2017

UNIFIED PHYSICIANS NETWORK, INC.

PROVIDER ATTESTATION CORPORATE COMPLIANCE

&

GOVERNMENT PRODUCTS COMPLIANCE TRAINING

I, _____, the undersigned Provider,
(PRINT PROVIDER NAME ABOVE)

and representing the provider practice known as:

_____
(PRINT PROVIDER PRACTICE NAME ABOVE)

hereby attests and warrants that I have been provided a copy of the Unified Physicians Network, Inc. ("Unified") Corporate Compliance & Government Products Compliance Training Manual ("Manual") accompanied by correspondence explaining how I, and the above referenced practice, can meet Unified Corporate Compliance and Government Products Compliance Training requirements mandated by State and Federal agencies, including Illinois Health and Family Services ("IHFS") and the Center for Medicare & Medicaid Services ("CMS").

Provider attests and warrants that the Provider and any and all provider office personnel, who come into contact with a patient, have received and reviewed the Manual in its entirety and completed the training modules contained therein by **reviewing them on an individual basis or by attending a staff meeting designated for the training**. The date(s) of the individual and/or staff training are indicated in the **Compliance Training Verification Log** attached hereto.

Provider further attests and warrants that the Provider and any and all provider office personnel, who come into contact with a patient, have received and reviewed Unified's **Conflict of Interest Policy** and have executed a **No Conflict of Interest Statement** in 2016 which is maintained on file in the Provider's office and available for audit as requested by Unified and/or state and federal auditors.

_____
Authorized Provider Signature

_____
Printed Name of Signatory

_____
Date Signed

UPN COMPLIANCE TRAINING VERIFICATION LOG

Provider Name: _____

Practice Name: _____

PRINT FIRST NAME	PRINT LAST NAME	TITLE	SIGNATURE	DATE TRAINING COMPLETED	METHOD OF TRAINING Place an "X" in the appropriate column	
					INDIVIDUALY REVIEWED COMPLIANCE TRAINING MANUAL	ATTENDED STAFF MTG DESIGNATED FOR TRAINING

2017

UNIFIED PHYSICIANS NETWORK, INC.

NO CONFLICT OF INTEREST STATEMENT

I, _____, the undersigned person,
(print your name above)

and a provider, physician or employed staff member of the below listed practice/organization known as:

_____
(print practice name above)

attests and warrants that I have been provided a copy of the Unified Physicians Network, Inc. ("Unified") Conflict of Interest Policy and reviewed the policy. Upon review of the policy and in keeping with this policy, I have determined that I have no conflict of interest and no conflicts requiring disclosure.

_____
Signature of Person Listed Above

_____
Date Signed

Frequently Asked Questions

Is participation in the compliance training program mandatory?

Yes. Failure to complete the compliance training will result in termination from Medicare and Medicaid products

Do all staff members complete the program?

Yes. Any individuals that has any contact with patients including providers, staff members, and billers must complete the compliance training program on an annual basis.

What if a new staff member joins my practice?

All staff members must complete the compliance training program within 90 days of hire. Add their name on the log and retain a copy for your records. You do not have to resubmit the log or attestation unless it is requested by the medical group.

Does each practice location need a copy of the compliance training manual?

Yes. If your practice has multiple locations, each location must retain a copy of the compliance training manual and log.

I only see Medicare patients. Does my practice and its staff need to complete all seven (7) modules of the training?

No. If your practice does not see Medicaid patients you only need to complete the Fraud, Waste, and Abuse section of the training.

My practice is affiliated with multiple groups though the BCBS Government products. Does my practice need to do the training for each medical group?

Yes. As to the Policies and Procedures which are IPA specific and No as to the Training Modules, if you have completed the identical modules through another group or individually on line. All training must occur annually and during the year contained in the attestation. You must still submit proof of completion by submitting a copy of the completed Unified Attestation and a copy of the Verification Log.