

## **Employee Roster for General Compliance and Fraud, Waste & Abuse Training**

ASH<sup>1</sup> contracts with Medicare Advantage Organizations, Medicaid Managed Care Plans and Qualified Health Plan (QHP) Issuers to provide benefits to their members. Because these programs are paid for with federal and/or state tax dollars there are specific compliance requirements that the Medicare Advantage Organizations, Medicaid Managed Care Plans and QHP Issuers require ASH and its Contracted Providers meet such as training. The term “Contracted Providers” includes all contracted practitioners, contracted providers, credentialed practitioners and contracted virtual providers who are contracted to provide health care services to Medicare Advantage, Medicaid and QHP beneficiaries.

As outlined in your Provider Services Agreement and Operations Manual, you and your employed and contracted persons<sup>2</sup> that provide health and/or administrative services to Medicare, Medicaid and/or QHP members must complete a General Compliance and Fraud, Waste and Abuse training that reflects a commitment to compliance and detecting, preventing, and correcting fraud, waste and abuse. You can complete the General Compliance and Fraud, Waste and Abuse Training that is available on ASHLink or a substantially similar training.

**The required training must be completed by you and your employed and contracted persons that provide health and/or administrative services to Medicare, Medicaid and/or QHP members within 30 days of initial hiring and annually thereafter.**

Below please find a sample employee roster that you can use to document that the training occurred. You can also use your own roster if it captures the names of your impacted employees, their hire date or contract start date, and the date they completed these trainings. The training records must be kept on file for at least 10 years after the final date of the applicable member benefit plan contract period. ASH, its clients and/or regulatory agencies may request a completed roster and/or proof of training completion for audit purposes.

**Signature of Contracted Provider:** \_\_\_\_\_

**Please Print Name of Contracted Provider:** \_\_\_\_\_

**Contracted Provider NPI:** \_\_\_\_\_

#	Employee / Contractor Name	Hire/Contract Date (mm/dd/yyyy)	General Compliance & Fraud, Waste & Abuse Training Date Completed (mm/dd/yyyy)

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<sup>1</sup> References to "ASH" include both American Specialty Health Plans of California, Inc., American Specialty Health Group, Inc., American Specialty Health IPA of NY, Inc. and ASHCare Virtual Services, Inc.

<sup>2</sup> The term “employed and contracted persons” includes any employees, temporary employees, volunteers, interns, consultants, governing body members and Contracted Provider’s downstream entities.

