

Annual Submission of MMP and MN MSHO D-SNP Networks: Attestation Language

I _____, <position> at <legal entity name>, attest that I have the authority (or Delegated Authority) needed to complete this form. Furthermore, I attest having reviewed the following information and that it is complete, factual and correct to the best of my knowledge:

- Our organization acknowledges the requirement to demonstrate annually that it maintains an adequate network as approved by CMS and the state to ensure adequate access to the Medicare medical portion of its integrated network, consistent with 42 CFR § 422.114.
- Our organization acknowledges, to the extent we requested and received approval for any Medicare network exceptions during the 2019 annual MMP and MN MSHO D-SNP Medicare network review, that CMS will extend such approvals until CMS conducts the next full MMP and MN MSHO D-SNP network review.
- Our organization has reviewed the 2020 network standards to ensure we meet the 2020 time and distance criteria and minimum provider ratios. Our organization maintains the capacity to serve the current enrollment in its service area in accordance with all the MMP and MN MSHO D-SNP specific network standards available on the CMS webpage at <https://www.cms.gov/files/document/mmphsdcriteriafeftablecy2020.xlsx> and in accordance with 42 CFR § 422.114.

Please check one:

Our organization has reviewed our network against the 2020 network standards and have determined that we are able to fulfill the terms of this attestation and will sign below.

To the extent our organization has reviewed our network against the 2020 network standards and existing exceptions and determine that we are unable to

fulfill the terms of this attestation, we are not signing and informing CMS and our account manager of the provider types and counties for which we have identified deficiencies. The provider types and counties with deficiencies are:

- Our organization will notify our account manager of any significant network changes immediately, but no later than five days after becoming aware of the change or at least sixty days prior to the effective date of any such change.
- Our organization, consistent with 42 CFR § 422.504(i)(4)(iii), has in place internal controls and ongoing monitoring procedures that will ensure the network remains consistent with current MMP and MN MSHO D-SNP network standards.
- Our organization is ready to instill measures, including the utilization of the CMS HPMS Network Management Module (NMM) during the year to conduct organization-initiated checks, to further ensure the continuity of the compliance of the Medicare portion of our network.

Finally, after conducting a reasonably diligent review of the documentation and information, I herein attest that it is accurate, complete, and truthful. Additionally, I understand that knowingly and willfully failing to fully and accurately disclose any information requested may result in compliance action, denial to participate, or termination of our organization's agreement or contract with CMS.

Signature and Title

Date