



1 Cameron Hill Circle
 Chattanooga, TN 37402-0001
 bluecare.bcbst.com



Deficit Reduction Act - Training Attestation

I hereby attest that I have read and understand the Fraud and Abuse Section and the standards and ethical guidelines outlined in the Code of Conduct in the *BlueCare Tennessee (BCT) Provider Administration Manual* (available on bcbst.com and bluecare.bcbst.com) which includes:

- The Deficit Reduction Act (DRA) of 2005
- False Claim Act (Title 31, Section 3729)
- BlueCross BlueShield of Tennessee Code of Conduct
- BlueCross BlueShield of Tennessee Fraud and Abuse Hotline
- Bureau of TennCare Fraud website and Hotline

I have written policies and procedures that include detailed information of the DRA of 2005 which includes the False Claim Act and detecting and preventing fraud, waste and abuse. I have provided education to my employees on the above information.

 Group Practice/Individual Provider Name Group Practice/Physician NPI Individual Provider NPI

 Printed Name of Signature Title

 Authorized Signature Date

** A scanned, imaged, electronic, photocopy or stamp of the above signature shall have the same force and effect as an originally executed signature.*

Please fax to (423) 535-5808 or (423) 535-3066

As a representative of BlueCross BlueShield of Tennessee, I have reviewed the above provider's:

- Policies and procedures as required by the DRA of 2005
- Training materials (Either the provider has developed his/her own or I have provided BlueCare Tennessee materials)

 Provider Network Manager Date