



BlueCareSM
TennCareSelect

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Chattanooga, Tennessee 37402
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Deficit Reduction Act - Training Attestation

I attest that I have read and understand the Fraud and Abuse section of the Deficit Reduction Act (DRA) training and the standards and ethical guidelines outlined in the Code of Conduct in the [BlueCare Tennessee Provider Administration Manual](#), which include:

- The DRA of 2005
- False Claim Act (Title 31, Section 3729)
- BlueCare Tennessee Code of Conduct
- BlueCross BlueShield of Tennessee® Fraud and Abuse Hotline
- Division of TennCare Fraud website and hotline

I have written policies and procedures with detailed information about the DRA of 2005, which includes the False Claim Act and detecting and preventing fraud, waste and abuse. I attest that this organization's employees and subcontractors who support the BlueCare Tennessee contract have completed the training provided by BlueCare Tennessee and that records will be maintained to substantiate that this training was delivered.

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

Printed Name of Signature	Title

Authorized Signature	Date

Please note: A scanned, imaged, electronic, photocopy or stamp of the above signatures will have the same force and effect as an originally executed signature.

Please fax the completed form to (423) 535-5808 or (423) 535-3066.

This section to be completed by BlueCross BlueShield of Tennessee.

As a representative of BlueCross BlueShield of Tennessee, I have advised the above provider of the requirement to have the following:

- Policies and procedures as required by the DRA of 2005
- Training materials (The provider has either developed their own or I have provided BlueCare Tennessee materials)

Provider Network Manager

Date