AMERIHEALTH MICHIGAN DUAL ELIGIBLE DEMONSTRATION PROGRAM COMPLIANCE ATTESTATION

WHEREAS, _____ (Provider/Facility) is affiliated with AmeriHealth Michigan, Inc. ("AmeriHealth Michigan") for participation in its Dual Eligible Demonstration Program ("Demonstration Program"); and

WHEREAS, by virtue of its AmeriHealth Michigan affiliation, Provider/Facility has agreed to comply with applicable state and federal Medicare and Medicaid regulatory requirements, including requirements set forth under the Demonstration Program.

NOW, THEREFORE, Provider/Facility attests to the following:

A. Pursuant to applicable regulatory requirements, AmeriHealth Michigan has furnished to Provider/Facility a copy of its compliance policies related to Detection and Prevention of Fraud, Waste and Abuse. Subject to applicable regulatory and AmeriHealth Michigan oversight, Provider/Facility agrees to comply with all such policies and procedures as a condition of continued participation in the AmeriHealth Michigan Demonstration Program.

B. Federal regulations preclude reimbursement for any services ordered, prescribed, or rendered by a Provider/Facility who is currently suspended or terminated from direct and indirect participation in the Michigan Medicaid program or federal Medicare program. Provider/Facility attests, to the best of Provider/Facility's knowledge, information and belief, that neither Provider/Facility nor its managing employees, agents, officers, directors, or major shareholders/owners (i.e. person with beneficial ownership of 5% or more) appear in the List of Excluded Individuals/Entities (LEIE) as published by the Department of Health and Human Services Office of the Inspector General; the List of Debarred Contractors (EPLS) as published by the General Services Administration; the Social Security Administration's Death Master File; the National Plan and Provider/Facility Enumeration System (NPPES); the Medicare Exclusion Database (MED); the Michigan Department of Community Health (MDCH)/Medical Services Administration (MSA) Sanctioned Provider/Facility List; the Licensing and Regulatory Affairs (LARA) Disciplinary Action Report (DAR); and any other database as the Secretary of HHS may prescribe. Nor has Provider/Facility, its managing employees, officers, directors, partners, agents, or major shareholders/owners (i.e. person with beneficial ownership of 5% or more) been suspended, debarred, or otherwise excluded under the Federal Acquisition Regulation as described in 42 CFR 438.610.

C. To the best of Provider/Facility's knowledge, information and belief, there are no pending investigations, legal actions, or matters subject to arbitration involving Provider/Facility or its managing employees, officers, directors, or major shareholders/owners (i.e. person with beneficial ownership of 5% or more) on matters relating to payments from governmental entities, both federal and state, for healthcare and/or prescription drug services. Additionally, Provider/Facility has not been criminally convicted nor had a civil judgment entered against for fraudulent activities.

FURTHER, Provider/Facility makes the following disclosures:

A. Does any person who has ownership or control interest in the Facility, or is an agent or managing employee of the Facility, ever been convicted of a criminal offense related to that person's involvement in any program under Medicare, Medicaid or the Title XX services program since the inception of these programs? If so, please list:

1)_____ 5)_____
2)_____ 6)_____
3)_____ 7)_____
4)_____ 8)_____

B. The Centers for Medicare and Medicaid Services (CMS) and Michigan Department of Community Health (MDCH) each require Demonstration Program managed care health plans to collect the name and Social Security Number of its participating Provider's managing employees ("Managing Employee") for purposes of verifying eligibility to participate in Federal and State health care programs. The Managing Employee may be you, your office manager, or other person(s) meeting the definition contained in 42 CFR 455.101. Please identify the name and SSN of your Managing Employee below:

1) Name:_____ SSN:_____
2) Name:_____ SSN:_____
3) Name:_____ SSN:_____

For purposes of this Attestation, Managing Employee means a general manager, business manager, administrator, director, or other individual who exercises operational or managerial control over, or who directly or indirectly conducts the day-to-day operation of an institution, organization, or agency.

C. CMS and MDCH requires Demonstration Program managed care health plans to collect ownership information for all Facilities as defined in 42 CFR 455.100 (i.e. a hospital, skilled nursing provider, home health agency, independent clinical laboratory, renal disease provider, rural health clinic, or any other entity that furnishes, or arranges for the furnishing of, health-related services for which it claims payment under any Medicare or Medicaid program). Please identify the name and address of all individuals/entities with an ownership interest of 5% or more below.

1) Name:_____ Address:_____

SSN/Tax ID: _____ DOB: _____

2) Name:_____ Address:_____

SSN/Tax ID: _____ DOB: _____

3) Name:_____ Address:_____

SSN/Tax ID: _____ DOB: _____

4) Name:_____ Address:_____

SSN/Tax ID: _____ DOB: _____

Provider/Facility

_____
Signature

_____
Name (Print or Type)

_____
Title

_____
NPI Number

_____
Date