

Aetna Better Health of Oklahoma Training Attestation

Dear Valued Partner:

As a partner with Aetna Better Health of Oklahoma (AHBOK) you are required to be compliant with all applicable federal, state, and Centers for Medicare & Medicaid Services (*CMS*) regulations. By completing the attestation in the link below, you certify that your organization is committed to ensuring compliance with all applicable federal, state and CMS regulations including provisions of 42 C.F.R. § 438.610 regarding prohibited Contractor affiliations and all relevant State and federal laws, regulations, policies, procedures, and guidance, including updates and amendments to these documents or any such standards. The

This letter serves as our official request for your compliance with all federal, state and CMS requirements. Please complete this form in its entirety and return within **30 days** of this notice to <u>ABHOKVendorMgmt@aetna.com</u>.

Aetna Better Health of Oklahoma SoonerSelect Program Overview -External Partners: This training is designed to provide important information to ensure ABHOK's community and provider partners feel confident and competent to serve ABHOK's SoonerSelect members. The Aetna Better Health of Oklahoma SoonerSelect Program Overview can be found here:

https://www.aetnabetterhealth.com/content/dam/aetna/medicaid/oklahoma/pdf/abhok_SoonerSelect_Program_ _Overview_External.pdf

<u>Aetna Better Health of Oklahoma Compliance Education:</u> We are required to communicate through our Aetna Better Health/CVS Health Compliance Program and Code of Conduct the importance and expectation of compliance. Please disseminate the attached to any individuals or entities you employ or contract to perform administrative health services on behalf of Aetna Better Health of Oklahoma. The Aetna Better Health /CVS Health Compliance Training and Code of Conduct can be found here:

https://www.cvshealth.com/content/dam/enterprise/cvs-enterprise/pdfs/cvs-health-code-of-conduct.pdf

<u>Aetna Better Health Cultural Competency Training:</u> Please review and disseminate the attached Aetna Better Health Cultural Competency training to any individuals or entities you employ or contract to perform administrative health services on behalf of Aetna Better Health of Oklahoma. **The Aetna Better Health of Oklahoma Cultural Competency Training can be found here:**

https://www.aetnabetterhealth.com/content/dam/aetna/medicaid/oklahoma/pdf/abhok Provider Cultural C ompetency_Training.pdf

<u>Privacy and Security Critical Incidents/Significant Events Training:</u> If a Critical Incident/Significant Event involves an Aetna Better Health Enrollee; **you must notify us immediately** from the time the incident/event is identified. ABHOK is required to report the incident/event to the Oklahoma Health Care Authority **within one (1) hour** from the time the incident/event is identified. The Aetna Better Health of Oklahoma Critical Incidents/Significant Events Training can be found here:

https://www.aetnabetterhealth.com/content/dam/aetna/medicaid/oklahoma/pdf/abhok_Privacy_a nd_Security_Training.pdf

□ The Aetna Better Health/CVS Health **Compliance Training, Code of Conduct, Cultural Competency and Privacy and Security Critical Incidents Training** was distributed to our organization. We have provided each of these trainings to all our employees initially within 30 days of hire or contracting, upon revision, and will continue to provide it annually thereafter.

Aetna Better Health of Oklahoma



As authorized representative for the below named organization, I certify that the above statements are true to the best of my knowledge, and that my organization maintains records that support our compliance.

Organization Name*		
Organization Address, Line 1*		
Line 2		
City*	State*	Zip Code*
Organization's Authorized Representat	ive*	
Organization's Authorized Representat	ive's Title*	
Organization's Authorized Representati	ve Phone Number*	
Organization's TIN Number*		

Date: *