



Maryland Department of Health and Mental Hygiene
201 W. Preston Street • Baltimore, Maryland 21201

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – Joshua M. Sharfstein, Secretary

The Health and Human Services Office of the Inspector General (HHS-OIG) imposes a payment suspension on a provider based on credible allegation of fraud, waste or abuse; the provider has an existing Medicaid overpayment; or the provider has been excluded by the OIG or another State's Medicaid program within the previous 10 years.

All Medicaid providers are required to search the following databases on a monthly basis, to determine and document whether employees and contractors are excluded individuals or entities.

- Social Security Administration's Death Master File (<http://www.ntis.gov/products/ssa-dmf.aspx>);
- The National Plan and Provider Enumeration System (NPPES) (<https://nppes.cms.hhs.gov/NPPES/Welcome.do>);
- The List of Excluded Individuals/Entities (LEIE) (http://oig.hhs.gov/exclusions/exclusions_list.asp);
- System for Award Management (SAM) (<https://www.sam.gov/portal/public/SAM/>);
- DHMH Sanctioned Providers and Entities Excluded from Participation in Maryland Medicaid Program Database <http://dhmh.maryland.gov/oig/SitePages/related-links.aspx>;
- Maryland Department of Motor Vehicles; and
- Any such other databases as the Department of Health and Mental Hygiene may prescribe.

Attestation:

I, _____ (Transportation Vendor Authorized Representative), affirm that

_____ (Name of Contracting Individual/Business/Organization) shall comply with

all state and federal laws and regulations concerning Medicaid and Medicaid Non-emergency Medical Transportation Services

(Program).

_____ (Name of Contracting Individual/Business/Organization) affirms that the prescribed

databases were searched on _____, 2013. Searches of the databases yielded the following

results: (ONLY LIST NAMES OF EXCLUDED PERSONS)

EXCLUDED INDIVIDUAL	RESULTS

SIGNATURE: _____

TITLE: _____

COMPANY/ORGANIZATION: _____

DATE: _____

MAIL OR FAX COMPLETED FORM TO YOUR TRANSPORTATION GRANT MANAGER.
(Please see attached list of Transportation Grant Managers for contact information).