



## 2016 Compliance Program and Code of Conduct Attestation

As a first tier, downstream, or related entity of Molina Healthcare that participates in one or more Molina Medicare products, the organization named in the signature block below attests to the following:

- I understand that Molina Medicare makes available via the Molina website\* its Medicare Compliance Program, Code of Business Conduct and Ethics, information on reporting and resolving compliance issues, and policies concerning non-retaliation, document retention, and disciplinary actions for failure to adhere to Molina Medicare policies. \*Visit [www.molinahealthcare.com](http://www.molinahealthcare.com), select "Health Care Professionals", choose "Medicare" or "Dual Options," and scroll down to the Molina Compliance Program and Compliance Training menus to make your selection.
- The organization named below agrees to abide by the standards specified in the foregoing materials, and/or adopt and follow a code of conduct, compliance program, and compliance policies particular to its own organization that reflects a commitment to detecting, preventing, and correcting non-compliance with Medicare requirements in the delivery of Medicare services, to include detecting, preventing, and correcting fraud, waste, and abuse (FWA).
- The organization named below agrees to distribute the code of conduct and compliance policies to all employees and contracted entities that participate in the delivery of Molina Medicare products. Compliance materials are distributed within 90 days of hiring or contracting, each time the policies are updated, and annually thereafter.
- The organization named below agrees to obtain attestations of compliance with these standards from entities with which it contracts to provide health, prescription, and/or administrative services to Molina Medicare enrollees, and upon request, will obtain a copy of their code of conduct, compliance program, and compliance policies to verify that those entities comply with the aforementioned standards.
- The organization named below agrees to maintain documentation in support of this attestation for a minimum of ten years, such as compliance materials, training sign-in sheets, emails, staff memos, or other evidence of the distribution of compliance materials to staff and downstream contracted entities.
- I understand that Molina Healthcare will audit a sample of contracted entities each year to validate compliance with CMS regulations and documentation requirements.

By signing below, you attest that your organization understands and will abide by the standards specified above, and will furnish materials upon request to validate that the representations made in this attestation are accurate

Print Name:	Name of Organization:
Signature:	Date Signed:

Contact person for questions:

Name:	
Phone:	
Email:	

Please return completed attestation by mail or email:

**Email:**

[MDO@MolinaHealthCare.Com](mailto:MDO@MolinaHealthCare.Com)

**Mail:**

Molina Healthcare Medicare Compliance  
Attention: Joanne Valenzuela  
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