



Behavioral Solutions of California

ATTESTATION OF FWA TRAINING COMPLETION

As a first-tier entity, downstream entity or related entity (as such terms are defined by CMS), _____ (My Organization) attests that it has obtained or conducted fraud, waste and abuse compliance education and training for all of its personnel and employees (including managers and directors), as required for the 2012 calendar year by the final rule issued in the Federal Register for 42 C.F.R. Parts 422 and 423 on 12/5/07. 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 2012 calendar year. Upon request, My Organization attests that it will furnish training logs from My Organization and its downstream entities, as well as the certifications or attestations My Organization obtains from its downstream entities to validate that the required fraud, waste and abuse compliance training was completed.

_____ Print Name		_____ Organization Name
_____ Street Address		_____ City, State, Zip Code
_____ Fax Number	_____ Secure Fax Number	_____ Email Address
_____ Title		_____ Tax Identification Number
_____ Signature		_____ Date

Attention Providers:

Contracted entities in the MEDICA Health Plan Service Area (ND, SD, MN and the following WI counties: Ashland, Bayfield, Sawyer, Douglas, Washburn, Burnett, Polk, Barron, St. Croix, Dunn, Chippewa, Eau Claire, and Pierce) are required to return the **Attestation of FWA Training Completion Form** and, if applicable, the **Training Log** to United Behavioral Health operating under the brand Optum **by December 31, 2012.**

MEDICA service area providers: You may return the form via fax to **888-646-4291** or mail to:

Optum
Attn: Network Implementation Specialist Team
2000 West Loop South, #900
Houston, TX 77027

All other Optum or OptumHealth Behavioral Solutions of California* Providers: Please retain a copy of the Attestation of Training Completion Form for your records for 10 years. (Only providers in the MEDICA Health Plan service area (as listed above) need to return this form.)

(You may download a copy of the Sample Training Log from our Fraud, Waste and Abuse information center accessible on ubhonline.com.)

If you have any questions, please contact the Network Implementation Specialist Team at 866-660-7181.

* U.S. Behavioral Health Plan, California doing business as OptumHealth Behavioral Solutions of California