

Medicaid Provider Attestations

Exclusionary Databases, and Cultural and Linguistic Competency Training



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 databases listed below, and monitoring of the exclusionary status annually. Additionally, as required by the Medicaid Model Contract §15.10(c), all Participating Providers in the MVP Health Care® (MVP) Government Programs must complete Cultural and Linguistic Competency Training annually, including training on the use of interpreters.

To ensure compliance with these Medicaid Compliance requirement, MVP requires a Medicaid Provider Attestation confirming Exclusionary Database Monitoring, and certifying Cultural and Linguistic Competency Training attestations annually from all Medicaid Participating Providers.

Submit completed Attestations via email to ProviderAttestation@mvphealthcare.com .

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)

Annual Cultural and Linguistic Competency and Use of Interpreters Training

Before accessing the training modules, complete the enrollment form at:

- If completing the PDF version of this form, visit https://cumc.co1.qualtrics.com/jfe/form/SV_7NYPY9EK8ifMpRb?Q_JFE=qdg .
- If completing a hard copy printed form, visit mvphealthcare.com/providers and select *Forms*, then *Medicaid*, then *Uniform Clinical Network Provider Training Enrollment Form* .

Once enrolled, complete the required annual training at rfmh.csod.com .

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Section 1: Group Information

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

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 these requirements.

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.

Cultural and Linguistic Competency Training Attestation

With my signature, I hereby certify on behalf of the above-referenced Participating Provider Group (Group) and all its employees and staff who have regular and substantial contact with Government Program Members have completed the annual Cultural and Linguistic Competency Training as required by the New York State Department of Health and the Medicaid Model Contract.

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