

ATTESTATION FOR COMPLETION OF FRAUD, WASTE, AND ABUSE TRAINING

As a first tier, downstream, or related entity, _____ (“My Organization”) attests that it has administered
(Legal Entity Name)
and/or obtained appropriate education and training to detect, correct, and prevent potential fraud, waste, and abuse, as required for the 2009 calendar year by the final rule issued in the Federal Register for 42 CFR Parts 422 and 423 of the Medicare Program on December 5, 2007. Further, My Organization has required its downstream entities to certify or attest that they have obtained or conducted the required fraud, waste, and abuse compliance training for the 2009 calendar year.

Please select the method of education and training that your organization chose to comply with the final rule requirement:

- Completed the training and education provided by **PrimeWest Health**
- Completed the training and education provided by another **Medicare Advantage/Medicare Part D sponsor** or by **My Organization**
_____ (Organization Name) _____ (Date approved by PrimeWest Health)

By signing below, My Organization attests that, upon request, it will furnish training logs from My Organization and its downstream entities, as well as the certifications or attestations obtained from its downstream entities to validate that the required fraud, waste, and abuse compliance training was completed.

Print name of organization representative

Organization

Representative’s title

Signature

Date signed

Return this form to PrimeWest Health by fax at 1-320-762-8750, Attn: Rebecca Beeler; by e-mail at rebecca.beeler@primewest.org; or by mail to Attn: Rebecca Beeler, PrimeWest Health, 2209 Jefferson St, Ste 101, Alexandria, MN 56308.