TO: Health Care Authority

**[TODAY’S DATE]**

RE: Monthly Certification of the Behavioral Health Supplemental Data Batch Submissions

For: **[TRANSMITTAL PERIOD – Month and Year]**

To the best of my knowledge, information and belief as of the date indicated, I certify that the behavioral health supplemental data or other required data, reported by **[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 Behavioral Health-Administrative Services Organization (BH-ASO) Contract in effect.

I also certify that any claims cost information within the submitted data is proprietary in nature and assert that it is protected from public disclosure under Revised Code of Washington 42.56.270(11).

The following batch files for **[BH-ASO]** were uploaded to the Behavioral Health Data System on the following dates during the transmittal period:

|  |  |  |  |
| --- | --- | --- | --- |
| **Batch File Name** | **Date Submitted (MM/DD/YYYY)** | **Number of Records** | **Status of Submission****(Rejected or Accepted)** |
|  |  |  |  |
|  |  |  |  |
| **Total Number of Records and Files:** |  |  |

Sincerely,

**Authorized Signature (CEO, CFO or Authorized Designee)**

**Title**