



ATTESTATION FOR FRAUD, WASTE & ABUSE (FW&A)

GENERAL COMPLIANCE TRAINING

As a first tier, downstream or related entity of CHOC Health Alliance, _____ (Provider or Organization Name) hereby attests that it has conducted appropriate education and training to identify, correct and prevent potential fraud, waste and abuse, as required by 42 CFR § 442.503, 42 CFR § 442.504, and California Health and Safety Code 1348(a).

Fraud, waste and abuse and general Compliance training must be completed by providers/medical groups (including all employees) at time of hire/contract inception, and annually thereafter. Topics that should be addressed in a fraud, waste, & abuse educational program should include, but are not limited to the following:

- Definitions of Fraud, Waste & Abuse
- Overview of laws and regulations pertaining to Fraud, Waste & Abuse, including a brief synopsis of the requirements, and criminal and civil penalties related to
 - Federal and State False Claims Acts
 - Stark Law/ Anti-Kickback statute
 - HIPAA Privacy and Information Security Requirements
- Office of the Inspector General (OIG) Exclusion List (entities/individuals excluded from doing business with the Federal government)
- Obligations of first tier, downstream, and related entities to have appropriate policies and procedures to address Fraud, Waste & Abuse
- Process for reporting suspected Fraud, Waste & Abuse to CHOC Health Alliance
- Protections for persons who report suspected Fraud, Waste & Abuse

The Centers for Medicare & Medicaid Services Medicare Learning Network provides educational products and training materials that inform health care professionals about Fraud, Waste & Abuse. A CMS approved training presentation can be accessed and downloaded from the CHOC Health Alliance website at www.chochealthalliance.com.

☒ CMS FW&A / Compliance Training - Date Completed: _____

By signing below, I attest that I / my organization _____ have completed fraud, waste and abuse training as indicated above. I also attest that upon request, my organization will furnish (as applicable) sign-in sheets, participant rosters, training materials, certifications of completion and/ or documentation of Medicare Certification to verify completion.

Provider & Group Name: _____

Date: _____