



National Vision Administrators, L.L.C.

**National Vision Administrators, L.L.C.
Compliance Attestation**

The undersigned Individual/Tax Entity Owner/Provider Organization certifies and attests that all employees responsible for the provision of vision care services for Medicare or Medicaid beneficiaries receive Health Insurance Portability and Accountability Act (HIPAA) and Cultural Competency training within 90 days of contracting or hire and annually.

The undersigned further attests that it is responsible for tracking and monitoring its employees' completion of the training and retains such acknowledgments of training for a period of 10 years and will, upon request by NVA, produce such acknowledgements to validate that the required training has been completed.

☐ I attest to completion of annual compliance training, as required. Staff and contractor/vendor training is completed within 90 days of hire/contracting and annually. Date training completed _____.

☐ I attest to completion of annual FWA training, as required. Staff and contractor/vendor training is completed within 90 days of hire/contracting and annually. Date training completed _____.

☐ I attest all staff has completed annual HIPAA Training. Date Training Completed _____.

☐ I attest all staff has completed annual Cultural Competency training, as required. Date training completed _____.

☐ I attest that all employees, including Contractors, Agents, Board Members, and Consultants, if applicable, received a copy of a Code of Ethics/Standards of Conduct, Compliance policies, and Conflict of Interest policy within 90 days of hire and annually (if provider has no Code of Ethics, Conflict of Interest policy, or compliance policies, NVA's *Principles of Business Ethics* and compliance policies are available on the provider portal or may be requested by contacting NVA at the phone numbers or email addresses below).

☐ I attest that all employees, including Contractors, Agents, Board Members, and Consultants, if applicable, were verified at the time of hire/contracting, as well as on a monthly basis thereafter, and are not excluded from participating in Federally funded health care programs according to the HHS OIG exclusion and GSA debarment lists. I also attest that all delegated vendors/contractors are monitored on a monthly basis.

☐ I agree to report all issues of non-compliance to NVA within one (1) business day from the date identified. Report FWA, HIPAA, or compliance issues to NVA by phone at **1-888-328-0421**, or by email at reportit@e-nva.com.

Name of Organization

Tax ID

Name of Organization's Representative

Representative's Title

Signature

Date Signed

Please return signed attestations by any of the following methods:

- Email to Credentialing at credentialing@e-nva.com;
- Fax Professional Services at 1-855-443-1949;
- Mail to National Vision Administrators, L.L.C., PO Box 2187, Clifton NJ 07015, Attn: Professional Services

*****Training and Attestation must be completed by December 31*****