

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

**General Contract Monitoring**

**MCO ANNUAL ATTESTATION OF ADHERENCE – DRUG UTILIZATION REVIEW**

Pursuant to Section 5.3.3., and Subsections 5.3.3.1. through 5.3.3.6. of the Amended HealthChoice Illinois Contract, each MCO shall complete and submit the attached Annual Attestation Form to confirm adherence with the Department’s Drug Utilization Review provisions designed to reduce Opioid-Related Fraud, Abuse and Misuse, and Section 1004 of the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act (Support Act). The initial Attestation Form submission is due to the Department by close of business on Friday, October 1, 2021. Additional annual Attestation Form submission due dates are provided in the table below. All submissions of the completed Attestation Form shall be uploaded to the HFS SharePoint repository. The SharePoint document naming convention to apply to each annual submission in the SharePoint repository is as follows:

MCO Report Type - Pharmacy

MCO Report Title - [MCO initials] DUR Attestation Form [CY]

**Annual Calendar Submission Due Dates**

<b>Calendar Year</b>	<b>Attestation Due Date</b>	<b>Submission Method</b>
Calendar Year 2021	Friday, October 1, 2021	Upload to SharePoint
Calendar Year 2022	Friday, September 30, 2022	Upload to SharePoint
Calendar Year 2023	Friday, September 29, 2023	Upload to SharePoint
Calendar Year 2024	Tuesday, October 1, 2024	Upload to SharePoint
Calendar Year 2025	Wednesday, October 1, 2025	Upload to SharePoint

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

<b>Date</b>	<b>Action</b>	<b>Policy Originator</b>
July 2021	Contract Attestation Policy and Form	Laura Ray

<b>Policy Revisions</b>	<b>Revision Approved</b>
[revision date]	[name of person who approved revision]



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

**MCO ANNUAL ATTESTATION OF ADHERENCE – DRUG UTILIZATION REVIEW**

*Please Type or Print Clearly*

Name of Managed Care Organization	Provider ID Number	Report 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 5.33, and Subsections 5.3.3.1. through 5.3.3.6., (name of MCO) _____ is adherent with the Department’s Drug Utilization Review provisions designed to reduce Opioid-Related Fraud, Abuse and Misuse, including Section 1004 of the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act (Support Act).</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>		