

[Company Logo/Letterhead]

Monthly Debarment/Exclusion Verification Attestation

My organization, [DBPM], which is involved in the administration or delivery of services for Louisiana Department of Health (LDH) attests to the following:

- The organization reviewed U.S. Debarment and Exclusion websites as well as state specific websites to ensure there were no non-Medicaid eligible employees, agents, subcontractors, or providers in its network who are involved in the administration or delivery of services for [Month, Year]. The following websites were reviewed:

1. <https://sam.gov/content/exclusions>;
2. <https://exclusions.oig.hhs.gov/>;
3. <https://www.npdb.hrsa.gov/>; and
4. <https://adverseactions.ldh.la.gov/SelSearch>

- If the organization learns of a suspension and/or debarment, it further attests that it will notify LDH within three (3) business days of knowledge of such event.
- The organization will retain document evidencing these requirements have been met for at least 10 years after completion of services for LDH and will make such documentation available for inspection and review by LDH, upon request.

[Name], Compliance Officer

Date