

Medicare Mandated Training for Employees, Executives, and Board Members
ATTESTATON of Completion

This attestation covers KOVA Healthcare, Inc. and its subsidiaries.

I hereby acknowledge that I received, read, and understand the KOVA training materials provided to me. I am aware that I may ask questions at any time by contacting my supervisor or the Compliance Officer. I am aware that company policies and procedures are located in the company secure Office 365 in the KOVA Training and Policies folder.

I know who the Compliance Officer is and how to contact her by phone at 559-207-3198, or by email to AmyS@KOVAhealth.com The training provided to me included components for Compliance, Fraud/Waste/Abuse, HIPAA Privacy and Security, Code of Conduct, and Special Needs Models of Care (SNP MOC) per regulatory requirements.

- General Compliance
- Fraud Waste and Abuse Part 1
- Fraud Waste and Abuse Part 2
- HIPAA – Security & Privacy
- P&P Location Notification
- Code of Conduct
- Special Nees Plan (SNP) Models of Care

I further understand that it is mandatory that I report concerns and incidents to Amy Stodola by email AmyS@KOVAhealth.com or by phone 559-207-3198 as soon as possible and in no more than twenty-four (24) hours. Any of the following should be reported: questionable practices, possible non-compliance, potential fraud, lost equipment or files, and data breaches that could put confidential members or company information at risk. I further attest that I agree to keep strictly confidential the following types of information: members’ personally identifiable information (PII); members’ protected health information (PHI); physician’s credentialing information; and company proprietary information.

Printed Name:	
Signature:	
Dates:	