



Transportation Provider Compliance Attestation

On behalf of _____ (the **Transportation Provider Company**) (the "Company"), I certify that all owners and drivers providing non-emergency medical transportation services for Modivcare received, reviewed, and successfully completed the following (or substantially similar) education and training:

- Modivcare's Code of Conduct ("COC")
- Modivcare Transportation Provider Compliance Training (*Medicare/Medicaid General Compliance and Fraud, Waste, and Abuse, HIPAA Privacy and Security, the Americans with Disabilities Act, Health, Safety, and Welfare, and Cultural Competency.*)
- Accident/Incident Report Form & Instructions

I further certify that:

- The Company has had an opportunity to ask questions about the COC, the Accident/Incident Report Form, and the trainings listed above, and agrees to comply with them.
- The Company maintains records (e.g., employee acknowledgements, training rosters or certificates of completion) that indicate the owners and drivers providing non-emergency medical transportation services for Modivcare have completed the training listed above for the calendar year, will retain these records for at least 10 years, and will provide them to Modivcare without charge and upon request.
- Any new employees that will provide services to Modivcare must complete all the education and trainings referenced above within thirty (30) days of hire.
- The Company shall notify Modivcare immediately of any accident, incident, and/or moving violation involving any of its drivers/vehicles providing services for Modivcare. Drivers maintain a copy of the Accident/Incident Report Form in their vehicle and will cooperate with Modivcare during any ensuing investigation.
- The Company has a conflict of interest policy or complies with the conflict of interest policy found in the COC.
- The Company does not engage in offshore operations, including any activities involving the receipt, viewing, processing, transferring, handling, storing, or accessing protected health information (as defined by HIPAA and other applicable law) outside of the United States.
- Modivcare is permitted to produce this Attestation to its state agency and managed care organization clients for purposes of demonstrating the Company's compliance with applicable laws, regulations, and contractual requirements.

As an authorized representative of an entity that has a written agreement with Modivcare, I certify that the statements above are true and correct to the best of my knowledge.

Printed Name and Title _____ *Transportation Provider Company*

Signature _____ *Date*

If you have any questions, please don't hesitate to contact Modivcare's Compliance Team at: TPCompliance@modivcare.com.



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Transportation Provider Training Roster

Transportation Provider Company Name: _____

Employee Full Name	Completion Date & Time	Employee Signature <i>(Attesting to review of Modivcare Code of Conduct, Transportation Provider Compliance Training, and Accident/Incident Reporting)</i>

If you have multiple drivers who provide services for Modivcare and it is challenging to coordinate completion of one Roster form, please have each individual driver complete their own Roster and return to TPCompliance@modivcare.com.