Medicaid Division

CCO Operations

**Attestation for Subcontractor and Delegated Work Report**

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|  |  | Contract Year: **2025** |
| Coordinated Care Organization (CCO): |  |
| Medicaid Contract Number (6 digits only): |  |

The Coordinated Care Organization (CCO) named above is required to submit this Attestation for its Subcontractor and Delegated Work Report 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 4, Section 12, Paragraph a, 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:***

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:
	1. *Applicable to new CCO Subcontractors only:* The CCO has conducted a readiness review of all new Subcontractors, unless for one or more Subcontractors Contractor relied on the readiness review required by Medicare as permitted by Exhibit B, Part 4, Section 12, Paragraph a, Subparagraph (4) of the CCO Contracts or previously conducted a readiness review for any new Subcontractor’s Work performed under the CCO Contracts, and has determined that all new Subcontractors meet the applicable readiness standards; and
	2. The CCO 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. The CCO has confirmed that all Subcontractor employees are subject to, and have undergone, criminal background checks; and
	4. The CCO (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 12 of the CCO Contracts and all other applicable terms and conditions of the CCO Contracts relating to Subcontractors and Subcontracts; and
	5. As required by Exhibit B, Part 4, Section 12, Paragraph a, Subparagraphs (13-16), the CCO has conducted a formal compliance and performance review of each current (not new) 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 with this Attestation has been reviewed for compliance and content and is true and accurate.

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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” |