

**BLUE CROSS COMPLETE OF MICHIGAN  
MEDICAID COMPLIANCE ATTESTATION**

**WHEREAS,** \_\_\_\_\_ (**Provider**) is affiliated with Blue Cross Complete of Michigan (**Blue Cross Complete**) for participation in its Medicaid risk product; and

**WHEREAS,** by virtue of its Blue Cross Complete affiliation, Provider has agreed to comply with applicable state and federal Medicaid regulatory requirements.

**NOW, THEREFORE,** Provider attests to the following:

- A. Pursuant to applicable regulatory requirements, Blue Cross Complete has furnished to Provider a copy of compliance policies related to Detection and Prevention of Fraud, Waste and Abuse. Subject to applicable regulatory and Blue Cross Complete oversight, Provider agrees to comply with all such policies and procedures as a condition of continued participation in the Blue Cross Complete Medicaid risk product.
  
- B. Federal regulations preclude reimbursement for any services ordered, prescribed, or rendered by a provider who is currently suspended or terminated from direct and indirect participation in the Michigan Medicaid program or federal Medicare program. Provider attests, to the best of Provider’s knowledge, information and belief, that neither provider 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 Enumeration System (NPES); the Medicare Exclusion Database (MED); the Michigan Department of Community Health (MDCH)/Medical Services Administration (MSA) Sanctioned Provider 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, 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’s knowledge, information and belief, there are no pending investigations, legal actions, or matters subject to arbitration involving Provider on matters relating to payments from governmental entities, both federal and state, for healthcare and/or prescription drug services. Additionally, Provider has not been criminally convicted nor had a civil judgment entered against him/her for fraudulent activities.

**FURTHER,** Provider makes the following disclosures:

- A. Does any person who has ownership or control interest in the Provider, or is an agent or managing employee of the Provider, 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 Michigan Department of Community Health (MDCH) requires Medicaid managed care health plans to collect the name and Social Security Number of its participating provider's managing employees for purposes of verifying eligibility to participate in Federal and State health care programs. Managing Employee can 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. MDCH requires Medicaid managed care health plans to collect ownership information for all providers, including entities as defined in 42 CFR 455.100 (i.e. a hospital, skilled nursing facility, home health agency, independent clinical laboratory, renal disease facility, 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**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (Print or Type)

\_\_\_\_\_  
Title

\_\_\_\_\_  
NPI Number

\_\_\_\_\_  
Date