

## 2023 Annual Transportation Provider Compliance Attestation

On behalf of \_\_\_\_\_ (the **Transportation Provider Company**) (the “Company”), I certify that all owners and drivers providing non-emergency medical transportation services for Modivcare received, reviewed, and successfully completed the following (or substantially similar) education and training:

- Modivcare’s Code of Conduct (“COC”)
- Modivcare Transportation Provider Compliance Training (*Medicare/Medicaid General Compliance and Fraud, Waste, and Abuse; HIPAA Privacy and Security; The Americans with Disabilities Act (ADA); Health, Safety, and Welfare; and Cultural Competency*)
- Accident/Incident Report Form & Instructions
- If you are contracted with Modivcare as an Out-of-Network provider: Credentialing Reminders for Out-of-Network Transportation Providers

I further certify that:

- The Company complies with all applicable local, state, and Federal laws and regulations required to provide non-emergency medical transportation services, including but not limited to driver criminal background checks and state and federal exclusionary database screening.
- The Company is in compliance with all the requirements described in their Business Associate Agreement with Modivcare.
- The Company shall notify Modivcare immediately of any accident, incident, and/or moving violation involving any of its drivers/vehicles providing services for Modivcare. Drivers maintain a copy of the Accident/Incident Report Form in their vehicle and will cooperate with Modivcare during any ensuing investigation.
- The Company maintains records (e.g., employee acknowledgements, training rosters or certificates of completion) that indicate the owners and drivers providing non-emergency medical transportation services for Modivcare have completed the training listed above for the calendar year, will retain these records for at least 10 years, and will provide them to Modivcare without charge and upon request.
- The Company complies with the conflict of interest policy found in the COC.
- The Company does not engage in offshore operations, including any activities involving the receipt, viewing, processing, transferring, handling, storing, or accessing protected health information (as defined by HIPAA and other applicable law) outside of the United States.
- Modivcare is permitted to produce this Attestation to its state agency and managed care organization clients for purposes of demonstrating the Company’s compliance with applicable laws, regulations, and contractual requirements.
- The Company has had an opportunity to ask questions about the COC, the Accident/Incident Report Form, and the training listed above, and agrees to comply with them.
- **Any new employees that will provide services to Modivcare must complete all the education and training referenced above within thirty (30) days of assignment.**

As an authorized representative of an entity that has a written agreement with Modivcare, I certify that the statements above are true and correct to the best of my knowledge.

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*Printed Name and Title*

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*Transportation Provider Company*

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*Signature*

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*Date*



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## Transportation Provider Training Roster

Transportation Provider Company Name: \_\_\_\_\_

Employee Full Name	Completion Date & Time	Employee Signature <i>(Attesting to completion of Modivcare Code of Conduct and Transportation Provider Compliance Training)</i>

*If you have multiple drivers who provide services for Modivcare and it is challenging to coordinate completion of one Roster form, please have each individual driver complete their own Roster and return to [TPCompliance@modivcare.com](mailto:TPCompliance@modivcare.com).*