

**Bureau of Managed Care**  
**Managed Care Organizations**  
**Policy/Procedures**

**General Contract Monitoring**

**MCO Quarterly Attestation of Adherence to the Department's PDL**

Pursuant to Section 5.3.2.9. of the Amended HCI Contract, and Attachment XIII, and pursuant to Section 5.3.1.9 of the YouthCare Contract, each MCO must submit an attestation of its adherence to HealthCare and Family Services' (the Department's) Preferred Drug List (PDL) and adherence to meeting the requirements of 305 ILCS 5/5-30(b)(1), beginning with the first quarter of calendar year 2020, and quarterly thereafter. The MCO shall complete and submit the attached MCO PDL Attestation form (revised December 2022), to the Department's SharePoint system within five (5) business days after the end of each calendar quarter.

HCI and YouthCare MCOs shall begin submitting the applicable, revised PDL Attestation form (revised February 2023) in SharePoint for Q1 2023 reporting – no later than five (5) business days after the end of the Q1 2023 calendar quarter. All Calendar Year 2023, 2024 and 2025 PDL Attestation Forms shall be submitted to the Department's SharePoint system within five (5) business days after the end of each calendar quarter.

**Policy History**  
**General Contract Monitoring**  
**Provider Directory Requirements**

<b>Date</b>	<b>Action</b>	<b>Policy Originator</b>
March 3, 2020	Amended Contract Attestation Requirement	Laura Ray
May 17, 2022	Amended to include 305 ILCS 5/5-30(b)(1)	Amy Roberts
December, 2022	Revised Attestation Template and language	Amy Roberts
<b>Policy Revisions</b>	<b>Revision Approved</b>	
January 2023	Laura Ray	



**Illinois Department of HealthCare and Family Services  
Bureau of Managed Care**

**HCI MCO ATTESTATION TO THE DEPARTMENT'S PDL**

***Please Type or Print Clearly***

Name of Managed Care Organization	Provider ID Number	Report Quarter/Year
<p>On behalf of the above-named Managed Care Organization, I attest, based on best knowledge, information and belief, that pursuant to the Contract for Furnishing Health Services in a Managed Care Organization, Section 5.3.2.9., and Attachment XIII, (name of MCO) _____ is adherent with the Department's PDL and has met the requirements of 305 ILCS 5/5-30(b)(1).</p> <p>I acknowledge that the information described above will be monitored by HFS and may directly affect payments and/or enrollment to the Managed Care Organization listed above.</p> <p>I understand that my organization and/or I may be subject to prosecution, sanction, or any other applicable cause of action pursuant to state or federal law for misrepresentations, omission or concealment of a material fact, statements or documents.</p>		
<p><b>Signature:</b></p> <p>The attestation must be signed by the Chief Executive Officer, Chief Operating Officer, or an individual who has delegated authority to sign for, and who reports directly to the Chief Executive Officer or Chief Operating Officer.</p>		
<p><b>Name (Type/Print)</b></p>		
<p><b>Signature</b></p>	<p><b>Date Signed</b></p>	
<p>Title/authority of Person Signing Attestation (please check only one box)</p> <p> <input type="checkbox"/> Chief Executive Officer      <input type="checkbox"/> Chief Operating Officer  <input type="checkbox"/> CEO Delegated Authority      <input type="checkbox"/> COO Delegated Authority         </p>		



**Illinois Department of HealthCare and Family Services  
Bureau of Managed Care**

**YouthCare MCO ATTESTATION TO THE DEPARTMENT'S PDL**

***Please Type or Print Clearly***

Name of Managed Care Organization	Provider ID Number	Report Quarter/Year
<p>On behalf of the above-named Managed Care Organization, I attest, based on best knowledge, information and belief, that pursuant to the Contract for Furnishing Health Services in a Managed Care Organization, Section 5.3.1.9., (name of MCO) _____ is adherent with the Department's PDL and has met the requirements of 305 ILCS 5/5-30(b)(1).</p> <p>I acknowledge that the information described above will be monitored by HFS and may directly affect payments and/or enrollment to the Managed Care Organization listed above.</p> <p>I understand that my organization and/or I may be subject to prosecution, sanction, or any other applicable cause of action pursuant to state or federal law for misrepresentations, omission or concealment of a material fact, statements or documents.</p>		
<p><b>Signature:</b></p> <p>The attestation must be signed by the Chief Executive Officer, Chief Operating Officer, or an individual who has delegated authority to sign for, and who reports directly to the Chief Executive Officer or Chief Operating Officer.</p>		
<p><b>Name (Type/Print)</b></p>		
<p><b>Signature</b></p>	<p><b>Date Signed</b></p>	
<p>Title/authority of Person Signing Attestation (please check only one box)</p> <p> <input type="checkbox"/> Chief Executive Officer      <input type="checkbox"/> Chief Operating Officer  <input type="checkbox"/> CEO Delegated Authority      <input type="checkbox"/> COO Delegated Authority         </p>		