FALSE CLAIMS ACT EDUCATION CERTIFICATION

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
MEDICAL SERVICES DIVISION
SFN 875 (1-2020)

Clear Fields

Name of Provider	Provider Tax ID Number

Provider names and North Dakota Medicaid provider numbers associated with the tax ID number noted above.

Provider Name	ND Medicaid Provider Number	Provider Name	ND Medicaid Provider Number

The above named entity receives Medicaid payments in excess of $5,000,000 annually. In compliance with the False Claims Act Education requirements, I certify that:

* Written policies used to educate employees on the False Claims Act have been disseminated.
* The written policies include information about the provider's policies and procedures for detecting and preventing fraud, waste and abuse.
* The employee handbook contains information on the rights of employees to be protected as whistleblowers, as well as administrative remedies, civil and criminal penalties.

I acknowledge that failure to comply with the revisions of the Act will subject the provider to sanctions which may include suspension of claims payment or termination of participation in the Medicaid program.

Representative or Designee of Provider and Title	Date