

# Annual Compliance Attestation 2024

Organization Name: \_\_\_\_\_

TIN \_\_\_\_\_

Signature\* \_\_\_\_\_

Date \_\_\_\_\_

*\*By signing this document, I am attesting on behalf of staff and providers who practice under the above noted TIN. Evidence of compliance must be submitted to OHSU Health IDS/THPS upon request.*

## Requirements:

1. All Staff and Providers to review Compliance, Fraud, Waste and Abuse booklet. (Download at [www.ohsu.edu/health-services.edu](http://www.ohsu.edu/health-services.edu))  
Date completed: \_\_\_\_\_
2. Date attestation if you agree to the following: My office reviews the exclusion lists before hire and monthly thereafter for all employees, staff and downstream entities (**OIG & SAM**).  
Date attested: \_\_\_\_\_
3. All employees must complete an **OHA-approved Cultural Competence Training**. For providers, their cultural competency course for licensure will suffice.  
Date completed: \_\_\_\_\_

## What to return:

1. Billing providers' Compliance, Fraud, Waste and Abuse signed training acknowledgements.
2. This attestation with organization information, all dates and signature completed.

Send completed forms to  
[OHSUHealthPrvRelations@ohsu.edu](mailto:OHSUHealthPrvRelations@ohsu.edu)



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