

Attestation of Training Completion

As a first tier, downstream or related entity, _____ (Organization Name) attests that it has administered appropriate education and training to detect, correct and prevent potential fraud, waste and abuse, as required by the final rule issued in the Federal Register for 42 CFR Parts 422 and 423 of the Medicare Program on December 5, 2007.

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

- Your organization completed the training and education provided by HealthPartners
- Your organization completed the education and training to comply with the final rule requirement using your organization's own internal fraud, waste and abuse training and attest that this training meets CMS requirements
- Your organization completed the education and training to comply with the final rule requirement using another Medicare Advantage or Part D sponsor's training. This training was provided by:
_____ (name of organization training materials were from)

By signing below, you attest that your organization will furnish training logs and certifications from downstream entities upon request to your local Plan Sponsors to validate that training was completed.

Print name of organization representative

Organization

Representative's title

Signature

Date signed

This attestation is valid through Dec. 31 of the calendar year.

(Please sign and return via e-mail to beverly.g.vacinek@healthpartners.com or by fax to 952-853-8865)