

The Contractor is only required to submit this Contract deliverable if the Contractor has not obtained National Committee for Quality Assurance (NCQA) Health Plan Accreditation or should the Contractor lose its accreditation (either due to non-renewal or revocation).

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.

SIGNATURE OF AUTHORIZED REPRESENTATIVE

PRINTED NAME OF AUTHORIZED REPRESENTATIVE

TITLE

CONTRACTOR

- ☐ ACC
- ☐ ACC-RBHA
- ☐ ALTCS E/PD
- ☐ DCS CHP (CHP)
- ☐ DES DDD (DDD)

DATE