2023 Fraud, Waste & Abuse Training

Attestation Statement

I hereby certify that I,organization,		am the authorized representative of my
		having responsibility
practit indirec Trainin	ioners, contractors, sub-contractors and tontact with the Medicarebusiness, hag as mandated by the Centers for Medi	nembers, officers, contracted personnel, contracted providers/d vendors affiliated with my organization who have direct or ve completed a Medicare Fraud, Waste & Abuse General care & Medicaid Services (42 CFR § 422.503(b)(4)(vi)(C),
§423.5	604(b)(4)(vi)(C)).	
	y that the training consisted of the learrud, Waste & Abuse General Training.	lingpoints listed below and has fulfilled the 2023 requirement
Fraud,	Waste & Abuse Training Learning Point	ts
2. 3. 4. 5. 6. 7. As requorgania	abuse to your employer's compliance of Describe your protections as an employer Explain the general federal health care Identify the most prevalent forms of from medically unnecessary services Identify various types of enrollee fraud Identify your organization's health care reporting fraud Describe the consequences for non-contained by the Centers for Medicare & Medications providing Medicare Part C and Dim. We ask than an authorized individual	yee when reporting fraud, waste and abuse fraud standards, laws and policies aud and abuse: up coding, unbundling and non-rendered and/or defraud policies and procedures, and explain the procedure for
Signature		Date
TIN		
NPI		

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