Wisconsin Family Provider Compliance Attestation Form

Wisconsin | Anthem Blue Cross and Blue Shield | Family Care programs

Provider information

Provider legal and DBA name: _____

Tax ID: _____ NPI: _____Medicaid ID: _____

Certification or license #(s): _____

Credentialing and background checks assessment — applicable to all Family Care services

Acknowledge your compliance by selecting **Yes**, noncompliance, or partially meets by selecting **No** or **N/A** if not applicable.

Provider agrees to submit all required documents for network participation upon our request, with credentialing updates potentially required annually, every three years for re-credentialing, and every four years for Criminal Background Check documents, in accordance with **Wis. Stat. § 50.065** and **Wis. Admin. Code § DHS 12**.	☐ Yes	☐ No	☐ N/A
Provider has completed employee and subcontracted staff required criminal background checks in line with **Wis. Stat. § 50.065, Wis. Admin. Code § DHS 12**, and is adhering to all reporting, hiring, and contracting obligations as outlined in Chapter DHS 12 Caregiver Background Checks and Chapter DHS 13 Reporting and Investigation of Caregiver Misconduct **Wis. Admin. Code § DHS 13**.	☐ Yes	☐ No	☐ N/A
Provider agrees to validate the credentials of their health professionals and service workers employed or subcontracted. Furthermore, provider agrees to inform us of any licensure changes, as well as ensure Medicaid-certified professionals provide proof of education, board certification, and recertification details upon request.	☐ Yes	☐ No	☐ N/A
Provider acknowledges possessing a driver abstract and completes criminal background checks for staff responsible for transporting individuals. In addition, provider agrees to submit proof of compliance of criminal background checks and driver abstract upon our request.	☐ Yes	☐ No	☐ N/A

WI-BCBS-CD-FCP-004648-26-S1537 | February 2026

Provider agrees to make staff criminal background check records available to members, their guardians, POA, and/or employing entity upon request.	☐ Yes	☐ No	☐ N/A
Provider agrees to maintain policies and procedures ensuring criminal background checks are reviewed prior to employment, every four years, and when exclusions or concerning histories are identified.	☐ Yes	☐ No	☐ N/A
Provider agrees to ensure transportation vehicles have communication systems allowing contact with our staff. In addition, provider agrees to ensure all transport vehicles undergo safety inspections for accessibility, safety, and equipment standards required for members' needs, including those owned, leased, subcontracted, or used by employees to transport people.	☐ Yes	☐ No	☐ N/A
Provider agrees to report any accidents to us that occur during transporting individuals, along with any license suspensions or revocations, and immediately report any employee misconduct related to our members.	☐ Yes	☐ No	☐ N/A
Provider agrees to maintain policies and procedures for reviewing the Nurse Aid Registry to verify that any staff with experience as a nursing assistant, home health aide, or hospice aide, as defined in Chapter DHS 12 Caregiver Background Checks, have no substantial findings of abuse, neglect, or misappropriation of client funds or property. Also, provider acknowledges having policies and procedures in place to notify us of any caregiver misconduct.	☐ Yes	☐ No	☐ N/A
Facility provider adheres to health, safety, environmental, ADA, fire safety standards, and passes inspection for occupancy.	☐ Yes	☐ No	☐ N/A

Provide reasoning for any item marked with No, N/A, or left blank:

_____

_____

_____

General training requirements — applicable to Family Care services

Select all that apply:

1. The provider has established policies, procedures, and training programs and shared them with all relevant staff. Training sessions are conducted upon hiring and annually thereafter, in accordance with applicable regulatory standards, covering at least the following areas:
   ☐ Equity and inclusion (cultural competency and cultural humility)
   ☐ Fraud, waste, and abuse

☐ Ethics, confidentiality, and member rights

☐ HIPAA training

2. ☐ Provider documents mandatory training for all relevant employees, keeps employee records and staff rosters, and will supply them to us upon request.
3. ☐ All new and existing employees with regular direct contact with members will receive the mandatory minimum hours of orientation and training within 90 days of hire, before providing care to a member, and annually. The training will include applicable topics relevant to the services provided.

Provide reasoning with any item not checked above:

_____

_____

_____

Service-specific regulatory attestation

Acknowledge your compliance by selecting Yes, noncompliance, or partially meets by selecting No or N/A if not applicable.

All Family Care services

☐ Yes ☐ No ☐ N/A — Provider agrees to follow all operational and administrative requirements, including certification/licensure, policies, staff qualifications, member rights, statues, and quality assurance for services provided to members as defined but not limited to the State of Wisconsin Legislature Administrative Codes for the Department of Health Services (DHS), and our Provider Agreement and provider manual(s).

Provide reasoning for service-specific regulatory requirements answered with No or left blank:

_____

_____

_____

Provider attestation and signature

By signing this attestation, the provider acknowledges and accepts our credentialing and contractual requirements and confirms that the provider organization or facility complies with Wisconsin Department of Health Services regulations.

By signing below, I attest that I am authorized to sign on behalf of the provider and that all information is accurate and complete.

Print name: _____ Title: _____

Signature: _____ Date: _____

Email: _____ Phone: _____