



HEALTH SYSTEMS DIVISION

Kate Brown, Governor



500 Summer St NE E35

Salem, OR, 97301

Voice: 503-945-5772 or 800-527-5772

Fax: 503-373-7689

TTY: 711

www.oregon.gov/OHA/HSD

***Direction and Attestation Relating to
Fraud, Waste, and Abuse Deliverables***

Coordinated Care Organization (Contractor) Name: _____

Plan Number: _____ Contract Number: _____

I, the undersigned (CEO, CFO or delegate), hereby direct the Oregon Health Authority (OHA) to review the document/s identified below, which were previously submitted by Contractor to OHA for purposes associated with CCO 2.0 Readiness Review, to determine whether such documents comply with Contractor’s (i) Fraud, Waste and Abuse Prevention Plan Handbook, or (ii) Annual Fraud, Waste and Abuse Prevention Plan, or (iii) both Fraud, Waste and Abuse Prevention Plan Handbook and Annual Fraud, Waste and Abuse Prevention Plan, obligations under the CCO Contract, both of which are required to be submitted by Contractor to OHA by March 31, 2020, pursuant to the CCO 2.0 Contract entered into by and between OHA and Contractor. Contractor understands and agrees that notwithstanding OHA’s express or implied approval of either one or both of the foregoing documents during the Readiness Review process, OHA shall have the right to require Contractor to revise the foregoing documents as is necessary to comply with the terms and conditions of the CCO 2.0 Contract.

Further, I, the undersigned, hereby attest that the previously submitted document/s identified below apply to Contract Year 2020 of the CCO 2.0 Contract between OHA and Contractor, regardless of whether such applicability is specifically indicated in said documents.

<i>Complete Name of Previously Submitted Document</i>	<i>Signature/Approval Date on Document</i>

CONTRACTOR

Authorized Signature

Printed Name

Title

Date

Mark this box if the above signatory is a delegate and has been authorized by the Signature Authorization Form.