

Medicaid Provider Attestation

Exclusionary Database Monitoring



Pursuant to applicable federal and state law, §18.9(d) of the Medicaid Model Contract and Section B(9)(i) of the New York State Department of Health Standard Clauses effective April 1, 2017, all Medicaid Participating Providers must have procedures in place to identify and determine the exclusionary status of employees and staff serving Medicaid Members through the regular checks of the exclusionary database listed below, and monitoring of the exclusionary status annually.

Monthly Monitoring Exclusionary 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 Monitoring Exclusionary Databases

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

To ensure compliance with these Medicaid Compliance requirements, MVP requires a Medicaid Provider Attestation confirming Exclusionary Database Monitoring annually from all Medicaid Participating Providers.

Submit completed Attestation via email to ProviderAttestation@mvphealthcare.com

Section 1: Group Information

Group Name		Group Tax ID No.	
Group Email		Phone No.	
Street Address	City	State	Zip Code

Section 2: Attestation

MVP will follow all applicable regulatory requirements associated with the disclosure of this information, up to and including non-renewal or termination of any contracts with Participating Providers not in compliance with this requirement.

Exclusionary Database Monitoring Attestation

With my signature, I hereby confirm on behalf of the above-referenced Participating Provider Group (Group) that such Group has a policy in place requiring the regular monitoring of its employees and staff against the applicable exclusionary databases, and such Group monitors all applicable employees and staff associated with the Group against the exclusionary databases as set forth in the frequencies above.

If the 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. For changes of ownership, the new owner or representative may sign.

Signature

Date

Name of Individual Completing this Form (print)

Title