

# Attestation of Education and Training Completion For Calendar Year 2021

As a subcontractor *or* first tier, downstream or related entity providing services to Blue Cross and Blue Shield of Minnesota and/or Blue Plus (hereafter Blue Cross), [Insert Your Organization Name Here] attests that it has received, read and understands Blue Cross Code of Conduct<sup>1</sup>. [Insert Your Organization Name Here] agrees to implement and distribute to employees, contractors and subcontractors, whether full-time, part-time, temporary or otherwise, involved in administering Medicare Part C, Medicare Part D, or Medicaid services, either Blue Cross' code or comparable standards of conduct established by your organization.

[Insert Your Organization Name Here] further attests that it has provided Blue Cross' Medicare/Medicaid General Compliance and Fraud, Waste and Abuse (FWA) Training<sup>2</sup> or comparable training to employees, contractors and subcontractors, involved in administering Medicare Part C, Medicare Part D, or Medicaid services.

By signing below, you also attest that your organization will furnish evidence to support the completion of the items set forth in this attestation if requested by Blue Cross, including, without limitation, training logs and certifications. All employees' training records must be retained for a minimum of eleven (11) years (10 prior years plus the current year). These records must include the following details: time, attendance, topic, certification of completion, if applicable, and test scores, if any.

\_\_\_\_\_  
Signature\*\*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name of organization representative

\_\_\_\_\_  
Representative's title

*\*\*This attestation should be signed by an officer or person with authority to bind the entity.*

Please sign and return by:

E-mail: [medicare.compliance.training@bluecrossmn.com](mailto:medicare.compliance.training@bluecrossmn.com)

Fax: (651) 662-6892

Mail: ATTN: Government Markets Compliance  
Blue Cross and Blue Shield of Minnesota  
P.O. Box 64560  
St. Paul, MN 55164-0560

<sup>1</sup> <https://www.bluecrossmn.com/sites/default/files/DAM/2021-03/Blue-Cross-MN-Code-of-Conduct-nolinks.pdf>

<sup>2</sup> [https://www.bluecrossmn.com/sites/default/files/DAM/2020-09/P11GA\\_26700570-BCMN\\_Medicare\\_2020\\_ProviderTraining.pdf](https://www.bluecrossmn.com/sites/default/files/DAM/2020-09/P11GA_26700570-BCMN_Medicare_2020_ProviderTraining.pdf)