



Exclusion Screening Attestation

Section I: Background

WellSense Health Plan (WellSense) is committed to ensuring that each of our suppliers (inclusive of vendors, subcontractors, material subcontractors and first-tier, downstream and related entities (FDRs)) comply with applicable state and federal regulations, including exclusion screening regulations outlined in Federal regulations and with our state Medicaid contracts. These regulations and contracts require that all WellSense suppliers participating in the delivery of government-funded health care programs must review exclusions listings maintained by the Office of Inspector General (OIG), the General Service Administration's System for Award Management (SAM) and, if providing services to Medicaid members in New Hampshire, the Office of Foreign Assets Control (OFAC) and to the extent applicable, National Plan and Provider Enumeration System (NPPES), upon initial hiring of or contracting and monthly thereafter.

WellSense's Compliance department will maintain this Attestation for regulatory auditing purposes. We will follow-up with you to review individual responses as necessary. Suppliers must maintain evidence of screening, including results, for audit persons. Suppliers must immediately (within 24 hours) notify WellSense if any individual working on WellSense products is confirmed to be on any of the above identified exclusion listings. Responses to this Attestation may be subject to audit.

Section II: Instructions to Complete Attestation

Please complete this Attestation and return it to our Compliance department via email **by the 15th of each calendar month**, reflecting the screening activity for the previous month. If the 15th falls on a weekend/holiday, please provide it the next business day. Your monthly Attestation, along with questions, should be submitted to: Exclusion.Screening@wellsense.org

Section II: Organization Information

Who are you submitting the Attestation for?

Organization	
Your Name	
Your Title	
Your email address	
Month reporting (month in which the data applies)	

What specific date did you complete the screening for the audiences below?

Employees	
Governing body	
Providers, if applicable	
Downstream entities, if applicable	

What are the results (WellSense will follow-up with you on any exclusions reported)

Total # of individuals/entities screened	
Total # of individuals and entities identified as excluded	

Section II: Attestation

By submitting this form, I am attesting on the organization's behalf that the responses provided in this Exclusion Screening Attestation are correct to the best of the organization's knowledge.

Your Signature	
Your Title	
Your email address	