

Annual Network Provider Anti-Fraud, Waste & Abuse Training Acknowledgement & Attestation

Health Plan of San Joaquin, as a licensed health care services plan regulated by the Department of Managed Health Care (DMHC) and contracted with the Department of Health Care Services (DHCS), is committed to protecting members, our network of providers, and public interests by preventing, detecting, investigating, correcting, and reporting Fraud, Waste, and Abuse (FWA).

Under legal requirements overseen by the federal Centers for Medicare & Medicaid Services (CMS), 42 C.F.R. §422.503 and 42 C.F.R. §423.504, providers are required to either complete the FWA training offered on the HPSJ website and send HPSJ a signed attestation, or attest that you have completed another, acceptable FWA training.

One Attestation per contracted provider please.

Please Print

Name of Contracted Entity/Practice Name:		Address:	
Physician Name:	Provider NPI#:	Entity/Practice Location(s) NPI#:	

Training Option 1: **Provided by HPSJ** **Training Date** _____

Training Option 2: **Training Provided by** _____

(name other organization or health plan)

Training Date _____

I _____, attest to having received the annually required

Print Provider Name Here

Network Provider **Anti-Fraud, Waste & Abuse Training** and resources for the Medi-Cal/Medicaid program.

Provider/Authorized Signature _____ **Date** _____

Title _____ **Phone** _____