



**Iowa Medicaid
Attestation of Compliance with Section 6032 of
the Federal Deficit Reduction Act**

Please complete the following information and sign and date below:

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|----------------------|--|
| Provider/Entity Name | |
| NPI(s) | |
| Tax ID/EIN(s) | |

I hereby attest that, as a condition for receiving payments of \$5 million or more per federal fiscal year, the entity has established written policies for all employees of the entity (including management), and of any contractor or agent of the entity, that provide detailed information about:

- The Federal False Claims Act established under section 3729 through 3733 of Title 31, United States Code.
- Administrative remedies for false claims and statements established under Chapter 38 of Title 31, United States Code.
- State laws pertaining to civil or criminal penalties for false claims and statements.
- Whistleblower protections under such laws, with respect to the role of such laws in preventing and detecting fraud, waste and abuse in federal health care programs.

I further attest that such written policies include detailed provisions regarding the entity’s policies and procedures for detecting and preventing fraud, waste, and abuse; and that the entity includes in any employee handbook, a specific discussion of the laws described above, the rights of employees to be protected as whistleblowers, and the entity’s policies and procedures for detecting and preventing fraud, waste, and abuse.

I declare that the entity has complied with these requirements during the past twelve months and shall continue to comply with these provisions. Failure to comply will be subject to sanction under Iowa Administrative Code § 441-79.2(249A), including probation, suspension, or termination from participation.

I certify under penalty of perjury and pursuant to the laws of the state of Iowa that the preceding is true and correct.

| | |
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| Name (Please Print) and Title | |
| Signature of Authorized Representative | Date |

FAX the completed form to Iowa Medicaid Program Integrity at (515) 725-1354; or mail to Iowa Medicaid, Program Integrity Unit, P.O. Box 36390, Des Moines, IA 50315.