

GOVERNMENT OF THE DISTRICT OF COLUMBIA

Department of Health Care Finance



Division of Program Integrity

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

Entity Name:
Address: City, State, Zip Code:
Provider #ID/NPI:
Compliance Period: Calendar Year:

I hereby attest that, as a condition for the above-identified Provider Entity to receive payments under the District of Columbia Medicaid program, I have read Section 6032 of the Deficit Reduction Act of 2005 and confirm that:

The Provider Entity's written policies and procedures contain detailed information about:

- The False Claims Act established under Section 3729 through 3733 of Title 31 of the Code of Federal Regulations;
- Administrative remedies for false claims and statements established under Chapter 38 of Title 31 of the United States Code (U.S. Code);
- That the Entity has provide continuing education for false claims cat during the prior twelve (12) month period;
- The Entity is in compliance with the District and Federal False Claims Acts;
- It must be signed by the Chief Executive or Chief Operating Officer of the entity.
- A list of individuals who had completed an annual training;
- Consistent with Federal rule 42 U.S.C. §1396a (a) (68) states "The entity must establish and disseminate written policies which must also be adopted by its contractors or agents;
- Include as part of such written policies, detailed provisions regarding the entity's policies and procedures for detecting fraud, waste, and abuse;
- Include in any employee handbook for the entity a specific discussion of the laws described in paragraph (A), The entity need not create an employee handbook if none already exists;

I understand the statements made in this Attestation are subject to scrutiny and may be subject to civil and criminal penalties from the District of Columbia and Federal laws referenced above.

Print Name:
Signature: