



*****ACTION REQUIRED*****

FRAUD WASTE AND ABUSE (FWA) & GENERAL COMPLIANCE TRAINING

Introduction

Every year billions of dollars are improperly spent because of FWA. Combating FWA is everyone's responsibility! The attached attestation and training materials are provided to assist you with meeting the annual Medicare part C & D training regulations for General Compliance and Fraud, Waste, and Abuse.

Instructions

- Please ensure all appropriate staff has completed the "Compliance: Fraud, Waste, and Abuse Training" or completed a similar program approved by the NMM Compliance Director.
- The attached attestation should be completed after following the training exercise and returned to NMM before **12/31/2021**.
- A record confirming that the required training has occurred must be retained for 10 years consistent with CMS requirements. Evidence of General Compliance and FWA Training requirements may be met through:
 - ✓ Attestation of completion of the Medicare Part C & D Fraud, Waste, and Abuse Web-Based Training – January 2020
 - ✓ Attestation of completion of the Medicare Part C & D General Compliance Web-Based Training – January 2020
 - ✓ Attestation of completion of a comparable General Compliance & Fraud, Waste, and Abuse training

What does this mean?

This training can be integrated into your company's compliance program as one element of training OR, if you have similar training that you have already taken that included the General Compliance Requirements and Fraud Waste and Abuse requirement, that training can be used to demonstrate you have completed the required training.

How often is training required?

Upon hire within 90 days and annually thereafter

What are the supporting Regulatory Requirements?

- Medicare Managed Care Manual Chapter 21 for Part C & Chapter 9 for Part D (combined guidance)
- Code of Federal Regulations
- OIG compliance program guidance

Federal Health Care Fraud & Abuse Laws

The False Claims Act – Statute: 31 U.S.C. §§3729-3733

The Anti-Kickback Statute – Statute: 42 U.S.C. §1320a-7b (b) & Safe Harbor Regulations: 42 C.F.R. §1001.952

The Physician Self-Referral Law – Statute: 42 U.S.C. §1395nn & Regulations: 42 C.F. R. §§411.350-.389

The Exclusion Authorities – Statutes: 42 U.S.C. §§ 1320a-7, 1320c-5 & Regulations: C.F.R. pts. 1001 (OIG) & 1002 (State agencies)

The Civil Monetary Penalties Law – Statute: 42 U.S.C. §1320a-7a & Regulations: C.F.R. pt. 1003

Criminal Health Care Fraud Statute – Statute: 18 U.S.C. §§1347, 1349

NMM agrees to annually provide FWA training to first tier, downstream, and related entities that are contracted to provide health, prescription, and/or administrative services to IPA Members. I understand that NMM/IPA retains the authority to audit and is mandated to report fraud, waste and abuse findings to federal, state, and local agencies, as appropriate.

YOU HAVE THE RESPONSIBILITY TO REPORT INSTANCES OF SUSPECTED NON-COMPLIANCE WITH FEDERAL AND/OR STATE LAW, GOVERNMENT PROGRAM REQUIREMENTS OR SUSPECTED FRAUD WITHOUT FEAR OF RETALIATION.

How to complete this Training:

1. Visit our website to locate the FWA & General Compliance training material

<http://networkmedicalmanagement.com/>

Providers – Resources > Compliance Program > Provider Compliance Training

2. Review the FWA & General Compliance training material
3. Sign and return attestation form
4. ***See page 3 for return instructions**



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FRAUD WASTE AND ABUSE (FWA) & GENERAL COMPLIANCE ATTESTATION FORM

- I attest that I conduct my business in accordance with the highest standards of ethical conduct and comply with all federal and state regulatory requirements related to the CMS requirements including detection, correction and prevention of FWA.
- I attest that we agree to abide by the laws and regulations and received timely general compliance and FWA trainings, as required in 42 CFR 422.503 and 42 CFR 423.504 within 90 days of hire and annually thereafter.
- I attest all employees listed below have completed the General Compliance & Fraud Waste and Abuse Training that complies with CMS 2019 “Medicare Parts C & D Fraud, Waste & Abuse Trainings,” or an alternate equivalent Medicare Advantage General Compliance and Fraud, Waste & Abuse Training.
- I attest that neither I, nor any employee of my office have been convicted of, or charge with, a criminal offense related to health care nor listed in HSS OIG list of excluded individuals & GSA Debarment list.
- I attest that we will immediately notify NMM of suspected violations of any laws and regulations.

I am aware that I am protected from retaliation for False Claims Act (FCA), 31 U.S.C. §§ 3729 - 3733, complaints, as well as any other applicable anti-retaliation protections.

Vendor/Physician Name: _____ Phone: _____

Tax ID: _____ NPI: _____
(Group or Individual)

Principal Officer with Contract Signatory Authority: _____

Signature: _____ Date: _____

Print Name: _____ Title: _____

Employees are required to complete and attest to the FWA & General Compliance training annually, please list all employees that have completed the training and date of completion, or you may provide a separate log.

Employee Log

Employee Name	Training Date	Employee Name	Training Date

Only one attestation form is required for providers with multiple IPA/Medical Group affiliations.



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***Return attestation form to affiliated IPA:**

Allied Pacific IPA

Email: ProviderRelationsDept@networkmedicalmanagement.com
Fax: (626) 943-6375

Alpha Care Medical Group

Email: ACMGProviders@networkmedicalmanagement.com
Fax: (626) 521-6147

Accountable Health Care IPA

Email: Provider.InquiriesAH@networkmedicalmanagement.com
Fax: (626) 226-1567

Access Primary Care Medical Group

Email: ProviderInquiriesAPCMGDept@networkmedicalmanagement.com
Fax: (626) 226-1522

Beverly Alianza IPA

Email: ProviderInquiriesBAIPA@networkmedicalmanagement.com
Fax: (626) 226-1738

All others:

Advantage Health Network IPA

Arroyo Vista Medical Group

Community Family Care Medical Group

Emanate Health IPA

Greater Orange County Medical Group

Greater San Gabriel Valley IPA

La Salle Medical Associates IPA

Email: ProviderNetworkOperations.Dept@networkmedicalmanagement.com
Fax: (626) 943-6309