

**Attestation of Compliance with Section 6032
of the Federal Deficit Reduction Act**

Covered Entity: _____

Address: _____
Street City State Zip Code

MA Provider # _____ FEIN _____

Compliance Period: Federal Fiscal Year beginning October 1, _____.

I hereby attest that, as a condition for the above-identified Covered Entity to receive payments under the Pennsylvania Medical Assistance (MA) Program, I have read Section 6032 of the Deficit Reduction Act of 2005 (the Act) and confirm that:

- The Covered Entity's written policies and procedures contain detailed information about the Federal laws identified in Section 6032(A) and about Pennsylvania laws imposing civil or criminal penalties for false claims and statements, and about whistleblower protections under such laws, including 62 P.S. §§ 1407 (relating to provider prohibited acts, criminal penalties and civil remedies) and 1408 (relating to other prohibited acts, criminal penalties and civil remedies), and the Pennsylvania Whistleblower Law, 43 P.S. §§ 1421-1428; and
- The Covered Entity's written policies and procedures also contain detailed information regarding its own policies and procedures to detect and prevent fraud, waste and abuse in Federal health care programs, including the Medicare and MA Programs; and
- The Covered Entity provides copies of its written policies to its employees (including management), and to any of its contractors and agents that performs billing or coding functions for the Covered Entity, or that furnishes or authorizes the furnishing of Medicaid health care items or services on behalf of the Covered Entity, or that are involved in monitoring of health care provided by the Covered Entity; and
- The Covered Entity's written policies and procedures are included in any employee handbook maintained by the Covered Entity.

I also confirm that the Covered Entity includes the MA provider(s) identified on Attachment A.

I possess all necessary powers and authority to execute and make the representations contained in the Attestation of Compliance on behalf of the Covered Entity and any MA provider identified on Attachment A.

I understand the statements made in this Attestation are subject to the penalties of 18 Pa. C.S. Section 4904 relating to unsworn falsification to authorities, the laws referenced in Section 6032 of the Act, and the other penalties referenced in the attached Attestation of Authority to Bind the Entity which is incorporated herein by reference.

Signature

Date

Print or Type Name and Title

ATTACHMENT A—IDENTIFICATION OF MA PROVIDERS

The Covered Entity identified in the **Attestation of Compliance with Section 6032 of the Federal Deficit Reduction Act** includes the following MA Providers:

NAME

ADDRESS

MAID

FEIN