

Effective Date: 7/1/2019

Review Date: 7/30/2019

Revised Date:

North Sound Behavioral Health Administrative Services Organization, LLC

Section 4000 - Information Systems: Certification of Utilization Information Relating to
Payment Under the Medicaid Program

Authorizing Source: HCA Contract

Approved by: Executive Director Date: 7/30/2019

Signature:

POLICY #4201.00

SUBJECT: CERTIFICATION OF UTILIZATION INFORMATION RELATING TO PAYMENT UNDER THE MEDICAID PROGRAM

PURPOSE

To ensure that the utilization data submitted to the Healthcare Authority (HCA) by the North Sound Behavioral Health Administrative Services Organization (North Sound BH-ASO) is concurrently certified by the Chief Financial Officer, Chief Executive Officer, or a person who reports directly to and who is authorized to sign for the Chief Financial Officer of the Chief Executive Officer.

POLICY

Each day utilization data is submitted by the North Sound BH-ASO to HCA, North Sound BH-ASO must concurrently submit a Certification of Utilization Information Relating to Payment under the Medicaid Program which attests, based on best knowledge, information and belief to the accuracy, completeness and truthfulness of the utilization information submitted.

PROCEDURES

The IS Department will:

1. Generate batches in preparation for submission of utilization information to HCA.
2. Review batches for accuracy and completeness and submit batches to HCA.
3. Send an email notification to encounterdata@hca.wa.gov. This email will be the concurrent certification to the accuracy and completeness of the encounter data file at the time of submission. Included shall be the number of batch files and total encounter records and services submitted with the following statement:

To the best of my knowledge, information and belief as of the date indicated, I certify that the encounter data and the corresponding financial summary, or other required data, reported by North Sound BH-ASO to the State of Washington in the submission is accurate, complete, truthful and is in accordance with 42 CFR 438.606 and the current BH-ASO lead entity contract in effect.

4. On the last business day of the month, send a signed original Letter of Certification and include a list of all files submitted during the month.
5. File copy of signed letter.

ATTACHMENTS

None