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## *PROVIDER BULLETIN*

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### 2015-2016 Annual Fraud, Waste, and Abuse Training

Please go to [www.preferredipa.com](http://www.preferredipa.com) , PROVIDER SERVICES → FRAUD, WASTE AND ABUSE to complete the training.

This training program consists of three parts:

1. Medicare Parts C & D Fraud, Waste, and Abuse (FWA) Training
2. Medicare Parts C & D General Compliance Training
3. Preferred IPA HIPAA Compliance Training

At the completion of your initial or annual training, sign the attestation below and fax to 818-265-0801 Attention: FWA Compliance Attestation.

If you have any questions, please contact Provider Relations:

(818) 265-0800

Sherman Yermian, x 234

Maria Escamilla, x 240

Veronica Valencia x 238

Cecilia Wong x227

Griselda Gudino x 230

Vazrik Abtekian 818.416.6896

Eileena Zepeda x 214

### FWA, COMPLIANCE & HIPAA TRAINING INDIVIDUAL ATTESTATION

\_\_\_ I have completed the Preferred IPA of California Annual Fraud, Waste, and Abuse training.

\_\_\_ I have completed the Preferred IPA of California Annual Compliance training.

\_\_\_ I have completed the Preferred IPA of California 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: \_\_\_\_\_

Signature: \_\_\_\_\_

Office Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Fax to 818-265-0801**

**Attention: FWA Compliance Attestation.**