



Attachment A

NETWORK ATTESTATION STATEMENT

This Attestation Statement is to accompany the Network Development and Management Plan which is due within 45 days from the start of each contract year. Each Contractor will be required to submit this Attestation Statement for each GSA in which they operate.

Network Attestation Statement

From

Contractor's Name

To The

Arizona Health Care Cost Containment System
Division of Health Care Management, Operations

I hereby attest that the Network Development and Management Plan submitted does not meet the Network Standards (Acute Contract Section D, ¶28 and ¶29; ALTCS Contract Section D, ¶28 and ¶29; ACOM Policy 415 Provider Network Development and Management Plan and ACOM Policy 419 ALTCS Network Standards) for the following GSA(s) and/or county (ies):

I hereby attest that the Network Development and Management Plan submitted meets all other Network Standards other than those listed above (Acute Contract Section D, ¶28 and ¶29; ALTCS Contract Section D, ¶28 and ¶29; ACOM Policy 415 Provider Network Development and Management Plan and ACOM Policy 419 ALTCS Network Standards) for the following GSA(s) and/or county (ies):

(Network Administrator Signature)

Date



Attachment A-1 Instructions for the

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Network Attestation Statement

From

① Contractor's Name

To The

Arizona Health Care Cost Containment System
Division of Health Care Management, Operations

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③ I hereby attest that the Network Development and Management Plan submitted meets all other Network Standards other than those listed above (Acute Contract Section D, ¶28 and ¶29; ALTCS Contract Section D, ¶28 and ¶29; ACOM Policy 415 Provider Network Development and Management Plan and ACOM Policy 419 ALTCS Network Standards) for the following GSA(s) and county (ies):

④ (Network Administrator Signature)

⑤ Date



Contractors must submit a separate Attestation for each Line of Business (LOB)

- ❶ Insert Contactor's name: Mercy Care Plan
Mercy Care LTC
- ❷ Check this box if the GSA and county you are reporting does not meet required Network Standards. Insert the Settings/Service types, GSA(s) and/or county (ies) where Network Standards are not met.

Example:

Acute LOB: GSA 4 – Apache, Mohave, Navajo: Speech/hearing Therapist

ALTCS LOB: GSA 44 - Apache County: Assisted Living Centers; Adult Day Health; Speech Therapy

- ❸ Check this box if the GSA and county you are reporting meets all required Network Standards. Insert the GSA number and the county (ies) meeting the Standards.

Example:

Acute LOB: GSA 4 – Coconino
GSA 12 - Maricopa

ALTCS LOB: GSA 44 - Coconino, Mohave, Navajo
GSA 52 - Maricopa

NOTE: It is possible to have both Bullet 2 and Bullet 3 boxes checked at the same time. One or more counties in a multiple GSA could be in full compliance with the Network Standards while one or more could be out of compliance.

- ❹ Have the appropriate Network Administrator sign the Attestation Statement
- ❺ Include the date the Attestation was signed