

Effective Date: 5/27/2010; 6/14/2005  
Revised Date: 4/11/2016  
Review Date: 4/11/2016

**North Sound Behavioral Health Organization**  
Section 4200 – Certification of Utilization Information  
Relating to Payment Under the Medicaid Program

Authorizing Source: 42 CFR 438.606

Cancels:

See Also:

Responsible Staff: IS/IT Administrator

Approved by: Executive Director

Date: 4/11/2016

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 Department of Social and Health Services (DSHS) by the North Sound Behavioral Health Organization (North Sound BHO) is concurrently certified by the Chief Financial Officer, Chief Executive Officer, or a person who reports directly to and who is authorize to sign for the Chief Financial Officer of the Chief Executive Officer.

**Policy**

Each day utilization data is submitted by the North Sound BHO to DSHS, North Sound BHO 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.

**Procedure**

1. IS/IT Administrator will:
  - a. Generate batches in preparation for submission of utilization information to DSHS.
  - b. Review batches for accuracy and completeness and submit batches to DSHS.
  - c. Send an email notification to [encounterdata@hca.wa.gov](mailto: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 BHO to the State of Washington in the submission is accurate, complete, truthful and is in accordance with 42 CFR 438.606 and the current BHO lead entity contract in effect.*
  - d. 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.
  - e. File copy of signed letter.

**Attachments**

None