

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.

An Authorized Person can complete the training attestation on behalf of your practice for each provider listed on page 2.

Please Print

Name of Contracted Entity/Practice Name:	Practice Address:
Practice TIN#:	Practice NPI#:

I am the only provider at my practice

Training- Option 1: Provided by HPSJ Training Date _____

Training-Option 2 : Training Provided by _____ Training Date _____

I _____, attest to having received the annually required

Print Provider/Authorized Name Here

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

Provider/Authorized Signature _____ Date _____

Title: _____ Email: _____ Phone _____

Please send this completed form to HPSJ at providernetworks.verification@hpsj.com and fax 209-933-3700

****If you have more than one provider in your office, please complete the **additional** Acknowledgement & Attestation form attached.**

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

Additional Providers below:

Provider's name (Last name, First Name)	Provider Individual NPI#