



Dear Provider Partner:

As a participating provider with *AMDC, IPA, SEJONG, IPA, and/or STEWART MEDICAL GROUP* you and your staff are required to complete CMS compliance trainings and review the S & S Management, Inc. Code of Conduct on an annual basis.

Documents to meet compliance requirements for 2018 are available as follows:

Medicare Parts C&D General Compliance Training

<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/MedCandDGenCompdownload.pdf>

Combating Medicare Parts C&D Fraud, Waste and Abuse Training

<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/CombMedCandDFWAdownload.pdf>

S & S Management, Inc. Code of Conduct

<https://sands.quickcap.net>

go to: Provider Documents

Please review these documents and complete the enclosed **2018 General Compliance Attestation** on behalf of your organization.

Should you have any questions, please contact *Orlando Mendoza, CPCO* at 626-943-7465 x 428

2018 GENERAL COMPLIANCE TRAINING ATTESTATION

Provider Name: _____

Provider NPI: _____ **Provider Specialty:** _____

Provider Primary Address: _____

Provider Primary Phone #: _____

This applies to the following IPA/Medical Groups in which I have active contracts. Please check all boxes that apply:

AMDC, IPA **Sejong, IPA** **Stewart Medical Group**

I attest to the following:

- 1) My staff and I have reviewed the S & S Management, Inc. **Code of Conduct for 2018**.
- 2) My staff and I have completed the CMS “**Medicare Parts C&D General Compliance Training**” using the **2018** CMS training document or an alternate equivalent.
- 3) My staff and I have completed the CMS “**Combating Medicare Parts C&D Fraud, Waste and Abuse Training**” using the **2018** CMS training document or an alternative equivalent.

I have completed the above and certify it as true and accurate as of

_____, **2018**.

I agree to notify S&S Management, Inc.’s Compliance Officer immediately upon discovery of any FWA, noncompliance, or suspected violation of the HIPAA, HITECH Act, Medicare Advantage, CMS regulations, or any other statute, regulation, and/or policy and procedure, and may do so by;

- Calling the Corporate Compliance Hotline at **(855) 662-SAFE**.
- Submitting a report through the anonymous Compliance Reporting website:
<https://www.safehotline.com/SubmitReport>
Company ID: **4237443530**
- Emailing the S & S Management, Inc. Compliance Mailbox:
4compliance@sandsmanagement.com

I agree to provide requested documentation to substantiate training and compliance with the above.

PRINT NAME: _____ **TITLE:** _____

SIGNATURE: _____ **DATE:** _____

PLEASE RETURN COMPLETED ATTESTATIONS TO: 626-458-8051