IntegraNet℠ HEALTH

INTEGRANET'S HIPAA, FRAUD WASTE AND ABUSE AND HOW TO TRAINING.

INTRODUCTION

- IntegraNet's yearly training.
- This session will satisfy HIPAA and Fraud Waste and Abuse yearly training.
- This session will also train in various softwares and methodoligies.
- The training session will be conducted by the Compliance/Privacy Officer Jesse Velasquez.

WHAT WE ARE GOING TO COVER

- HIPPA Training
- Fraud Waste and Abuse Training
- ShoreTel, Evercomm Communications, Outlook Encryption, Cell Phone Use, and remote desktop discovery.

HIPAA TRAINING

- You should understand HIPAA and it's purpose.
- You should practice HIPAA everyday.
- If in doubt, ask!

Program Goals

- Outline the responsibilities of covered entities and business associates under the Health Insurance Portability and Accountability Act (HIPAA)
- Provide strategies to build and maintain a culture of compliance

About the OCR and ONC

Office for Civil Rights

- Investigates complaints, enforces rights, promulgates regulations, develops policies, and offers technical assistance, including the Privacy and Security Rules of the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

Office of the National Coordinator for Health Information Technology

- Promotes and coordinates adoption of electronic health records (EHRs) and a nationwide electronic health information exchange to improve health care

HIPAA Privacy Rule

- Effective April 14, 2003
- Covered entities include:
  - Doctors, clinics, hospitals, dentists, nursing homes, and pharmacies that transmit data electronically
  - Health plans (small plans as of 2004)
  - Healthcare clearinghouses
- Business associates include:
  - Any person or organization that functions on behalf of a covered entity that involves use or disclosure of identifiable health information
  - Examples: billing, coding, EHR vendor

HIPAA Privacy Rule Goals

Provide strong federal protections for privacy rights

- Ensure individual trust in the privacy and security of his or her health information

Preserve quality health care

- Encourage frank communication with providers

Make sure that the right information is flowing to the right people at the right time

Privacy Rule Provisions

The privacy rule covers protected health information (PHI)

- Information that:
  - Relates to the individual's past, present, or future physical or mental health or condition; to the provision of health care to an individual; or to past, present, or future payment for the provision of health care to the individual; and
  - Either identifies the individual, or for which there is a reasonable basis to believe it can be used to identify the individual

Privacy Rule Provisions

Use and disclosure (sharing) of information

- Can be used and shared for purposes of treatment, payment, or business operations without an individual's express permission or consent
- Requires an individual's express permission (called an "authorization") for marketing, advertising, and other purposes

Privacy Rule Provisions

Minimum necessary rule

- A covered entity generally may only use and share as much information as is necessary for accomplishing the intended purpose
- Does not apply to disclosures of health information to other healthcare providers for treatment

Policies and Procedures

- Establish policies that cover activities in your practice
  - Update policies to reflect changes in business and workflow
- Train staff
  - Upon hiring
  - Based on job requirements
  - As policies are updated
- Audit systems to ensure policies are followed

Safeguards for Health Information

Physical Security: Examples

- Lock offices and filing equipment
- Screen PHI from public view

Technical Security: Examples

- Use passwords on desktop and portable devices
- Encrypt data

Culture of Compliance

- Treat information as you would treat the patient

Planning Policies: Some Questions to Ask

Look at your entire practice

- What information is collected?
- Who collects it?
- How is it stored?
- Where is it stored?
- Who has access to it?
- Who are you sharing it with?
- Are there particularly sensitive data?
- How are the data used?
- Are data stored in devices or other unexpected repositories?

Documenting Your Practices

Document all training

- Who received training?
- When?
- What did the training encompass?

Track changes in practice

- Consider privacy and security implications for new services or business relationships

Establish written agreements with all business associates

HIPAA Security Standards

Administrative safeguards

- The administrative functions that should be implemented to meet the security standards, such as the assignment of security responsibility to an individual and security training requirements.

Physical safeguards

- The mechanisms required to protect electronic systems, equipment, and the data they hold from threats, environmental hazards, and unauthorized intrusion. They include restricting access to EPHI and retaining off-site computer backups.

HIPAA Security Standards (cont)

Technical safeguards

- The automated processes used to protect data and control access to data, such as using authentication controls to verify that the person signing onto a computer is authorized to access that EPHI, or encrypting and decrypting data as it is being stored and/or transmitted.

Monitoring and Reporting

Responding to incidents

- Document any known violation of privacy protection
- Establish and publicize a disciplinary policy
  - Actions may range from further training to dismissal

Building a culture of compliance

- Everyone in the organization sees him- or herself as responsible for privacy and security of health information
- Managers establish importance of data privacy
- Identify and correct gaps regularly
- Make privacy part of the daily operation of business

Enforcement

- The HITECH Act of 2009 gave HHS greater authority when imposing civil money penalties for HIPAA violations
- $1.5 million: maximum penalty per year per violation
- States' attorneys general may also pursue civil actions

Resources

Office for Civil Rights

- www.hhs.gov/ocr
- 10 regional offices

Office of the National Coordinator

- http://healthit.hhs.gov
- Regional extension centers

Reporting a Breach

All breaches must be reported to OCR

- Impermissible use or disclosure that creates a risk of harm to patients
- Breaches > 500 patients must be reported to news media

Responding to a breach

- Document all steps taken to correct the breach
- Cooperate quickly and fully with investigations

Reporting a Breach

Suspect a breach or other noncompliance? Report anonymously:

Medicare (800) 447-8477
CMS (800) 368-1019
IntegraNet (281) 447-6800 or
PrivacyOfficer@integranethealth.com

Abbreviations

CMS	Centers for Medicare & Medicaid Services
EHRs	electronic health records
EPHI	electronic protected health information
HHS	Department of Health and Human Services
HIPAA	Health Insurance Portability and Accountability Act
HITECH	Health Information Technology for Economic and Clinical Health Act
OCR	Office for Civil Rights
ONC	Office of the National Coordinator for Health Information Technology
PHI	protected health information

Section Wrap-up

Compliance & Fraud, Waste and Abuse Training for First Tier, Downstream and Related Entities

Why FWA is Important

Detecting and preventing fraud, waste and abuse (FWA) is the responsibility of everyone, including employees, members, physicians, vendors, subcontractors, hospitals, brokers, agents and other persons who may be subject to federal or state laws relating to FWA. The Centers for Medicare and Medicaid Services (CMS) requires that all first-tier downstream and related entities (FDR) to the health plan/sponsor (this includes, but is not limited to employees, physicians, vendors, hospitals, brokers, and agents) who work or contract with Medicare Advantage Programs (MA) and/or Medicare Prescription Drug Programs (PDP) meet annual compliance and education training requirements with respect to Fraud, Waste and Abuse. Statutes, regulations, and policy govern Medicare Parts A, B, C and D programs. These laws state that FDRs must have an effective compliance program and training for their employees, managers, and directors. The FDRs compliance plan must address measures to prevent, detect, and correct Part C or D program non-compliance, as well as fraud, waste and abuse, which will consist of training, education, and effective lines of communication between the compliance officer and the organization's employees, managers, and directors in regards to Fraud, Waste and Abuse. Every year Millions of Dollars are Improperly spent because of FWA. It affects everyone. This training will help you detect, correct and prevent Fraud, Waste and Abuse.

YOU ARE PART OF THE SOLUTION

Fraud is knowingly and willfully executing, or attempting to execute, a scheme or artifice to defraud any health care benefit program or to obtain (by means of false or fraudulent pretenses, representations, or promises) any of the money or property owned by, or under the custody or control of, any health care benefit program.

Waste is the overutilization of services, or other practices that, directly or indirectly, result in unnecessary costs to the Medicare program. Waste is generally not considered to be caused by criminally negligent actions but rather the misuse of resources.

Abuse includes actions that may, directly or indirectly, result in unnecessary costs to the Medicare/Medicaid Program such as improper payment, payment for services that fail to meet professionally recognized standards of care, or services that are medically unnecessary. Abuse, also involves payment for items or services when there is no legal entitlement to that payment and the provider has not knowingly and/or intentionally misrepresented facts to obtain payment. Abuse cannot be differentiated categorically from
fraud, because the distinction between "fraud" and "abuse" depends on specific facts and circumstances, intent and prior knowledge, and available evidence, among other factors.

First-Tier Entity- any party that enters into a written arrangement, acceptable to CMS, with a MAO or Part D plan sponsor or applicant to provide administrative services or health care services to a Medicare eligible individual under the MA or Part D program. (See, 42 C.F.R. § 423.501).
Examples: PBM, a Claims Processing Company, contracted Sales Agent

Downstream Entity- any party that enters into a written arrangement, acceptable to CMS, with persons or entities involved with the MA benefit or Part D benefit, below the level of the arrangement between a MAO or applicant or a Part D plan sponsor or applicant and a first tier entity. These written arrangements continue down to the level of the ultimate provider of both health and administrative services. (See, 42 C.F.R. §, 423.501).
Example: Pharmacy

Related Entity- any entity that is related to a MAO or Part D sponsor by common ownership or control and performs some of the MAO or Part D plan sponsor's management functions under contract or delegation. Furnishes services to Medicare enrollees under an oral or written agreement, or leases real property or sells materials to the MAO or Part D plan sponsor at a cost of more than $2,500 during a contract period. (See, 42 C.F.R. §423.501).
Example: Entity that has a common ownership or control of a Part C/D Sponsor

An Effective Compliance Program

- Is essential to prevent, detect, and correct Medicare non-compliance as well as fraud, waste and abuse and must, at a minimum, include the 7 core compliance program requirements. (42 C.F.R. §422.503 and 42 C.F.R. §423.504):

(1) Written policies, procedures, and standards of conduct articulating the organization's commitment to comply with all applicable Federal and State standards

(2) The designation of a compliance officer and compliance committee

(3) Effective training and education to include all entities including Board of Directors alike.

(4) Effective lines of communication between the compliance officer, members of the compliance committee, the MA/Part D plan sponsor's employees, managers and directors, and the MA/Part D plan sponsor's first-tier downstream and related entities

(5) Enforcement of standards through well-publicized disciplinary guidelines

(6) Procedures for internal monitoring and auditing

(7) Procedures for ensuring prompt responses to detected offenses and development of corrective action initiatives relating to the organization's contract as a MA/Part D plan sponsor

DETECTION

In order to detect fraud, waste, and abuse you need to know the Law

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FRAUD

The False Claims Act (FCA)
Prohibits knowingly filing a false or fraudulent claim for payment to the government, knowingly using a false record or statement to obtain payment on a false or fraudulent claim paid by the government, or conspiring to defraud the government by getting a false or fraudulent claim allowed or paid.
See 31 U.S.C. 3729(a) of the Act for additional details, exclusions, and statutory exceptions.

Criminal Fraud
Knowingly and willfully executing, or attempting to execute, a scheme or artifice to defraud any health care benefit program; or to obtain, by means of false or fraudulent pretenses, representations, or promises, any of the money or property owned by, or under the custody or control of, any health care benefit program. **18 United States Code §1347**

WHAT DOES THAT MEAN?
Intentionally submitting false information to the government or a government contractor in order to get money or a benefit.

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WASTE & ABUSE

Requesting payment for items and services when there is no legal entitlement to payment. Unlike fraud, the provider has not knowingly and/or intentionally misrepresented facts to obtain payment.

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Difference between Fraud, Waste & Abuse…..

Intent & Knowledge

One of the primary differences is intent and knowledge.

Fraud requires the person to have an intent to obtain payment and the knowledge that their actions are wrong.

Waste and abuse may involve obtaining an improper payment, but does not require the same intent and knowledge.

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Different Types of Fraud

Beneficiary

- Identity Theft
- Resale of drugs - black market
- Falsely reporting loss or theft of drugs to receive replacements
- Doctor Shopping
- Report false & inaccurate information to Medicare/Medicaid
- Pharmacy abuse/Narcotic drug seeking

Pharmacy Benefit Manager (PBM)

- Unlawful remuneration in order to steer beneficiary toward a certain plan, drug or formulary placement
- Not offering a beneficiary the negotiated price of a drug

Provider Fraud

- Billing for items or services not rendered or provided
- Submitting claims for equipment or supplied not reasonable or necessary
- Double billing results in duplicate payments
- Unbundling
- Failure to properly coding w/ modifiers or up-coding, inappropriate use of place of service
- Altering medical records
- Kickbacks

Pharmacy Fraud

- Forgery – bogus prescriptions, invoices
- No prescription – phantom billings
- Altering prescriptions
- Shorting quantity dispensed
- Over billed quantities
- Billing one drug and dispensing other
- Overstating cost
- Dispensing samples/expired drugs
- Returns to stock not credited

How do I PREVENT Fraud, Waste, and Abuse?

Make sure you are up to date with laws, regulations, policies.

- Ensure you coordinate with other payers.
- Ensure data/billing is both accurate and timely.
- Verify information provided to you.
- Be on the lookout for suspicious activity.

Every sponsor, first tier, downstream, and related entity must have policies and procedures in place to address fraud, waste, and abuse.

These procedures should assist you in detecting, correcting, and preventing fraud, waste, and abuse.

- Make sure you are familiar with your entity's policies and procedures

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How To Report?

Suspected Fraud, Waste, & Abuse or other noncompliance may be reported by anonymously:

Medicare (800) 447-8477
IntegraNet (281) 447-6800 or
PrivacyOfficer@integranethealth.com
Humana (800) 614-4126
WellCare wellcare.com

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Need additional information?

For more information on laws governing the Medicare program and Medicare noncompliance, or for additional healthcare compliance resources please see:

- Title XVIII of the Social Security Act
- Medicare Regulations governing Parts C and D (42 C.F.R. §§ 422 and 423)
- Civil False Claims Act (31 U.S.C. §§ 3729-3733)
- Criminal False Claims Statute (18 U.S.C. §§ 287,1001)
- Anti-Kickback Statute (42 U.S.C. § 1320a-7b(b))
- Stark Statute (Physician Self-Referral Law) (42 U.S.C. § 1395nn)
- Exclusion entities instruction (42 U.S.C. § 1395w-27(g)(1)(G))
- The Health Insurance Portability and Accountability Act of 1996 (HIPAA) (Public Law 104-191) (45 CFR Part 160 and Part 164, Subparts A and E)
- OIG Compliance Program Guidance for the Healthcare Industry: http://oig.hhs.gov/compliance/compliance-guidance/index.asp

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Section Wrap-up

QUESTIONS?

Thank you!

*Please continue on with IntegraNet Health's Code of Conduct training.

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2019 COMPLIANCE PROGRAM and CODE OF CONDUCT

Compliance Begins with you

Learning Objectives

After completing this training module, you should be familiar with:

- The IntegraNet Health Compliance Program.
- The IntegraNet Health Code of Conduct.
- Laws that govern healthcare compliance.
- How to report suspected non-compliance.

Compliance and Ethics

What is compliance?

- In its simplest form, compliance means following a rule or request. In healthcare, when we talk about compliance, we refer to following the rules, regulations, policies, and laws created by the government, insurance programs, and payers.

What is ethics?

- Ethics simply means doing the right thing. Ethics goes beyond what is allowed by laws and regulations.

What is IntegraNet Health's philosophy regarding compliance and ethics?

- IntegraNet Health will fully comply with all applicable federal and state laws, regulations, standards, and other compliance requirements at all levels of government and within the various health professions employed at IntegraNet. We will not pursue any business opportunity that requires unethical or illegal activity.

Compliance Program

The IntegraNet Health Compliance Program

A Compliance Program has been established at IntegraNet Health to assist our organization in promoting our commitment to the highest legal and ethical standards.

- This program has the commitment of everyone at IntegraNet; including all boards and committees, senior management, physicians, employees, vendors, and others associated with IntegraNet
- This program provides education, conducts investigations where there are allegations of misconduct, and takes part in monitoring activities; such as an audit, to assess areas of risk within the organization.
- This program provides a pro-active approach to compliance thereby helping the organization maintain its commitment to the highest level of compliance and ethical standards.
- Compliance is part of all our jobs and depends on everyone's participation for continued success.

Elements of IntegraNet Health's Compliance Program

IntegraNet Health's Compliance Program includes the seven elements of an effective compliance program as defined by the US Federal Sentencing Guidelines:

- Written standards of conduct and policies and procedures that promote commitment to compliance.
- A Compliance Officer to oversee the program.
- Compliance education and training for all new hires, with annual training for all staff.
- Processes to receive anonymous complaints and to allow complaints from staff without any fear of retaliation.
- Responding to allegations of improper activities and, when necessary, developing a corrective action plan.
- Auditing and monitoring to identify areas of potential risk.
- Investigation and remediation of identified systemic problems and non-employment or retention of sanctioned individuals.

Compliance Policies

As required by the Federal Sentencing Guidelines, IntegraNet Health has policies and procedures in place to ensure compliance with laws and regulations.

Standards and Commitments

- **STANDARD: Quality of Care and Services**
- **COMMITMENT: To improve the health of the community we serve by providing the highest quality health care services in a caring and efficient manner.**

- **STANDARD: Privacy and Confidentiality**
- **COMMITMENT: To fulfill regulatory standards designed to handle all facets of information management; including reimbursement, coding, security, and patient records.**

- **STANDARD: Coding/Billing Integrity and Record Keeping**
- **COMMITMENT: To maintain accurate records for services rendered.**

- **STANDARD: Customer Service**
- **COMMITMENT: To apply the Customer Service Standards, which are core to our values, to every interaction with every individual always focusing on servicing our patients and families.**

- **STANDARD: Compliance with Laws and Regulations**
- **COMMITMENT: To require all staff members conduct their individual duties and all IntegraNet operations in a manner that meets all applicable legal, ethical, and regulatory standards.**

Standards and Commitments

- **STANDARD: Work Place Conduct and Employment Practices**
- **COMMITMENT: To create a work environment in which employees, physicians, and others are treated respectfully, fairly, and afforded opportunities for professional development.**

- **STANDARD: Research**
- **COMMITMENT: To follow ethical standards in any research conducted by physicians and other professional staff.**

- **STANDARD: Conflicts of Interest**
- **COMMITMENT: To regulate our activities to avoid conflicts of interest, actual impropriety, and/or an appearance of impropriety.**

- **STANDARD: Protecting Property, Assets, and Information**
- **COMMITMENT: To protect both our assets, and those assets of others entrusted to us, against loss, theft, destruction, and misuse.**

Code of Conduct

Ethical Behavior Policy

- Following the Code of Conduct is mandatory for all IntegraNet Health employees, staff, and affiliated persons. While the Code of Conduct provides a basic description of unacceptable conduct or performance it does not cover all behaviors that may occur in the workplace.

- Failure to comply with the code is a serious matter and can lead to disciplinary action, up to and including termination.

Decision-Making

At times, a difficult situation may present itself and the right decision may not be clear or easy to make. As you consider possible actions to take, ask yourself these questions:

- Is there a law or regulation that governs the situation? If there is, the law should be followed always.
- Is there an internal policy or procedure that governs the situation? Would my action be consistent with IntegraNet Health commitment to the highest ethical standards?
- How would my actions be seen by someone outside the organization?
- Would I feel comfortable explaining my actions to my friends and family?
- What would the most ethical person I know do?

Code of Conduct

Doing the right thing is not always easy. We have all been tempted to take the easy way even if it was not the best way. Try to avoid these excuses for behavior that may not meet the requirements of our Code of Conduct:

- All the other healthcare facilities are doing it this way.
- No one will ever know.
- I don't have time to do it the right way.
- I saw my supervisor doing it the other day.
- That policy wasn't meant to apply to me.
- After all I have given this organization, I deserve something in return.

There are many resources available to help you determine if there is a law, regulation, policy, procedure or standard that would apply to a situation you are faced with:

- Your supervisor
- Human Resources
- Compliance Department
- Compliance Hotline

Code of Conduct

Your Responsibility

IntegraNet Health's commitment to compliance depends upon everyone's participation for its continued success.

To fulfill your role, you must commit to the following:

- Complete all annual compliance training assigned to you and sign a commitment form.
- Watch for problem areas (areas of non-compliance) while on the job. If you are aware of a violation of the Code of Conduct, it is your OBLIGATION to report it.
- As a condition of employment, agree to read and abide by the Code of Conduct and policies and procedures.

IntegraNet Health Compliance Officer

IntegraNet Health's Compliance Officer is Jesse Velasquez, IT Director, Compliance and Safety Officer. Jesse oversees the Compliance Program and is accountable to the Board of Directors.

IntegraNet Health's Compliance Officer

Jesse Velasquez

(832) 456-2622

PrivacyOfficer@integranethealth.com

Education and Training

Employees are educated and trained to:

- Comply with laws, policies, and procedures.
- Spot potential compliance concerns such as:
  - Unethical or illegal behavior
  - Medically unnecessary services being provided
  - Unfair or discriminatory treatment of a patient or employee
  - Billing or coding errors that benefit IntegraNet
  - Unauthorized use or disclosure of Protected Health Information (PHI)
  - Misuse of IntegraNet Health property
  - Fraud, waste, or abuse

Conflict of Interest and Anti-Kickback Statute

A potential conflict of interest exists when you or a member of your family works for or has a financial relationship with a company that does business with, seeks to do business with, or competes with IntegraNet.

The Anti-Kickback Statute prohibits payment for referrals from physicians. No employee may take, offer, or give anything to or from a physician in exchange for the referral of patients.

False Claims Act

The False Claims Act imposes liability on any person who submits a claim to the federal government that he or she knows (or should know) is false. An example may be a physician who submits a bill to Medicare for medical services she knows she has not provided.

The False Claims Act also imposes liability on an individual who may knowingly submit a false record to obtain payment from the government. An example of this may include a government contractor who submits records that he knows (or should know) is false and that indicate compliance with certain contractual or regulatory requirements.

The third area of liability includes those instances in which someone may obtain money from the federal government to which he may not be entitled, and then uses false statements or records to retain the money. An example of this so-called "reverse false claim" may include a hospital who obtains interim payments from Medicare throughout the year, and then knowingly files a false cost report at the end of the year to avoid making a refund to the Medicare program.

There are stiff financial penalties for violations of the False Claims Act. False claims can result in exclusion from Medicare and/or Medicaid Programs.

Healthcare Fraud and Abuse

Healthcare Fraud

- Generally, refers to intentional deception that could knowingly result in benefit to the individual or organization. For example:

  - Billing for services or supplies not actually furnished
  - Signing blank records
  - Falsifying information on records
  - Offering bribes, payment or incentives in exchange for healthcare referrals
  - Misrepresenting unnecessary services as covered and medically necessary.
  - Assigning diagnosis and procedure codes based upon coverage requirements and not based on the actual services performed and actual patient diagnoses.

Healthcare Abuse

- Practices that lead to unnecessary costs to healthcare payers. This differs from fraud in that there is no evidence that the act was committed intentionally. For example:

  - Charging excessively for services or supplies
  - Providing services that do not meet professional standards
  - Billing Medicare as Primary when it is truly Secondary

Monitoring and Reporting

IntegraNet Health continues to review its business activities ensuring employees are abiding by law and established policies.

Examples of ways IntegraNet Health monitors its activities include:

- Performing background checks on new employees.
- Auditing departments to ensure they are following established policies and procedures.
- Sanction screening to ensure physicians and staff are eligible to participate in Medicare and Medicaid programs.

If the situation permits, employees are encouraged to notify their supervisor or use their normal chain-of-command to report a compliance issue, any observed or suspected HIPAA breach, or concern.

Non-Retaliation

No one will be punished, employment terminated, or retaliated against simply for reporting a compliance-related problem.

IntegraNet Health encourages and expects employees to report any concerns or suspected violations to the Compliance Officer:

Jesse Velasquez, (832) 456-2622

PrivacyOfficer@integranethealth.com .

Reports can also be made anonymously to

PrivacyOfficer@integranethealth.com .

Investigations

All reported concerns will be reviewed.

A suspected violation brought to the attention of management will be reviewed promptly and reported to appropriate parties, who will assist in resolving the problem.

All reported information will be kept confidential and only shared with those individuals who need to know to investigate, to correct the situation, or as required by law.

Penalties

If an organization or person is found to be in violation of fraud, waste, and/or abuse laws or other healthcare regulations, the penalties are severe!

- Disciplinary action up to and including termination.
- Exclusion from participation in Medicare and Medicaid programs.
- Fines.
- Jail sentences for employees, administrators, and physicians.

Annual Review and Additional Training

The Code of Conduct, as well as all compliance related training documentation, will be reviewed and approved annually by the IntegraNet Health Compliance Committee during their annual board meeting.

For more information or to discuss any part of IntegraNet Health's commitment to compliance, please contact:

IntegraNet Health's Compliance Officer

Jesse Velasquez

(832) 456-2622

PrivacyOfficer@integranethealth.com

CERTIFICATE *Of* PARTICIPATION

This will be sent to you via Adobe Sign to digitally sign.

has successfully completed the IntegraNet Health Compliance, Fraud, Waste and Abuse, HIPAA Compliance, Code of Conduct, and software and methodologies on-line training. By signing your name below, you attest that you understood the content of this training course, and agree to abide by all laws, policies, and guidelines referenced in this program.

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This will be sent to you via Adobe Sign to digitally sign.

Participant's Signature

Kate Cevallos, HR Director

Date