***Attestation Form for DCO Documents***

***Previously Approved by OHA***

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| --- | --- |
| DCO Name: | Contract Year for this Attestation: |
| DCO Contact: |
| DCO Medicaid Contract Number: |  |

**Instructions:** The Dental Care Organization (DCO) contract requires the documents listed below to be submitted to the Oregon Health Authority (OHA) annually for review and approval. If the DCO 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 DCO 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 [DCO.DeliverableReports@dhsoha.state.or.us](mailto:DCO.DeliverableReports@dhsoha.state.or.us).

| ***Document description and contract citation*** | ***OHA approval date*** | ***DCO notes (optional)*** |
| --- | --- | --- |
| Third Party Liability Recovery policies and procedures - *Ex. B, Part 8, Sec. 12, Para. g* |  |  |
| 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)* |  |  |
| 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.

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

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