



## Provider's Confirmation of Exclusion Process

In accordance with New York State regulatory mandates, providers must have procedures for determining exclusion status of managing employees. Please document your organization's compliance by completing the information noted below. If you do not meet the requirements as outlined below, you will not be eligible to participate in the MetroPlus network.

**Do you have procedures in place to identify and determine for exclusion status of managing employees through routine checks of the following?**

Social Security Administrations Death Master File	Yes	No
The National Plan and Provider Enumerator System (NPPES)	Yes	No
The Excluded Parties List System (EPLS)	Yes	No
The List of Excluded Individuals and Entities (LEIE)	Yes	No
The NYS OMIG Exclusion List	Yes	No

By my signature, I hereby attest that the information is accurate, and I agree to provide information as required to support this attestation. I also understand that I have a continuing obligation to amend and update my answers as necessary to insure accuracy and completeness of the responses. The undersigned hereby certifies that the above information requested is truthful, correct, and complete in all respects, the undersigned further understands that the submission of false and/or significantly misleading information or the withholding of relevant information is grounds for termination of the agreement.

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Print Name

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Title

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Applicant's Signature

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Date Signed

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Group Name

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Tax ID