

## **Explanation of Dual Eligible Demonstration Compliance Attestation**

The Centers for Medicare and Medicaid Services (CMS) and Michigan Department of Community Health (MDCH) requires Dual Eligible Demonstration managed care health plans to do the following on an annual basis:

- 1) Send contracted providers a copy of the health plan's Fraud, Waste & Abuse policy. As part of the contractual arrangement, the provider must sign the Fraud, Waste & Abuse Acknowledgement to confirm their receipt and review of the policy.
- 2) Collect the name and Social Security Number of contracted provider's managing employees for purposes of verifying eligibility to participate in Federal and State health care programs. The term "managing employee" means, with respect to an entity, an individual, including a general manager, business manager, administrator, and director, who exercises operational or managerial control over the entity, or who directly or indirectly conducts the day-to-day operations of the entity
- 3) For facility/ancillary provider types, identify the name and address of all individuals/entities with an ownership interest of 5% or more.

We are addressing all three requirements via the enclosed Dual Eligible Demonstration Medicaid Compliance Attestation. Please review the enclosed Fraud, Waste, & Abuse policy. If you are an individual practitioner or group of practitioners, fill in sections A and B. If you are any other provider type (other than an individual practitioner or group of practitioners), fill in the information requested in sections A, B and C and sign and return the Attestation along with the agreement in the enclosed envelope within 30 days.