

## 2016 Fraud, Waste, and Abuse (FWA) Training Attestation

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As a first tier, downstream or related entity of Molina Healthcare that participates in one or more Molina Medicare products, the organization identified in the signature block below attests that it has completed effective training and education regarding its requirement to prevent, detect, and correct fraud, waste, and abuse as required by 42 CFR 422.503 and 42 CFR 423.504:

- Please check the box to verify if your organization is considered deemed effective as of June 7, 2010 as required by 42 CFR 422.503(b)(4)(vi)(C)(2) and 42 CFR 423.504(b)(4)(vi)(C)(3)       DEEMED       NOT DEEMED
  
- This organization conducts FWA training within 90 days of hiring/contracting and annually thereafter for all applicable employees and contracted entities.
  
- The method of training and education utilized by this organization to comply with this requirement is:
  - “Combatting Medicare Parts C and D Fraud, Waste, and Abuse (FWA)” Web-Based Training (WBT) course available on the [Medicare Learning Network \(MLN\)](#).
  
  - FWA training provided by an entity other than Molina Healthcare. Materials must incorporate the content of the CMS FWA training module and must be pre-approved by Molina Healthcare to validate compliance with CMS regulations. The name of the entity that provided FWA training is:  
\_\_\_\_\_
  
  - FWA training developed in-house by the organization identified in the signature block below. Materials must incorporate the content of the CMS FWA training module and must be pre-approved by Molina Healthcare to validate compliance with CMS regulations.
  
- The organization named below agrees to obtain attestations of compliance with these standards from entites with which it contracts to provide health, prescription, and/or administrative services to Molina Medicare enrollees, and upon request, will obtain a copy of their training materials and training records.
  
- The organization named below agrees to maintain documentation in support of this attestation for a minimum of ten years, such as certificates of completion, training logs, reports, etc. Documentation must include employee names, dates of employment, dates of training completion, and passing scores (if captured.)
  
- I understand that Molina Healthcare will audit a sample of contracted entities each year to validate compliance with CMS regulations and documentation requirements.

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By signing below, you also attest that your organization understands and will abide by the standards specified above, and will furnish materials upon request to validate that the representations made in this attestation are accurate.

|             |                       |
|-------------|-----------------------|
| Print Name: | Name of Organization: |
| Signature:  | Date Signed:          |

Contact person for questions:

|        |  |
|--------|--|
| Name:  |  |
| Phone: |  |
| Email: |  |

Please return completed attestation by mail or email:

**Email:**      [MDO@MolinaHealthCare.Com](mailto:MDO@MolinaHealthCare.Com)

**Mail:**      Molina Healthcare Medicare Compliance  
 Attention: Joanne Valenzuela  
 200 Oceanate, Ste. 100 (WTC9)  
 Long Beach, CA 90802

