

Great Rivers Behavioral Health Administrative Services Organization

Policy Title:	Data Certification	Policy No. 3011.00
Category:	Information Services	Date Adopted: 10/9/2020 Date Revised: Date Reviewed:
Reference:	Great Rivers BH-ASO Internal Policy, HCA Agreements	

POLICY

- 1.1. To ensure that the utilization data submitted to the Health Care Authority (HCA) and Managed Care Organization (MCO) by the Great Rivers Behavioral Health Administrative Services Organization, LLC (Great Rivers BH-ASO) is certified by the Chief Executive Director, or a person who reports directly to and who is authorized to sign for the Chief Executive Director.
- 1.2. Utilization data is submitted by the Great Rivers Behavioral Health Administrative Services Organization, LLC to HCA, Great Rivers 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.

PROCEDURE:

- 2.1. The IT/IS Administrator shall:
 - 2.1.1. Generate batches in preparation for submission of utilization information to HCA or MCO.
 - 2.1.2. Review utilization data for accuracy and completeness and submit Encounter data to HCA or MCO.
 - 2.1.3. Send an email notification to the appropriate email address required by contract. This email is a 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, or other required data, reported by Great Rivers Behavioral Health Administrative Services Organization, LLC is accurate, complete, truthful and is in accordance with 42 CFR 438.606 and the current BH-ASO contract in effect.

- 2.1.4. 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.
- 2.1.5. File copy of signed letter.

POLICY SIGNATURE

DocuSigned by:
Edna J. Fund
3731C87058C2465

10/9/2020

Edna J. Fund, Chair
Great Rivers BH-ASO Governing Board

Date