



## NORTH COUNTRY COMMUNITY MENTAL HEALTH AUTHORITY MEDICAID FALSE CLAIMS COMPLIANCE ATTESTATION

I, \_\_\_\_\_, as a contract service provider or authorized representative of a contract service provider of North Country CMH (NCCMH), who is a member of Northern Michigan Regional Entity (NMRE), do recognize and acknowledge my obligation to report any incidence of fraud, abuse or waste of public funding to the organization. I understand that this obligation is explained in the NMRE Regulatory Compliance Plan which is included in the NCCMH Provider Manual. This plan gives guidance on what is reportable, where to direct questions, and how to report.

As of this date, I am not aware of any reportable incident, or I have reported any incidence of non-compliance of which I am aware and it has been objectively reviewed and I have received a response from the organization. Should I become aware that a situation is potentially a violation of the False Claims Act, or an otherwise reportable occurrence, I will report immediately, as specified in the Regulatory Compliance Plan.

I have read and understand the Regulatory Compliance Plan as contained in the current Provider Manual online at [www.norccmh.org](http://www.norccmh.org): Initials: \_\_\_\_\_ Date: \_\_\_\_\_

### ATTESTATION

Neither I, nor the entity I represent as listed below, have ever been convicted of nor had a civil judgment rendered against us for the commission of fraud, nor for a criminal offense in connection with obtaining, attempting to obtain or performing a public (federal, state or local) transaction or contract under public transaction, nor for a violation of federal or state antitrust statutes, nor for destruction of records, nor making false statements, nor for receiving stolen property. I further attest that neither myself nor the entity I represent have ever had a professional license, as presented within the Master Contract, revoked or suspended and have never been sanctioned, whether personally or through an entity, by Medicare or Medicaid programs.

I also understand that I am under obligation to report, as directed in the NMRE Regulatory Compliance Plan, and within three business days of such occurrence, any convictions or civil judgement rendered against me personally, or against the entity for which I represent, for any of the above offenses.

NAME OF AUTHORIZED REPRESENTATIVE:

TITLE:

ENTITY REPRESENTED (OR SELF):

Authorized Representative Signature

Date Signed