

## Calendar Year 2025 Total Cost of Care Model PHI Sharing Health System Proxy Attestation: System Representative

This attestation acknowledges that the health system representative is authorized to enter the named hospitals into a Care Coordination Relationship for Calendar Year 2025. As such, this representative is duly authorized to certify the list of providers submitted through the MPA Attribution Tracking Tool (MATT) by each individual hospital under its purview. The following Care Coordination Relationship Attestation is agreed:

*“The Hospital or Health System certifies that it has a Business Associate Agreement (BAA), as such term is defined by 45 CFR §164.504, or other such agreement (employment contract, ACO Agreement, etc.) that allows data sharing under HIPAA, with each Medicare-enrolled practitioner on the attached list to receive Protected Health Information (PHI) for healthcare operations and for voluntarily coordinating or managing health care and related services in a manner allowable under 45 CFR §§164.501, 164.502, and 164.504. The Hospital agrees to hold harmless the State, the HSCRC, and CRISP and to defend and indemnify these parties, individually or collectively, from any actions arising from a false certification made herein.”*

The individual hospitals listed below are still responsible for maintaining their list of authorized users for MATT and maintaining the appropriate list of Clinician, Facility, and CTO Partners for Calendar Year 2025.

Health System Name:

Hospitals to be Managed by the Health System Representative:

Hospital Name	Hospital CCN

Health System Representative Signature:

Print Name:

Title:

Date: