CERTIFICATION

Pursuant to the contract(s) between the Great Rivers Behavioral Health Administrative Service Organization, LLC (Great Rivers BH-ASO), and (BHA NAME) a licensed Behavioral Health Provider. (BHA NAME) certifies that it is a contracted provider and authorized to participate in the Washington State Medical Assistance Program as a licensed Behavioral Health Provider within the Great Rivers BH-ASO Network, providing data to Great Rivers BH-ASO. (BHA NAME) acknowledges that PIHP data, using Federal regulations, require that utilization data submitted must be certified by a Chief Financial Officer, Chief Executive Officer, or a person who reports directly to and who is authorized to sign for the Chief Financial Officer or Chief Executive Officer.

The PIHP makes the following certification to the state of Washington as required by the Federal regulations at 42 CFR 438.600 (et.al.):

for the month of, 202 data for this month and I,	oral health utilization data to Great Rivers BH-ASO (D. (BHA NAME) has reviewed the utilization as a Delegate for (BHA nowledge, information, and belief as of the month ormation submitted including but not limited to the Data Dictionary, Behavioral Health Data System Reporting Instructions, ProviderOne Encounter distructions, guides, or data dictionaries to the omplete, and truthful.
ACKNOWLEDGE THAT THE INFORMATHE CALCULATION OF PAYMENTS TO UNDERSTAND THAT I MAY BE PROSE	TED FROM THIS FORM. I, TION DESCRIBED ABOVE MAY DIRECTLY AFFECT O CONTRACTED PROVIDER AND THE BH-ASO. I CUTED UNDER APPLICABLE FEDERAL AND STATE EMENTS, OR DOCUMENTS, OR CONCEALMENT OF
INDICATE NAME AND TITLE CFO, CEO, OR DELEGATE	on behalf of <u>(BHA NAME)</u> DATE