***Attestation for Subcontractor and***

***Delegated Work Report***

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| 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 Subcontractor and Delegated Work Report pursuant to Exhibit B, Part 4, Section 11, Paragraph a, Subparagraph (8) in the contract between the Oregon Health Authority (OHA) and the CCO.

By signing this Attestation, I, the undersigned, hereby attest that 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 hereby attest to the best of my knowledge that all the following are true and accurate:

1. The CCO has conducted a readiness review of all Subcontractors, unless for one or more Subcontractors Contractor relied on the readiness review required by Medicare as permitted by Exhibit B, Part 4, Section 11, Paragraph a, Subparagraph (4) of the Contract or previously conducted a readiness review for Subcontractor’s Work performed under this Contract, and has determined that all Subcontractors meet the applicable readiness standards; and
2. The CCO has screened all Subcontractors and determined that (i) no Subcontractor is excluded from participation in federal programs and (ii) no Subcontractor is listed on the List of Excluded Individuals or Excluded Parties List System maintained by the Federal Department of Health and Human Services, Office of the Inspector General; and
3. The CCO has confirmed that all Subcontractor employees are subject to, and have undergone, criminal background checks; and
4. The CCO (i) has entered into written Subcontracts with all Subcontractors, (ii) has verified that all Subcontracts are fully executed, and (iii) has verified that all Subcontracts meet the requirements set forth in Exhibit B, Part 4, Section 11 of the Contract and all other applicable terms and conditions of the Contract relating to Subcontractors and Subcontracts; and
5. As required by Exhibit B, Part 4, Section 11, Paragraph a, Subparagraphs (13-16), the CCO has conducted a formal compliance and performance review of each Subcontractor and documented the results in a Subcontractor Performance Report or Medicare Compliance Review within the last (i) twelve months for all High-risk Subcontractors and (ii) three years for all Medium or Low risk Subcontractors; and
6. The information included in the Subcontractor and Delegated Work Report and submitted to OHA with this Attestation has been reviewed for compliance and content and is true and accurate.

**CONTRACTOR**

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