***Attestation for Previously Submitted Documents***

**Annual Fraud, Waste, and Abuse Assessment Report**

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| Managed Care Entity (Contractor) Name:  |
| Medicaid Contract Number:       |

I, the undersigned (CEO, CFO or delegate), hereby direct the Oregon Health Authority (OHA) to review as part of the CY 2021 Annual Fraud, Waste, and Abuse (FWA) Assessment Report the document/s identified below, which was/were previously submitted by Contractor to OHA for other purposes associated with the CY 2021 Coordinated Care Organization or Dental Care Organization contract. Such reliance on previously submitted documents is permitted by OHA, provided that Contractor submits this completed attestation with its CY 2021 Annual FWA Assessment Report.

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| ***Filename of Previously Submitted Document*** | ***Date Submitted to OHA*** |
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**CONTRACTOR**

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| Name |  | Signature |  | Date |
| *Authority for above signer:* | [ ]  Chief Executive Officer, |
| [ ]  Chief Financial Officer, or |
| [ ]  Delegate authorized by Delegation Authorization and Signature Form |