2018 Fraud, Waste & Abuse Training

Attestation Statement

I hereby certify that I,	am the authorized representative of my		
organization,	having responsibility		
directly or indirectly for all employees, board members, officers, contracted personnel, contracted providers/practitioners, contractors, sub-contractors and vendors affiliated with my organization who have direct or indirect contact with the Medicare business, have completed a Medicare Fraud, Waste & Abuse General Training as mandated by the Centers for Medicare & Medicaid Services (42 CFR § 422.503(b)(4)(vi)(C),			
		§423.504(b)(4)(vi)(C)).	
		I certify that the training consisted of the learning points li	sted below and has fulfilled the 2018 requirement for
		Fraud, Waste & Abuse General Training.	
Fraud, Waste & Abuse Training Learning Points			
 Identify general fraud, waste and abuse and understand when and how to report fraud, waste and abuse to your employer's compliance staff or the Medicare program 			
2. Describe your protections as an employee when reporting fraud, waste and abuse			
3. Explain the general federal health care fraud standards, laws and policies			
4. Identify the most prevalent forms of fraud and about	use: up coding, unbundling and non-rendered and/or		
medically unnecessary services			
5. Identify various types of enrollee fraud			
Identify your organization's health care fraud polic reporting fraud	cies and procedures, and explain the procedure for		
7. Describe the consequences for non-compliance			
As required by the Centers for Medicare & Medicaid Service organizations providing Medicare Part C and D services muprogram. We ask than an authorized individual attest to to could result in the loss of the organization's contract to pro-	ust complete a Fraud, Waste & Abuse general training he completion of this requirement. Failure to do so		
Signature	 Date		
TIN			
NPI			

Please maintain copies of all training related documentation for the required record retention period of 10 years.