***Attestation Form for CCO Documents***

***Previously Approved by OHA***

|  |  |
| --- | --- |
| CCO Name: | Contract Year for this Attestation: |
| CCO Contact: |
| CCO Medicaid Contract Number: | CCO-A Plan ID: |

**Instructions:** The Coordinated Care Organization (CCO) contract requires the documents listed below to be submitted to the Oregon Health Authority (OHA) annually for review and approval. If the CCO determines that the version of the document last approved by OHA is compliant with the applicable requirements for the Contract Year specified above and has not changed the document since the last approved version, then the CCO may, for its annual submission, submit this attestation form. The completed and signed attestation form must be submitted by the document’s annual due date to [CCO.MCODeliverableReports@dhsoha.state.or.us](mailto:CCO.MCODeliverableReports@dhsoha.state.or.us).

| ***Document description and contract citation*** | ***OHA approval date*** | ***CCO notes (optional)*** |
| --- | --- | --- |
| Non-Emergent Medical Transportation (NEMT) policies and procedures - *Ex. B, Part 2, Sec. 5, Para. c* |  |  |
| NEMT Call Center script - *Ex. B, Part 2, Sec. 5, Para. f* (8) |  |  |
| Intensive Care Coordination policies and procedures - *Ex. B, Part 2, Sec. 8, Para. a (2)* |  |  |
| Third Party Liability Recovery policies and procedures - *Ex. B, Part 8, Sec. 17, Para. g* |  |  |
| Personal Injury Liens policies and procedures - *Ex. B, Part 8, Sec. 18, Para. c* |  |  |
| Lien Release and Lien Filing Templates - *Ex. B, Part 8, Sec. 18, Para. m* |  |  |
| Annual Fraud, Waste and Abuse Prevention Plan[[1]](#footnote-1) - *Ex. B, Part 9, Sec. 13, Para. a.* |  |  |
| Fraud, Waste and Abuse Prevention Handbook1 - *Ex. B, Part 9, Sec. 13, Para. a.* |  |  |
| Grievance and Appeal System policies and procedures - *Ex. I, Sec. 10, Para. a (1-3)* |  |  |
| Member notice templates - *Ex. I, Sec. 10, Para. a (1-3)* |  |  |
| Behavioral Health policies and procedures (must specify in CCO notes column) - *Ex. M, Sec. 4* |  |  |
| Wraparound policies and procedures - *Ex. M, Sec. 19, Para. n* |  |  |
| System of Care policies and procedures - *Ex. M, Sec. 19, Para. p (3-4)* |  |  |
| Mental Health Parity analysis documentation - *Ex. M, Sec. 23, Para. b* |  |  |
| Other (as permitted by OHA): |  |  |

I, the undersigned (as CEO, CFO, or delegate of CEO or CFO), hereby attest that the above document(s) has(have) is(are) compliant with the applicable requirements for the Contract Year specified on the preceding page and has(have) not been changed since the OHA approval date listed in the above table.

|  |  |
| --- | --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Authorized Signature | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Printed Name |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Title | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date |

1. This form may not be used for two consecutive years for these documents. [↑](#footnote-ref-1)