[MCE Logo/Letterhead]

**Medicaid Program Integrity Attestation**

December 15, 2022

I hereby attest that the monthly screening of providers, employees, and subcontractors as required by Contract Sections 2.20.3 and 6.17 and 42 CFR § 455.436 has been completed for the month of {MONTH} {YEAR}.

{MCE NAME} searched the following websites:

* Office of Inspector General (OIG) List of Excluded Individuals/Entities (LEIE):
* Louisiana Adverse Actions List Search;
* System of Award Management (SAM); and
* Other applicable sites as determined by LDH.

As a result of this search:

No matches were found; or

Identified matches were reported to LDH.

I understand that should LDH determine the submitted information is inaccurate, untrue, or incomplete, {MCE NAME} may be subject to monetary penalties or sanctions and/or fines as outlined in the Contract.

Signature Date

Printed Name

Title