

Exclusion from Government Programs Verification Process

ASH Fitness contracts with Medicare Advantage Organization, Medicaid Managed Care Plans and Qualified Health Plan ("QHP") Issuers to provide fitness benefits to their members. Because these programs are paid for with federal and/or state tax dollars there are specific compliance requirements that the Medicare Advantage Organizations, Medicaid Managed Care Plans and QHP Issuers require ASH Fitness and its contracted fitness centers, fitness studios and YMCAs meet such as checking the federal and state exclusion lists for exclusions from government programs.

As outlined in your Provider Manual, you must check all key employees¹ or contracted persons (including, but not limited to, any new employee, temporary employee, volunteer, consultant, governing body member) involved in the administration or delivery of Medicare Part C, Medicaid and or QHP benefits against the List of Excluded Individuals/Entities ("LEIE") list maintained by the Office of the Inspector General ("OIG"), the System for Award Management ("SAM") list maintained by the General Services Administration ("GSA") and any state published Medicaid exclusion lists (collectively "Exclusions Lists") prior to hire or contracting and monthly thereafter. If you find any key employees or contracted persons on the Exclusion Lists, you must notify ASH Fitness immediately of such finding. For more information on how to access the Exclusion Lists mentioned above, please refer to the Exclusion Checks Guide on the ASHLink® Web site.

The <u>required</u> exclusion checks must be completed prior to hire or contracting and monthly thereafter. All contracted fitness centers, fitness studios and YMCAs must attest to this annually.

Below please find a sample exclusion check monthly log and employee roster that you can use to document that the required checks were performed. You can also use your own report if it captures the information outlined below. Proof of the checks being performed must be kept on file for at least 10 years from the final date of the final contract period of the contract entered into between ASH Fitness and Contracted Fitness Center, Fitness Studio and YMCA. ASH Fitness, its clients, and/or regulatory agencies may request the proof for audit purposes.

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¹ Key employees include employees involved with the receipt of funds from members or submit claims/bills to ASH Fitness concerning services provided to members, and (ii) individuals who lead/teach exercise classes that are specifically tailored to members.

Exclusion from Government Programs Monthly Log

Please list below the data exclusion check completed date (Date Verified), reviewer's name, and the result of the exclusion checks. Attach roster of key employees checked each month. (Roster template is included on page 3.)

Name of Fitness Center/Fitness Studio//YMCA/ActiveOptions Instructor:									
Name of Owner:									
Month	Date Verified (MM/DD/YYYY)	Name of Reviewer	Result: Acceptable response include: No exact matches found [#] match(es) found. Reported to ASH Fitness on MM/DD/YYYY. Key employee(s) no longer working with Silver&Fit and/or Active&Fit members).						

Wonth	(MM/DD/YYYY)	Reviewer	Acceptable response include: - No exact matches found - [#] match(es) found. Reported to ASH Fitness on MM/DD/YYYY. Key employee(s) no longer working with Silver&Fit and/or Active&Fit members).
JAN			
FEB			
MAR			
APR			
MAY			
JUN			
JUL			
AUG			
SEP			
ОСТ			
NOV			
DEC			

Exclusion Check Employee Roster

Name of Fitness Center/Fitness Studio//YMCA/ActiveOptions Instructor:								
Roster for Month of:								
	(Mon	th/Year)						
Please complete roster below to r employee upon hire and monthly			s found for each key					
Name of Employee	Date Hired	Date Termed	Exclusion Found (Y/N)					
I, the undersigned, attest that Exclusion Checks have been completed before hire and monthly thereafter of all key employees. I attest that in completing the Exclusion Checks, key employees were reviewed against the Office of the Inspector General (OIG), General Services Administration (GSA) and the state published Medicaid exclusion lists. I also attest that if a key employee is found on either the OIG's, GSA's or the state published Medicaid Exclusions Lists, our fitness center will immediately (i) notify ASH Fitness, (ii) remove the key employee from any work related directly or indirectly to the Silver&Fit or Active&Fit programs, and (iii) take appropriate corrective action. I attest that our facility will retain documentation to show Exclusion Checks were completed as outlined above. This information must be available upon request by ASH or CMS and records should be maintained for a minimum of 10 years from the final date of the final contract period of the contract entered into between ASH Fitness and Contracted Fitness Center, Fitness Studio and YMCA. Signature Name Printed								
	_							
Title								
Date of Signature	_							