



### 2020 Empower PCP PIP Attestation

Participating provider attests that he or she has met the following program criteria for the 2020 PCP PIP:

- Open panel and accepting Empower members for the entire year in which the payout will occur
- State credentialing requirements for Medicaid met
- Valid email address for delivery of quarterly report card and program communication provided to Empower
- Racial and linguistic data per state contract requirements provided
- Cultural Competency training completed
- PCP PIP implementation training completed

Required email address: \_\_\_\_\_

*Email address should be monitored routinely and updated with Empower via our Empower Healthcare Solutions website form. Please contact Empower Provider Relations or your Provider Quality Manager with questions.*

\* By signing this attestation, I certify that I have completed all program requirements, and I acknowledge that the program requirements must be continually adhered to.

Signed: \_\_\_\_\_

(Signature of Officer or Administrator or authorized person)

\_\_\_\_\_  
(PRINT Name of signature)

Title : \_\_\_\_\_

(Title of authorized person acting on behalf of the provider)

\_\_\_\_\_  
(Direct telephone number)

Date : \_\_\_\_\_