



AHCCCS CONTRACTOR OPERATIONS MANUAL
ACOM POLICY 415, ATTACHMENT A, NETWORK
ATTESTATION STATEMENT

The Contractor attests its compliance with the AHCCCS network standards for each county(ies) in which they operate as delineated in the AHCCCS Medicaid Contract and AHCCCS Policy.

NETWORK ATTESTATION STATEMENT

FROM

CONTRACTOR'S NAME

HEALTH PLAN ID

CONTRACT YEAR ENDING _____

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 identified in ACOM 415, ACOM 436 and in Contract (for the following county(ies):

(LIST EACH COUNTY)

- I hereby attest that the Network Development and Management Plan submitted **meets** all Network Standards identified in ACOM 415, ACOM 436 and in Contract for the following county(ies):

(LIST EACH COUNTY)

(Network Administrator Signature)

Date

(Printed Name of Network Administrator)