



HealthCare Partners, IPA

HealthCare Partners, Management Services Organization

501 Franklin Avenue, Suite 300, Garden City, New York 11530 (516) 746-2200 Fax (516) 294-9470

Mandatory:

Fraud, Waste & Abuse Training

The Centers for Medicare & Medicaid Services (CMS) mandates the Medicare Advantage Organizations and their delegates such as HealthCare Partners (HCP) provide training to their provider networks and related entities regarding certain issues of legal compliance, including fraud, waste and abuse (FWA).

We posted materials on the HCP IPA website for you to review with your practice associates and staff.

Please ensure that all who either directly provide health care or participate in administrative matters relating to health care for HCP enrollees understand these issues and the consequences of non-compliance.

- 1) Please review these presentations at www.hcpipa.com
- 2) Select Online Access, in the pop up box select Compliance
- 3) Select the slide presentations under the column entitled "Provider Community Compliance Training Modules". *Password:* quality
- 4) You must complete and return the attached attestation along with the rest of the forms that need to be completed in order to start the credentialing process.

If you have any questions, please feel free to contact the Contracting department.

Thank you,

Contracting Department
HealthCare Partners



Healthcare Partners IPA

Attestation of Compliance

As a first tier, downstream or related entity of Healthcare Partners IPA, the organization listed below attests that it has completed training and education required by, but not limited to, 42 CFR 422.503 and 42 CFR 423.504, with the specific modules listed below:

Training and Compliance Modules	Training (Check all that apply)	
	at www.HC.PIP.com , section "Online Access Compliance"	its own Compliance Program
HIPAA	<input type="checkbox"/>	<input type="checkbox"/>
Fraud, Waste and Abuse	<input type="checkbox"/>	<input type="checkbox"/>
Code of Conduct	<input type="checkbox"/>	<input type="checkbox"/>
Harassment	<input type="checkbox"/>	<input type="checkbox"/>
Injury and Illness Prevention	<input type="checkbox"/>	<input type="checkbox"/>

Trainee Name (Print Name)	Trainee Signature	Date Completed

*** Additional staff may sign on regular paper attached to this attestation ***

The organization listed below further attests that it reviews the Office of the Inspector General (OIG) and General Services Administration (GSA) exclusions list upon initial hire and monthly thereafter to ensure none of its employees are excluded from Federal health care programs.

By signing below, you attest that you are the authorized representative of the listed below first tier, downstream or related entity of Healthcare Partners IPA and have responsibility directly or indirectly for all employees, board members, officers, contracted personnel, contracted providers/practitioners, contractors, subcontractors and vendors affiliated with the listed below organization who have direct or indirect contact with Medicare business.

Name of Organization

Signature

Date