
PROVIDER BULLETIN

2017-2018 Annual Fraud, Waste, and Abuse Training

Please go to 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

Jennifer Cabral 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.

Date: _____ TAX-ID: _____ Phone: _____

Clinic Address: _____

Additional Physicians at this location:

PCP/Office Name: _____

Print Name: _____

Signature: _____

Fax to 818-265-0801

Attention: FWA Compliance Attestation.