

Attestation for Non-Emergency Medical Transportation Call Center Script

Contract Year: **2025**

Coordinated Care Organization (CCO):

Medicaid Contract Number (6 digits only):

The CCO named above is required to submit this Attestation relating to its Non-Emergent Medical Transportation (NEMT) Call Center script(s) under the three CCO Contracts it has entered into with the Oregon Health Authority (OHA): the Medicaid Contract, the Non-Medicaid Contract, and the OHP Bridge-Basic Health Program Contract (collectively, the “CCO Contracts”).

Capitalized terms not defined in this Attestation have the meanings assigned to them in the CCO Contracts.

The CCO is required to submit this Attestation pursuant to Exhibit B, Part 2, Section 5, Paragraph f, Subparagraph (8) of the Medicaid Contract, which is incorporated by reference in the Non-Medicaid and OHP Bridge-Basic Health Program Contracts.

By signing this Attestation, I, the undersigned, hereby attest to the following:

- a. I have authority, in accordance with Section 4.1.1 in the General Provisions of the Medicaid Contract (which is incorporated by reference in the Non-Medicaid Contract and as expressly set forth in Section 4.1.1 in the General Provisions of the OHP Bridge-Basic Health Program Contract), to make this Attestation on behalf of the CCO named above with respect to the CCO Contracts; and
- b. To the best of my knowledge, the NEMT Call Center script(s) that will be used throughout, or are currently in use for the duration of, Contract Year 2025 by the CCO and any Subcontractor(s) to which the CCO may have Delegated responsibility for NEMT (i) meet the content requirements identified in the document OHA provided to the CCO on the CCO Contract Forms [Website](#) (which is referred to in the document itself as a self-evaluation checklist) and (ii) shall continue to meet the same content requirements throughout the duration of Contract Year 2025.

CCO

Name

Signature

Date

Authority of above signer:

- Chief Executive Officer Chief Financial Officer
 Employee with delegated authority as designated by the
"Delegation Authorization and Signature Form"