County Attestation to Compliance with Drug Medi-Cal Postservice Prepayment and Postservice Postpayment Corrective Action Plan

(Form used for both Drug Medi-Cal Organized Delivery System (DMC-ODS) Drug Medi-Cal (DMC) Plan Counties)

The Contractor shall monitor and attest completion by providers with Corrective Action Plan (CAP) requirement as required by any Postservice Postpayment (PSPP) reviews. The Contractor shall attest to Department of Health Care Services (DHCS), using the County Attestation to Compliance DHCS Form 8049, that the corrective actions in the CAP have been completed by the provider. Submission of DHCS Form 8049 by Contractor must be completed within the timeline specified in the approved CAP, as noted by DHCS.

I hereby attest that _____ DMC Number_____,has fully implemented
(Provider Name) (Provider #)

all corrective actions in the PSPP Report issued on _____.
(Date of PSPP Report)

_____	_____
County Agency Name	Name of County
_____	_____
Business Phone Number	Business E-Mail
_____	_____
Print Name, First and Last	Working Title
_____	_____
Signature	Date

Please submit via a **Secure Managed File Transfer** system specified by DHCS.