



MCO Carve-Out Pharmaceutical Attestation

Instructions:

Please return this attestation form with the quarterly invoices for carve-out pharmaceuticals.

Attestation:

On behalf of myself or on behalf of the entity I represent, I hereby certify that the following is true and accurate, and I hereby acknowledge that this certification is material to the state of Iowa reimbursement agreement for carve-out pharmaceuticals:

1. I and/or my entity conducted a claims review process
2. I and/or my entity have created and/or monitored reports of:
 - a. Member's Medication Therapy Management (MTM) program
 - b. Emergency Room (ER) visits or any hospitalizations
 - c. Relevant laboratory studies, such as PT, PT platelets. Include any abnormal labs. Vital abnormalities obtained in the office or monitored at home.
 - d. Bleeding episodes (hemophilia)
 - e. Treatment complications
 - f. Quarterly assessments and nutritional status
 - g. Any recommendations from MCO director regarding treatment concerns
 - h. Frequency of visits and if those are occurring as scheduled
 - i. Port assessments

Certification Statement:

Please certify that each of the statements below is true and accurate by checking each box. Each statement must be certified for the attestation to be completed.

- I authorize Iowa Medicaid Enterprise (IME) to verify the information submitted in the attestation form.
- I certify the information contained herein is true, correct, and complete. If I become aware that any information in the attestation form is not true, correct or complete, I agree to notify IME immediately.
- I understand that any false statement, omission, or misrepresentation of a material fact may result in recovery of all funds paid as a result of such false statement, omission, or representation and may also result in prosecution under state and federal laws.

Authorized Signature	Date
Contact Phone Number	
Email Address	