



2016 OIG/GSA Exclusions Attestation

As a first tier, downstream, or related entity of Molina Healthcare that participates in one or more Molina Medicare products, the organization identified in the signature block below attests to the following:

- This organization reviews the Office of the Inspector General (OIG) and General Services Administration (GSA) exclusions list upon initial hire or contract and monthly thereafter to ensure that any new employee or contracted entity responsible for administering or delivering Medicare benefits is not excluded from participation in Federal health care programs.
- If an employee or contracted entity responsible for the administration or delivery of any Medicare benefit is found on such lists, the employee or contracted entity will immediately be removed from any work related directly or indirectly to all Federal health care programs and the organization named below will take appropriate corrective actions.
- The organization named below agrees to obtain attestations of compliance with these standards from entities with which it contracts to provide health, prescription, and/or administrative services to Molina Medicare enrollees, and upon request, will obtain evidence that of those entities' compliance with the standards set forth in this attestation.
- The organization named below agrees to maintain documentation in support of this attestation for a minimum of ten years, such as screenshots, reports, and any materials collected from downstream contracted entities.
- I understand that Molina Healthcare will audit a sample of contracted entities each year to validate compliance with CMS regulations and documentation requirements.

By signing below, you attest that your organization understands and will abide by the standards specified above, and will furnish materials upon request to validate that the representations made in this attestation are accurate.

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|-------------|-----------------------|
| Print Name: | Name of Organization: |
| Signature: | Date Signed: |

Contact person for questions:

| | |
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| Name: | |
| Phone: | |
| Email: | |

Please return completed attestation by mail or email:

Email:

MDO@MolinaHealthCare.Com

Mail:

Molina Healthcare Medicare Compliance
Attention: Joanne Valenzuela
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Long Beach, CA 90802