**Enrollment Reconciliation Certification – Discrepancies Found**

**Purpose:**A Managed Care Entity (MCE) contracted by the Oregon Health Authority (OHA) must use this form to certify any enrollment discrepancies identified in their 834 monthly enrollment audit file from OHA.

**Instructions:Complete within 14 days of receiving the 834 file.**

* Enter the discrepancies in the designated Excel file.
* Complete this certification form. The MCE’s signature must be either original (manual, in handwriting) or digital through a third-party service with identity verification and encryption.
* Send both documents (attached to the same email message) via secure email to OHA at [enrollment.reconcilation@dhsoha.state.or.us](mailto:enrollment.reconcilation@dhsoha.state.or.us).

# MCE Information

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| --- | --- | --- |
| **MCE Name** | **Medicaid Plan ID** | **OHA Medicaid Contract Number** |
|  |  |  |

# Discrepancy Certification for Month Ending *(Date)*:

I, the undersigned, hereby attest that I have authority to certify this information on behalf of the MCE as its Chief Executive Officer, Chief Financial Officer, or as a delegate authorized by the Delegation Authorization and Signature Form; and I, the undersigned, hereby certify based on best knowledge, information, and belief that I have determined the OHA 834 monthly enrollment audit file and the MCE’s health information system have the discrepancies identified in the designated Excel file submitted with this certification form.

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| Name | |  | Signature |  | Date |
| *Authority for above signer:* | Chief Executive Officer, | | | | |
| Chief Financial Officer, or | | | | |
| Delegate authorized by Delegation Authorization and Signature Form | | | | |

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