

KCMHSAS

Corporate Compliance Attestation

I, _____, as an employee or Contract Provider of KCMHSAS do attest to having received training about the Deficit Reduction Act as it pertains to my conduct and the Whistleblower Protection Act as to my rights and protections.

1. I was made aware of how to locate the KCMHSAS Corporate Compliance Program Policy & Procedures contained on the portal.
2. I have been advised on the definition of fraud, waste and abuse in healthcare. I understand that Corporate Compliance exist in part to reduce or mitigate the potential of healthcare waste, abuse and fraud.
3. I am aware where to find the State and Federal Regulations, summary descriptions and the actual law regarding the detection and prevention of healthcare waste, abuse and fraud by using the links below:

- False Claims Act: <http://www.youtube.com/watch?v=BbZ78QTLztQ>
- Medicaid False Claims Act of 1977: <http://www.ncdhhs.gov/dma/fca/index.htm>
- Anti-Kickback Statue of 1977: <http://www.youtube.com/watch?v=a4KhqqeAaUg>
- Whistleblower's Protection Act of 1980 <http://www.legislature.mi.gov/documents/mcl/pdf/mcl-Act-469-of-1980.pdf>
- Stark I of 1989 and Stark II of 1993: <http://www.youtube.com/watch?v=hmWG4o5zrvQ>
- Federal Sentencing Guidelines of 1991: <http://www.ussc.gov/Guidelines/index.cfm>
- Balanced Budget Act of 1997: <http://www.gpo.gov/fdsys/pkg/BILLS-105hr2015enr/pdf/BILLS-105hr2015enr.pdf>
- Deficit Reduction Act of 2005: <http://www.gpo.gov/fdsys/pkg/BILLS-109s1932enr/pdf/BILLS-109s1932enr.pdf>
- Federal Regulation Chapter 4: <http://www.gpo.gov/fdsys/pkg/CFR-2001-title42-vol1/content-detail.html>
- Affordable Care Act <http://origin.www.gpo.gov/fdsys/pkg/FR-2010-06-28/pdf/2010-15278.pdf>

4. I recognize and acknowledge my obligation to report any incidence or suspected incidence of healthcare waste, abuse and fraud.
5. I understand what is reportable, where to direct questions and how to file a report. I also understand the protections in place for those person(s) making a suspected compliance violation, pursuant to the Whistleblowers Protection Act.

SIGNATURE OF EMPLOYEE OR CONTRACT PROVIDER

AGENCY

DATE