***Attestation for Subcontractor and Delegated Work Report***

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| Coordinated Care Organization (Contractor) Name: | |
| Medicaid Services Contract Number: |

I, the undersigned (as CEO, CFO of Contractor, or delegate of CEO/CFO ), hereby attest that I have authority to certify on behalf of Contractor that the information included in the attached Subcontractor and Delegated Work Report, required to be submitted to the Oregon Health Authority (OHA) under the terms and conditions of the Contract, is based on best knowledge, is true and accurate, and complies with the requirements set forth in Exhibit B, Part 4, Section 11. Therefore, in signing this Attestation of Submission of Subcontractor and Delegated Work Report, I, the undersigned, hereby certify based on best knowledge, information, and belief that all of the following are true and accurate:

1. Contractor 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)(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. Contractor 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. Contractor has confirmed that all Subcontractor employees are subject to, and have undergone, criminal background checks; and
4. Contractor (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)(13-16), Contractor 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 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 | | | | |
| Delegate authorized by Delegation Authorization and Signature Form | | | | |