Medicaid Division

CCO Operations Unit

**Attestation for Grievance and Appeal System**

**Member Notice Templates**

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|  |  | | 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 Grievance and Appeal System (G&A System) Member notice templates 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”).

The CCO is required to submit this Attestation pursuant to Exhibit I, Section 10, Paragraph a, Subparagraph (1) of the Medicaid Contract, which is incorporated by reference into the Non-Medicaid and OHP Bridge-BHP Contracts.

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

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

1. 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
2. To the best of my knowledge, effective January 1, 2025, the G&A System Member notice templates used by the CCO and any Subcontractor(s) to which the CCO may have Delegated responsibility for G&A System Member notices (i) meet the content requirements identified in the document OHA provided to the CCO on the CCO Contract Forms [Website](https://www.oregon.gov/oha/hsd/ohp/pages/cco-contract-forms.aspx) (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.

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| **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” | | | | | |