Bar, CA 91765