2019 FWA – HIPAA Training Attestation

As part of an effective Compliance Program, the Centers for Medicare and Medicaid Services (CMS) and its Medicare Advantage (MA) clients requires Imperial Health Holdings Medical Group to annually communicate/train regarding Fraud, Waste and Abuse (FWA). Training requirements annually to its employees and contractors - including you as a first tier, downstream, or related entity (FDRs).

Please complete the training at the Medicare Learning Network® (MLN) web-based training (WBT) online at https://learner.mlnlms.com/Default.aspx

I attest that:

FWA, COMPLIANCE & HIPAA TRAINING INDIVIDUAL ATTESTATION

- ☐ I have completed the Annual Fraud, Waste and Abuse training.
- ☐ I have completed the Annual Compliance training.
- ☐ I have completed the Annual HIPAA training.

I understand that I am responsible for reporting possible HIPAA, Compliance and/or Fraud, Waste and Abuse violations that may come to my attention. I further understand that when transporting documents that contain HIPAA protected health information, I will do so in a sealed container such as an envelope, folder, zipped bag or other method of transport to secure the documents. I will immediately report to my supervisor the loss of any documents containing protected health information.

Date: _____ Print Name:_____

Group Name:_____ Group NPI_____

Physician: _____ NPI:_____

Physician: _____ NPI:_____

Physician: _____ NPI:_____

Physician: _____ NPI:_____

Signature Section

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

Name (Please Print): _____ Title: _____

Signature: _____ Date: _____

Fax attestation to (626) 380-9142