



Attestation Regarding Monitoring of Exclusionary Databases

Pursuant to applicable federal and state law, including specifically Section 18.9(d) of the MMC Contract and Section B(9)(i) of the New York State Department of Health Standard Clauses (effective May 1, 2015), all Medicaid participating providers must have procedures in place to identify and determine the exclusion status of employees and staff associated with a Medicaid participating provider through checks of exclusionary databases listed below and must monitor exclusion status of such employees and staff with the frequency listed below. Accordingly, MVP requires that all Medicaid participating providers complete this Attestation each year. **Completed Attestation Forms should be sent to MVP via e-mail to ProviderAttestation@mvphealthcare.com or facsimile to 518-388-2450.**

Monthly basis exclusion databases:

- U.S. Office of Inspector General's List of Excluded Individuals and Entities (OIG-LEIE)
- U.S. General Service Administration's System for Award Management (GSA-SAM) (formerly known as the Excluded Parties List System (EPLS))
- New York State Office of the Medicaid Inspector General List of Restricted and Excluded Provider (OMIG Exclusion List)
- U.S. Department of the Treasury's Office of Foreign Assets Control (OFAC) Sanction Lists (including the Specially Designated Nationals (SDN) List as well as the Non-SDN Palestinian Legislative Council List (NS-PLC List), the Part 561 List, the Non-SDN Iran Sanctions Act List (NS-ISA List), the Foreign Sanctions Evaders List (FSE List), the Sectoral Sanctions Identifications List (SSI List), and the List of Persons Identified as Blocked Solely Pursuant to Executive Order 13599 (13599 List))

Annual basis exclusion databases:

- U.S. Centers for Medicare and Medicaid Services National Plan and Provider Enumeration System (NPPES)
- U.S. Social Security Administration Death Master File (Death Master)

MVP will follow applicable regulatory requirements associated with the disclosure of this information, up to and including not executing a contract, or non-renewal or termination of any contracts with entities found not to be in compliance with this requirement.

| | |
|--|-------------------|
| Group Name: _____ | |
| Address: _____ _____ | |
| Phone #: _____ | |
| Tax ID #: _____ | |
| Group Payee ID #: _____ | |
| <p>____ Yes, I, hereby attest on behalf of the above-referenced provider, that such provider has a policy in place requiring the monitoring its employees and staff against of the applicable exclusionary databases and such provider has been or will begin monitoring all employees and staff associated with provider against the the exclusionary databases as set forth above.</p> | |
| _____ | _____ |
| Print or Type the Name of the Person Signing Below | Title |
| <p><i>If Provider is a legal entity, the person signing this document on behalf of the Provider hereby represents and warrants that he/she is duly authorized to bind the Provider hereto. (Note: for Changes of Ownership, New Owner or Representative may sign.)</i></p> | |
| _____ | _____ |
| Signature of Provider or Authorized Representative | Date (MM/DD/YYYY) |