



ACO Participant and Preferred Provider Compliance Program Attestation 2020

CHC Member or ACO Participant or Preferred Provider Name and Address	
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Chicago Health Colleagues has adopted ACO participant compliance principles set forth by Trinity Health ACO for its network members. All Chicago Health Colleagues members should attest to the ACO policies outlined below regardless of their participation with the Trinity Health ACO.

Trinity Health ACO is enrolled as an Accountable Care Organization ("ACO") participating in the Medicare Next Generation Model Program. The Centers for Medicare and Medicaid Services ("CMS") requires Trinity Health ACO to maintain a compliance plan that meets certain minimum elements as specified in Next Generation Model Participation Agreement. These requirements include the provision of compliance training for the ACO and its ACO Participants and Preferred Providers.

As an ACO Participant or Preferred Provider in Trinity Health ACO or the Chicago Health Colleagues, the above named organization attests to the following:

- Trinity Health ACO's Code of Conduct and Integrity & Compliance policies have been provided to all Participants and Preferred Providers;
- Trinity Health ACO's compliance training program has been provided to ACO Participants and Preferred Providers and is also available at bit.ly/chc2020video
- Participants and/or Preferred Providers in Trinity Health ACO have reviewed the Integrity & Compliance Program materials and training program referenced above;
- Participants and/or Preferred Providers agree to abide by the Trinity Health ACO Code of Conduct and Integrity & Compliance Program policies throughout its participation in Trinity Health ACO;
- Participants and/or Preferred Providers agree to timely notify Trinity Health ACO of any probable violations of law related to its participation in Trinity Health ACO, and understands Trinity Health ACO is obligated to report probably violation of law to an appropriate law enforcement agency.

<i>Signature:</i>	<i>Date:</i>
<i>Print Name:</i>	
<i>Title:</i>	

Complete Page 2 if this attestation is intended to cover more than one individual.

Please return the completed attestation to Julie Stephens at jstephens@paloshealth.com or fax 708-923-4268. Thank you.

