

Attestation Form

I certify that our office(s) and staff have received and understand the following documents listed below.

Please check (✓) **all** the following boxes below to confirm receipt of the appropriate documents:

- Offshore Attestation (check if not Offshore Providers are used. Complete and Return the Offshore Attestation if applicable).

- IMS MSO Trainings: Link <https://imsmsso.com/provider/#compliance-training>
 - Fraud, Waste, and Abuse Training
 - General Compliance Training
 - HIPAA Training
 - Code of Conduct Training
 - Advanced Directive Training
 - Cultural Competency & Linguistics Training

- SCAN Special Needs Plan Model of Care (“SNP MOC”) Training: Link <https://www.scanhealthplan.com/providers/clinical-guidelines-and-practice-tools/snp-model-of-care-training>

- Brand New Day Compliance Special Needs Plan Model of Care (“SNP MOC”) Training: Link <https://bndhmo.com/providers/provider-compliance-training/>
 - Completed for Employees, Providers, Vendors, Contractor

For Questions, email the Compliance Department at Compliance@imsmsso.com.

Provider/Group Name: _____
Print Name: _____
Signature: : _____
Date: _____

Please return this signed form **no later than August 30th, 2023**. One (1) form per organization is acceptable with an attached update Provider Roster.

The Attestation Form may be scanned and e-mailed to providerrelations@imsmsso.com or faxed to 323-798-3028.

Sincerely,

Michelle Schlingmann

Director of Provider Services