

Purpose of the Attestation

The following Attestation must be completed by all performing providers (hereinafter also referred to as “Partners”) in the NYC Health + Hospitals sponsored OneCity Health (“OneCity Health”) Performing Provider System (“PPS”). The information provided by Partners in this Attestation will be utilized by OneCity Health to: (i) assess the compliance program integrity of its Partners; and (ii) satisfy OneCity Health’s Delivery System Reform Incentive Payment (“DSRIP”) Program compliance oversight obligations as they relate to the allocation of DSRIP funds.

What Information does the Attestation Require each Partner to Disclose?

OneCity Health hereby requests that all Partners disclose the following compliance-related information, which is outlined in this Attestation:

- (i) The status of completion of DSRIP compliance training by their medical practice or organization (hereinafter “Organization”);
- (ii) An acknowledgment by Partners that their workforce members are familiar with and adhere to the NYC Health + Hospitals Principles of Professional Conduct (“POPC”); and
- (iii) Proof of New York State Office of the Medicaid Inspector General (“OMIG”) compliance program-related certifications by those Partners that are required by law and/or OMIG policy to submit such certifications.

When Must Partners Return the Attestation?

The Attestation must be completed and electronically signed by an authorized signatory of each Partner by *June 30, 2018*. If for any reason an Organization cannot complete this Attestation electronically, it may be printed and returned by email, fax, or mail to the NYC Health + Hospitals/OneCity Health Office of Corporate Compliance (“OCC”) at:

Kevin Rogan
NYC Health + Hospitals/OneCity Health
Senior Executive Compliance Officer
160 Water Street, Suite 1129
New York, New York 10038
kevin.rogan@nychhc.org
Tele: 646-458-5644
Fax: 646-458-5624

COMPLETION OF ATTESTATION

Please answer each question provided below by clicking on Yes or No in the box next to all answers that correctly apply. For YES and NO answers, you may only make one choice.

* 1. A) Compliance Training and Education

On December 28, 2017, OneCity Health distributed to its Partners, a compliance training PowerPoint to assist them in meeting their DSRIP training and education requirements. Have you provided your workforce members involved or associated with, or otherwise affected by, the DSRIP Program, with these training materials?

- Yes
 No

2. Please indicate below how you provided the training?

- Used the PowerPoint to develop a presentation for in-person/live compliance and education training.
 Incorporated training content into existing compliance training computerized modules (e.g. automated online training).
 Distributed the training materials to workforce members involved or associated with or otherwise affected by the DSRIP program.
 I did not utilize OneCity Health training. Our organization provided comparable DSRIP compliance training.

* 3. B) Standards of Conduct

As stated in the December 28, 2017 compliance training provided by OneCity Health to its Partners, it is expected that all OneCity Health Partners adhere to the POPC, which is a guide that sets forth NYC Health + Hospitals' compliance expectations and describes NYC Health + Hospitals' standards of professional conduct, as well as its efforts to prevent, fraud, waste, and abuse.

(Note that, the POPC is available on the [NYC Health + Hospitals website](#)).

With regard to the POPC, has your Organization done the following:

	Yes	No
Adopted the POPC or your own organization's code of conduct that includes the POPC's core objectives or substantially similar compliance goals?	<input type="radio"/>	<input type="radio"/>

Yes

No

Implemented internal systems, controls, practices, policies and/or procedures to reduce the likelihood of the improper use or misallocation of DSRIP funds?

Refrained from hiring or contracting with persons or entities excluded from participation in Federal health care programs (e.g., Medicare and Medicaid)?

Routinely (e.g., on a monthly basis) screened all of its workforce members and contractors against the U.S. Department of Health and Human Services ("HHS") Office of Inspector General ("OIG") List of Excluded Individuals and Entities? (OIG's List of Excluded Individuals and Entities can be found [here](#).)

Routinely (e.g., on a monthly basis) screened all of its workforce members and contractors against the NYS Office of Medicaid Inspector General ("OMIG") List of Excluded or Restricted Individuals or Entities? (OMIG's list of Excluded Individuals and Entities can be found [here](#).)

FOR Reference Purposes Only

Yes

No

Routinely (e.g., on a monthly basis) screened all of its workforce members and contractors against U.S. General Services Administration ("GSA") System for Award Management ("SAM") Excluded Individual or Entity Database? (SAM's Excluded Individual or Entity Database can be found [here](#).)

Timely reported to NYC Health + Hospitals any violation of the POPC (related to the DSRIP program and/or the allocation of DSRIP funds) of which you became aware of, if any?

For Reference Purposes Only

* 4. C) Status of Compliance Certifications

New York State Social Services Law ("SSL") § 363-d Compliance Program Certification. The following relates to mandatory compliance program obligations under SSL § 363-d for certain providers.

Does your Organization meet any of the following criteria:

	Yes	No
Is a person, provider, or affiliate that claims, orders; has claimed or ordered; or should be reasonably expected to claim or order at least \$500,000 in any consecutive 12-month period from Medicaid?	<input type="radio"/>	<input type="radio"/>
Is a person, provider, or affiliate that receives, has received, or should be reasonably expected to receive at least \$500,000 in any consecutive 12-month period directly or indirectly from Medicaid?	<input type="radio"/>	<input type="radio"/>
Is a person, provider, or affiliate that submits or has submitted claims for care, services, or supplies to the Medicaid program on behalf of another person or persons in the aggregate of at least \$500,000 in any consecutive 12-month period?	<input type="radio"/>	<input type="radio"/>
Is an entity that is subject to the provisions of Articles 28 or 36 of the Public Health Law?	<input type="radio"/>	<input type="radio"/>
Is an entity that is subject to the provisions of Articles 28 or 36 of the Public Health Law?	<input type="radio"/>	<input type="radio"/>

* 5. If you answered YES to any of the questions above, did you certify prior to or on December 31, 2017 with the OMIG that you have an effective compliance program that meets the requirements of SSL § 363-d and its implementing regulations at 18 NYCRR Part 521? (Note: If you answered NO to all of the questions above please select "Not applicable.")

- Yes
- No
- Not applicable

6. If you answered YES to completing and submitting an OMIG certification, please provide a copy of the electronic confirmation receipt that your Organization received after it submitted its SSL § 363-d certification to OMIG when you complete this Attestation.

You may upload standard file documents (PDF, DOC, DOCX, PNG, JPG, JPEG, GIF) by select Choose File below.

Choose File

No file chosen

For guidance regarding OMIG SSL § 363-d certification, OneCity Health recommends that Partners review, in consultation with their counsel, OMIG Frequently Asked Questions (FAQs) – NYS Mandatory Compliance Programs, which is available on the OMIG website by clicking [here](#).)

* 7. Deficit Reduction Act of 2005 ("DRA") Certification - The following relates to the requirements under the Federal Deficit Reduction Act of 2005.

For the period from October 1, 2016 through September 30, 2017, did your organization or practice receive or make \$5 million or more in direct Medicaid payments?

- Yes
- No

* 8. If you answered YES to the questions above, did you certify with OMIG prior to or on December 31, 2017?

(If you answered NO to the question above, please select "Not applicable.")

- Yes
- No
- Not applicable

9. If you answered YES to completing and submitting a DRA certification, please provide a copy of the electronic confirmation receipt that your Organization received after it submitted its DRA certification to OMIG when you complete this Attestation.

You may upload standard file documents (PDF, DOC, DOCX, PNG, JPG, JPEG, GIF) by select Choose File below.

Choose File No file chosen

For guidance regarding OMIG DRA certification requirements, OneCity Health recommends that you review, in consultation with your counsel, the OMIG Federal Deficit Reduction Act Frequently Asked Questions (FAQs) can be found [here](#).

*** 10. Signature of Authorized Representative of Partner**

I am attesting that the information provided in this Attestation is accurate and truthful to the best of my knowledge. I have undertaken due diligence and conducted a reasonable inquiry prior to completing this Attestation. I am also affirming that I have the authority to sign this Attestation on my Organization's behalf. I understand that I must submit the completed Attestation (as well as a copy of any OMIG compliance certification(s) electronic confirmation receipts).

By typing my name and information below, I am electronically signing this Attestation.

Signature:

*** 11. Organization Information**

Name of Person Signing	<input type="text"/>
Title of Person Signing	<input type="text"/>
Name of Organization	<input type="text"/>
Email Address	<input type="text"/>
Phone Number	<input type="text"/>