

AFFIDAVIT PURSUANT TO 20 CSR 400-7.095(2)(A)1.B.

State of **Missouri**)
)
County of **Cole**) ss

John Smith first being duly sworn, on his/her oath states:
(Insert Name)

He/she is the President of ABC HMO,
(Insert Title of Individual) (Insert Name of HMO)
a(n) Missouri corporation, and as such officer is duly authorized to make this affidavit
(Insert State of Incorporation)

on behalf of said corporation;

The managed care plan to which this affidavit applies is known by the product name(s):

Network: St. Louis

Products: Family Care
(Managed Care Plan) Family Care Plus
Family Care Access
Gold Advantage

(Insert Product Name(s) used by the HMO for this Managed Care Plan; if none, so state)

The form number(s) of the health benefit plan for this managed care plan are
:

Network: St. Louis

Products: Family Care Form #'s 6-0001, 6-0001COC
(Managed Care Plan) Family Care Plus Form #'s 6-0001POS, 6-0001COCPOS
Family Care Access Form #'s 6-0002, 6-0002COC
Gold Advantage Form #'s 7889-8, 7889-8COC

(Insert Form Numbers as Filed for Approval with the Department of Insurance)

This managed care plan meets the following criteria:
(insert an "X" in one or more of the following, as applicable.)

X The managed care plan is a Medicare+Choice coordinated care plan offered pursuant to a contract with the federal Centers for Medicare and Medicaid Services, and the contract is currently in effect;
GOLD ADVANTAGE

_____ The managed care plan is accredited by the National Committee for Quality Assurance at a level of “accredited” or better, and the accreditation is currently in effect;

_____ All/some (circle one) of the managed care plan’s network is accredited by the Joint Commission on the Accreditation of Health Organizations at a level of “accreditation without type I recommendations” or better, and the accreditation is currently in effect. (If “some” is circled, additional information for that portion of the Network not covered by the JCAHO accreditation must be submitted pursuant to 20 CSR 400-7.095(2)(A)1.A. or B.)

X_____ The managed care plan is accredited by the American Accreditation Healthcare Commission for full URAC Health Plan accreditation, and the accreditation is currently in effect;
FAMILY CARE
FAMILY CARE PLUS
FAMILY CARE ACCESS

_____ The managed care plan or its network is accredited by _____, this accreditation was approved by the department prior to the date of this affidavit, and this accreditation is currently in effect.

John Smith

(Signature of Affiant Corporate Officer)

Subscribed and sworn to before me this 5th day of March, 2003.

My commission expires June 30th, 2003.

Hannah Public

Notary Public

Notary Seal

