**Health Plan Attestation of Compliance with section 2.7.22**

I, [NAME], employed and authorized by [MCO NAME], as [TITLE], hereby attest that [MCO NAME] is in compliance with the requirements of section 2.7.22 (Hospital Reimbursement) of Contract# CS22077700\_\_. [MCONAME] has negotiated rates with the following hospitals that comply with the parameters of the directed payment structure identified in section 2.7.22, or it has negotiated one or more rates based on a state agency-approved exception:

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| --- | --- | --- |
| **Hospital and NPI** | **In Compliance** | **Exception** |
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I attest that [MCO NAME] anticipates requesting an extension with the following providers, on the

following dates:

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| **Hospital and NPI** | **Requested Date of Submission Extension** |
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Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_