***Attestation for Non-Emergency Medical Transportation***

***Call Center Script***

|  |  |  |  |
| --- | --- | --- | --- |
| Contract Year: 2024 | | | |
| Coordinated Care Organization (Contractor) Name: | |  | |
| Medicaid Contract Number (6 digits only): |  | |

The Coordinated Care Organization (CCO) named above is required to submit this Attestation for the script for its Non-Emergency Medical Transportation (NEMT) call center pursuant to Exhibit B, Part 2, Section 5, Paragraph f, Subparagraph (8) in the contract between the Oregon Health Authority (OHA) and the CCO.

By signing this Attestation, I, the undersigned, hereby attest to the following:

1. I have authority, in accordance with Section 4.1.1 in the General Provisions of the CCO contract, to make this Attestation on behalf of the CCO named above; and
2. To the best of my knowledge, the NEMT call center script that will be used throughout, or is currently in use for the duration of, Contract Year 2024 by the CCO and any Subcontractor(s) to which the CCO may have Delegated responsibility for the NEMT services meets the content requirements identified in the document OHA provided to the CCO on the CCO Contract Forms Website (which is referred to in the document itself as a self-evaluation checklist).

**CONTRACTOR**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | |  |  |  |  |
| Name | |  | Signature |  | Date |
| *Authority of above signer:* | Chief Executive Officer, | | | | |
| Chief Financial Officer, or | | | | |
| Employee with delegated authority as designated by the “Delegation Authorization and Signature Form” | | | | |