

Medicare Fraud, Waste, and Abuse Training Attestation

I attest that my organization has completed Fraud, Waste, and Abuse training as mandated by the Centers for Medicare & Medicaid Services (CMS) during 2011. This includes: provision of the training option/material noted below to all employees and persons, including downstream and related entities involved in administering or delivering Medicare benefits, including Part D; and maintaining documentation to demonstrate such training has been completed.

The following training was provided (CHECK ONE):

- RMHP Fraud Waste and Abuse Training Power Point Presentation Slides, OR
- Online National Association of Chain Drug Stores Fraud Waste and Abuse Training, OR
- Other training which meets the following CMS content requirements:
 - Laws and regulations related to MA and Part D fraud, waste and abuse (i.e., False Claims Act, Anti-Kickback statute, HIPAA, etc)
 - Obligations of the first tier downstream, and related entities to have appropriate policies and procedures to address fraud, waste, and abuse
 - Process for reporting to the Medicare Advantage Organization (MAO) or Prescription Drug Plan (PDP) sponsor suspected fraud, waste and abuse in first tier, downstream, and related entities
 - Protections for employees of first tier, downstream, and related entities who report suspected fraud, waste and abuse
 - Types of fraud, waste and abuse that can occur in first tier, downstream, and related entities

I understand that RMHP, CMS, and/or other regulatory agencies may request additional information to substantiate the statements made in this attestation, and agree to provide such information and documentation as requested.

Please submit the following information which is required for tracking purposes

Name of person signing below		
Title/Position		
Organization		
Address		
City		
State	Zip Code	
Phone Number		
NPI Number		

Signature: _____ Date: _____