

## **2017 Compliance Training Attestations**

### **Fraud, Waste and Abuse**

I attest that:

- Our office(s) have completed the required Fraud, Waste and Abuse course and understand the information as presented. We acknowledge that we have an obligation to report all suspected illegal or unethical conduct, including violations of law, the Principles of Ethics & Integrity, policies, contractual obligations or any compliance-related concerns or suspected fraud and abuse to the Medicaid Fraud Control Unit (MFCU) by calling 1-800-722-0432.
- The training materials were downloaded from the Centers for Medicare & Medicaid Services (CMS) and presented without modification in accordance with CMS' Health Plan Management System (HPMS) memo dated February 10, 2016, entitled "Additional Guidance – Compliance Program Training Requirements and Audit Process Updates." The memo provided guidance about the requirement to complete CMS' compliance training module from the Medicare Learning Network (MLN) to meet the Compliance Program Effectiveness (CPE) training requirement effective January 2017.
- To access the training information:
  - Go to [www.CMS.gov](http://www.CMS.gov)
  - Select "Outreach and Education"
  - Select "Fraud and Abuse"
  - Under Compliance select "MLN provider compliance"
  - Under Fraud and Abuse-related Resources select "Fraud and Abuse Educational Products" and click on:
    1. "Combating Medicare Parts C and D Fraud, Waste, and Abuse" (part 1)
    2. "Medicare Parts C and D General Compliance Training (part 2)"

### **Group Information**

Group Name: \_\_\_\_\_

Office Location: \_\_\_\_\_

Office Location: \_\_\_\_\_

Physician: \_\_\_\_\_

Physician: \_\_\_\_\_

Physician: \_\_\_\_\_

Physician: \_\_\_\_\_

Physician: \_\_\_\_\_

Physician: \_\_\_\_\_

### **Signature Section**

By signing this form, I acknowledge that I have reviewed and understand the statements above.

Name(PleasePrint): \_\_\_\_\_ Title: \_\_\_\_\_

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

**Please fax this completed form to (714) 844-4704**

**Retain A Copy For Your Records**