



To: Participating Providers
From: Monroe Plan for Medical Care
Subject: Employee Attestation

Monroe Plan for Medical Care is committed to fulfilling the terms and conditions of our contracts with the Center for Medicare & Medicaid Services (CMS) and the New York State Department of Health (NYS DOH), as well as all applicable laws, rules, statutes, and regulatory requests. One such requirement is that providers check monthly to be sure that their personnel have not been excluded from participating in government sponsored programs.

Specifically, NYS DOH requires that all individuals who participate with state and federal programs, or whose compensation is paid in whole or part through revenue received from Medicare, Medicaid, Child Health Plus, or Essential Plan, are not excluded from participating in these programs. To fulfill this requirement, Providers must check the status of all employees and other provider personnel working within the practice monthly through the following websites:

- The DHHS Office of Inspector General maintains a listing of Excluded Individuals and Entities (LEIE) <https://exclusions.oig.hhs.gov/>
- New York State Office of Medicaid Inspector General (OMIG) maintains a listing of Restricted, Terminated or Excluded Individuals or Entities to ensure the integrity of the Medicaid program <https://www.omig.ny.gov/index.php/fraud/medicaid-exclusions>
- General Services Administration (GSA) system for Award Management (SAM) <https://www.sam.gov> (formerly the Excluded Provider Parties List (EPLS))

Providers must certify that all employees and other provider personnel are not excluded or otherwise prohibited from participating in any state or federal healthcare program. Providers that fail to attest to these requirements will be subject to termination in accordance to Section 4406(d) of the New York Public Health Law, to the extent applicable.

The enclosed form must be completed and returned at your earliest convenience but no later than 30 days from the date of this letter. Completed forms should be faxed to 716-748-6987 or emailed to pfmemails@monroeplan.com. Failure to comply with this mandatory requirement may result in non-par status.

Please share this important information with all locations or corporate offices. If you have further questions on this bulletin, please do not hesitate to contact our provider service department at pfmemails@monroeplan.com.

Thank you for your participation and the care that you provide to our valued members.

**Provider/Employee Attestation
Form**

I hereby attest that all employees and other provider personnel providing services at (Practice Name) _____ are not excluded or otherwise prohibited from participating in any federal healthcare program, including Medicare and Medicaid.

Or

I am a single provider with no employed staff

Print Name: _____

Title: _____

Date: _____

NPI: _____

Tax ID: _____

Please fax to 716-748-6987 or email to pfmemails@monroeplan.com.