EXHIBIT C: ATTESTATION FORM

In order to be considered a responsive offer, the Offeror must attest to each element below by indicating with a check mark in the box next to each requirement. Failure to check any box will result in automatic disqualification of the offer.

If the Offeror is submitting a proposal for both the Acute Care and CRS Programs, the attestation of each element shall apply to both Programs. If the Offeror is submitting a proposal for the Acute Care Program only, the attestation of each element shall apply to that Program only.

In addition to complying with all contractual requirements, the Offeror specifically acknowledges the importance of the following provisions and their critical value to the Arizona Health Care Cost Containment System program. The statements in the attestations are not intended to alter or amend the contractual obligations set forth elsewhere in the Request for Proposal. In the event of any inconsistency or ambiguity regarding the meaning of an attestation, the provisions of the Request for Proposal are controlling.

AHCCCS has identified the general references for each element as a convenience for the Offeror; however, all references may not have been identified. It is the responsibility of the Offeror to identify all relevant sources for each element.

Corporate Compliance		
AHCCCS is committed to protecting the public from fraud, waste and abuse. As part of this commitment, AHCCCS Contractors must comply with all applicable Federal and State program integrity requirements. The Offeror attests that it will:		
1.	Have a corporate compliance program and plan consistent with 42 CFR 438.608, and practices which comply with program integrity requirements specified in 42 CFR 455, and the AHCCCS requirements described in ACOM Policy 103 and the contract, by the contract start date	
	RFP Section D, Paragraph 62, Corporate Compliance	
Staffing		
The Offeror will demonstrate by the start date of the contract that all staff shall be fully qualified to perform the requirements of the contract. The Offeror attests that it will:		
2.	Maintain a local presence within the State of Arizona as outlined in Section D, Paragraph 16, Staffing Requirements and Support Services, of the contract <i>RFP</i> , Section D, Paragraph 16, Staff Requirements and Support Services	
3.	Limit Key Staff to occupying a maximum of two of the Key Staff positions	
	RFP, Section D, Paragraph 16, Staff Requirements and Support Services	
4.	Have local staff available 24 hours a day, seven days a week to work with AHCCCS and/or other State agencies on urgent issue resolutions	
	RFP, Section D, Paragraph 16, Staff Requirements and Support Services	
5.	Not employ or contract with any individual who has been debarred, suspended or otherwise lawfully prohibited from participating in any public procurement activity or from participating in non-procurement activities	
	<i>RFP</i> , Section D, Paragraphs 16, Staff Requirements and Support Services and 62 Corporate Compliance	

SECTION I: EXHIBITS EXHIBIT C: ATTESTATION FORM

Staffing - continued		
6.	Screen all employees and subcontractors to determine whether any of them have been excluded from participation in Federal health care programs	
	<i>RFP</i> , Section D, Paragraphs 16, Staff Requirements and Support Services and 62 Corporate Compliance	
7.	Require all staff members to have appropriate training, education, experience and orientation to fulfill the requirements of the position	
	RFP, Section D, Paragraph 16, Staff Requirements and Support Services	
8.	Have sufficient staffing levels to operate in compliance with the terms of the contract <i>RFP</i> , <i>Section D</i> , <i>Paragraph 16</i> , <i>Staff Requirements and Support Services</i>	
9.	Have an Administrator/Chief Executive Officer (CEO) who shall have the authority and ability to direct Arizona priorities.	
	RFP, Section D, Paragraph 16, Staff Requirements and Support Services	
Information	Systems	
	will demonstrate by the start date of the contract that its information system has clearly ge control processes. The Offeror attests that it will:	
10.	Maintain a change control process which includes the Offeror's ability to participate in setting and modifying the priorities for all information systems including those of the Parent Company, subcontractors and vendors	
	RFP, Section D, Paragraph 16, Staff Requirements and Support Services	
11. 🗌	Maintain system upgrade and conversion processes which include appropriate planning and implementation standards	
	RFP, Section D, Paragraph 16, Staff Requirements and Support Services	
12.	Have structures in place to ensure and support current and future IT Federal mandates	
	RFP, Section D, Paragraph 64, Systems and Data Exchange Requirements	
Claims/Enco	unters Processing	
the following	will demonstrate by September 1, 2013 that its systems and related processes can support to key components of the AHCCCS Medicaid claims processing lifecycle. The Offeror e entity and its IT system will:	
13.	Accept and process both paper and electronic submissions	
	<i>RFP</i> , Section D, Paragraphs 38, Claims Payment/Health Information System; 64, Systems and Data Exchange Requirements; 65, Encounter Data Reporting	
14.	Allow for the proper load of provider contract terms, support processing of claims within timeliness standards, incorporate coordination of benefit activities, and generate claims payments and HIPAA compliant remittance advices	
	RFP, Section D, Paragraphs 38, Claims Payment/Health Information System; 64, Systems and Data Exchange Requirements; 65, Encounter Data Reporting	

Claims/Encou	nters Processing- continued	
15.	Have the ability to generate encounter submissions and have the appropriate remediation processes in place when standards are not met <i>RFP, Section D, Paragraphs 38, Claims Payment/Health Information System; 64, Systems and Data Exchange Requirements; 65, Encounter Data Reporting</i>	
Quality Mana	gement	
The Offeror attests that, by the start date of the contract, it will have:		
16.	A process to include the health risks assessment tool in the new member welcome packet. The Offeror has/will have a process for coordination of care across the continuum based on early identification of health risk factors or special care needs, including those members identified who would benefit from disease management and care coordination. [42 C.F.R. 438.208] <i>AMPM Chapter 900</i>	
17. 🗌	A process that requires the reporting of all incidents of abuse, neglect, exploitation, unexpected deaths, healthcare acquired and provider preventable conditions to the AHCCCS Clinical Quality Management Unit AMPM Chapters 900 and 1000	
18.	Processes in place to receive data and forms from a provider's certified electronic medical records including Early, Periodic, Screening, Diagnostic and Treatment forms, performance measure and audit information, and information to facilitate assistance with care coordination activities <i>AMPM Chapter 400</i>	
19. 🗌	A process that meets AHCCCS requirements for identifying, reviewing, evaluating and resolving quality of care or service issues raised by any source <i>RFP</i> , Section D, Paragraph 23, Quality Management and Performance Improvement (QM/PI)	
20.	A process to provide recurring scheduled transportation for members with on-going medical needs, including, but not limited to dialysis, chemotherapy, and radiation <i>RFP</i> , <i>Section D</i> , <i>Paragraph 11</i> , <i>Special Health Care Needs</i>	
MCH/EPSDT		
The Offeror attests that it will have:		
21.	A process and a plan that includes outreach and care coordination processes for children with special health care needs and other hard to reach populations, and coordination with community and government programs	
	AMPM Chapter 400	
Medical Management		
The Offeror attests that it will have:		
22.	A process in place for proactive discharge planning when members have been admitted to an inpatient facility <i>RFP</i> , Section D, Paragraph 24, Medical Management (MM)	

Medical Management - continued		
23.	A process that ensures that practice guidelines are based on valid and reliable clinical evidence or a consensus of health care professionals in that field and disseminated to providers	
	RFP, Section D, Paragraph 24, Medical Management (MM)	
24.	A process in place to provide emergency services without prior authorization regardless of contract status of the provider <i>AMPM Chapter 310F</i>	
25.	A process to analyze utilization data and use the results to implement medical management changes to improve outcomes and experience <i>RFP, Section D, Paragraph 24, Medical Management (MM)</i>	
26.	Disease and chronic care management programs that are designed to coordinate evidence based care focused on improving outcomes for members with one or more chronic illnesses which may include behavioral health conditions	
n 1 · 1 · 1	RFP, Section D, Paragraph 24, Medical Management (MM)	
Behavioral He	alth	
The Offeror att	ests that it will have:	
27. 🗌	A process for identifying members with behavioral health care needs and assisting members in accessing services in the Regional Behavioral Health Authority system <i>RFP, Section D, Paragraph 12, Behavioral Health Services; AMPM Chapters 400 and 1000</i>	
Access to Care (Only	Offerors submitting a proposal for the CRS Program must attest to #29)	
The Offeror att	ests that it will have:	
28.	A comprehensive network that complies with all Acute Care network sufficiency standards as outlined in RFP YH14-0001 and ACOM Draft Policy, Acute Network Standards, no later than August 1, 2013	
	RFP, Section D, Paragraph 27, Network Development	
29. CRS Only	A comprehensive network that complies with all CRS network sufficiency standards as outlined in RFP YH14-0001 (see Section D, Paragraphs 10, Scope of Services and 27, Network Development), no later than August 1, 2013	
	RFP, Section D, Paragraph 27, Network Development	
30.	A process for researching, resolving, tracking and trending provider inquiries/complaints and requests for information that includes contacting providers within three days and resolving issues within 30 days	
	RFP, Section D, Paragraphs 27, Network Development and 29, Network Management	
31.	A process for monitoring and addressing provider performance issues up to and including contract termination <i>RFP</i> , <i>Section D</i> , <i>Paragraphs 27</i> , <i>Network Development and 29</i> , <i>Network</i>	
	Management	

Finance		
The Offeror attests that it will:		
32.	Have a separate entity established for purposes of this contract within 120 days of the contract award if the Offeror is a non-governmental <i>New Contractor</i> .	
	RFP, Section D, Paragraph 51, Separate Incorporation	
33. 🗌	Meet the minimum capitalization requirements within 30 days of the contract award if the Offeror is a <i>New Contractor;</i> or, fund through a capital contribution the necessary amount to meet the equity per member requirement within 30 days of the contract award if the Offeror is a <i>Successful Incumbent Contractor</i> .	
	RFP, Section D, Paragraph 45, Minimum Capitalization; Section H, Instructions to Offerors-Paragraph 14, Minimum Capitalization	
34.	Secure a performance bond as defined in amount and type in Section D, Paragraphs 46, Performance Bond or Bond Substitute and 47, Amount of Performance Bond, and ACOM policies 305 and 306 no later than 30 days after notification by AHCCCS of the amount required.	
	RFP, Section D, Paragraphs 46, Performance Bond or Bond Substitute; 47, Amount of Performance Bond	

ATTESTATION SIGNATURE

In order for the proposal to be considered for AHCCCS review purposes, all boxes must be checked. The attestation must be signed and dated by the Offeror. A proposal containing check boxes left blank or lacking a signature and date below will not be considered further.

Offeror's Name:_______ certifies the elements attested to in this document are true and it is understood that AHCCCS will rely on this attestation in determination of the award.

Authorized Signature

Date

Individual's Printed Name

Title