



STATE OF MICHIGAN

GRETCHEN WHITMER  
GOVERNOR

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
LANSING

ROBERT GORDON  
DIRECTOR

(6.X) PROGRAM INTEGRITY

Authority: 1.1 XVIII (F, G); 42CFR438.610; 42CFR455§B

MHP and Provider Enrollment, Screening and Disclosure Requirements Attestation

I, \_\_\_\_\_, as a legally authorized representative of \_\_\_\_\_, hereby certify that the following statements are true and accurate:

The health plan has screened at minimum monthly and found that

- The plan has no director, officer, partner, managing employee, or person with beneficial ownership of 5% or more of the equity who is currently debarred or suspended by any State or Federal agency
- The plan has no contract, employee, consulting service, or any other agreement with people or entities debarred or suspended for the provision of items or services
- The plan's subcontractors have no director, officer, partner, managing employee, or person with beneficial ownership of 5% or more of the equity who is currently debarred or suspended by any State or Federal agency
- The plan's subcontractors have no contract, employee, consulting service, or any other agreement with people or entities debarred or suspended for the provision of items or services
- Disclosures, if any, have been made to MDHHS-OIG or the Centers for Medicare and Medicaid Services (CMS)

\_\_\_\_\_  
Health Plan Name

\_\_\_\_\_  
Signature of Health Plan Authorized Representative

\_\_\_\_\_  
Title of Health Plan Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Email address of Health Plan Authorized Representative

\_\_\_\_\_  
Phone Number of Health Plan Authorized Representative