*The Contractor is only required to submit this Contract deliverable if the Contractor has not obtained NCQA Health Plan Accreditation.*

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| **For Contract Year Ending**: |  |

The Contractor attests that the oral and written Member Information given by the Contractor, and additionally for the CHP and DDD Contractors, the oral and written Member Information given by its Subcontracted Health Plans, is in

Compliance with the requirements of 42 CFR 457.1207, 42 CFR 438.10, and ACOM Policy 404.

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| *Signature of Authorized Representative* |
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|  |
| *Printed Name of Authorized Representative* |
|  |
| *Title* |
|  |
| *Contractor* |
| ACC  ACC-RBHA  ALTCS E/PD  DCS/CHP (CHP)  DES/DDD (DDD) |
|  |
| *Date* |