MSHN
Mid-State Health Network

Interim Review Attestation Form for Fiscal Year 2026

On behalf of_____(provider's name), I attest and certify the following:

- I hereby attest to have submitted Fiscal Year (FY) 2025 Financial Audit and Single Audit (if applicable) within six (6) months following the close of the fiscal year conducted by a Certified Public Accounting (CPA) firm. My organization's fiscal year is from_____to _____.
  Source: MSHN contract – Financial Review - 2 CFR 200 Subpart F section 200.501
- I hereby attest that all policies and procedures are up to date and active based on the last full financial review conducted by Mid-State Health Network (MSHN) Financial Staff. I hereby attest that any applicable policies and procedures that have changed since the last full financial review have been submitted along with this attestation to MSHN's Finance Department for review. The policy and procedures include but are not limited to:
  - Separation of duties & responsibilities among employees
  - A system of authorization & record keeping to control assets, liabilities, revenues & expenditures
  - Internal control techniques that are effective and efficient. ***Source: 2 Code of Federal Regulations (CFR) 200 subpart D sections 200.301, 200.302, 200.303***
- I hereby attest to have submitted one (2) months of Cost Reimbursement expenditure documentation. Invoices and receipts should be classified by each category billed to MSHN. MSHN can request expenditure documentation to support Financial Status Report (FSR) billings for any timeframe within the fiscal year of the funding. Providers with multiple FSRs should submit one (2) months of expenditure documentation for each program (Please Note: This is not applicable to Fee for Service providers.)
- **Prevention Providers Only**: I hereby attest that I have submitted the organization's most recent Insurance Certificate and that the organization maintains insurance coverage meeting MSHN contractual requirements, including:
  - **Professional Liability**: $1,000,000 per occurrence / $3,000,000 aggregate
  - **Commercial General Liability**: $1,000,000 per occurrence / $2,000,000 aggregate

Privacy and Security (Cyber Liability): The Provider shall maintain higher coverage limits and/or such other insurance (e.g., Cyber Liability Insurance, Disability Insurance, etc.) as shall be necessary to insure Provider against any claim(s) arising from this Agreement, including but not limited to claim(s) for damages. In the event the Provider's risk funding is inadequate to cover financial losses sustained, the Provider shall suffer the loss separately and indemnify the Payor from any claims and damages. By signing below, I declare that all the above information is true and correct. Failure to comply with the above requirements will result in a Corrective Action Plan (CAP) or other actions as outlined in MSHN's Policies and Procedures.

Please sign and upload this document to the Financial Audit Documents folder in the provider's site review folder located in Box.

Signature of authorized agency representative: _____
Name and Title:_____Date:_____
Phone Number: _____

MSHN
Mid-State Health Network

E-mail: _Questions related to this attestation form should be forwarded to Financial Specialist, Brandilyn Mason (brandilyn.mason@midstatehealthnetwork.org). Other Financial Staff includes MSHN's Chief Financial Officer, Leslie Thomas (leslie.thomas@midstatehealthnetwork.org) and Financial Manager, Amy Keinath (amy.keinath@midstatehealthnetwork.org).

For MSHN file use only: ☐ Approved – Completed ☐ Not Approved – Not Completed

Evaluator's Signature: _____

Name and Title: _____ Date: _____

Comments: _____

MSHN

Mid-State Health Network