

# Attestation of Medicaid and Medicare Compliance, HIPAA Privacy & Security and Fraud, Waste and Abuse (FWA)

The undersigned organization/person (the “Organization/Person”) certifies and attests that as a first-tier entity, downstream entity or related entity (as such terms are defined by Centers for Medicare and Medicaid Services (“CMS”), it has obtained and/or conducted Compliance, HIPAA Privacy & Security, and Fraud, Waste and Abuse awareness trainings (“Compliance/HIPAA/FWA Trainings”) for it and for all of its personnel and employees, as applicable, (including, the chief executive, senior administrators or managers, and governing body members), as required for the 2024 calendar year by the CMS rules in 42 C.F.R. Parts 422 and 423; and 438 – Managed Care.

Please select the method of education and training that your organization chose to comply with the federal rule requirement and return the completed Attestation Form to Sunshine Health by facsimile at 1-866-796-0540 or email a scanned copy to [ComplianceFL@centene.com](mailto:ComplianceFL@centene.com).

- Took training and education provided by Sunshine Health.
- Took training and education provided by a Medicaid and/or Medicare Plan Sponsor or other source.

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**Name of Organization/Person**

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**Name of Organization’s Representative** *(please print)*

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**Representative’s title**

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**Signature** \_\_\_\_\_ **Date signed** \_\_\_\_\_