



### Delegation Authorization and Signature Form

**Purpose:** The Chief Executive Officer (CEO) or Chief Financial Officer (CFO) of a Managed Care Entity (MCE) contracted by the Oregon Health Authority (OHA) must use this form to:

- Delegate authority to certify, as required by [42 CFR § 438.606](#), data, documentation, or information that must be submitted pursuant to [42 CFR § 438.604](#) and the MCE contract. For an MCE that is a Coordinated Care Coordination (CCO), the authority delegated by submission of this form for the CCO’s Medicaid contract automatically extends to the CCO’s Cover All Kids contract without need for a separate form;
- Add or remove an MCE employee with delegated authority;
- Make any change in the name, title, and/or contact information for the delegated employee; or
- Make any change in the submission type(s) that may be certified by the delegated employee.

**Instructions: Use one form per delegated employee.** The form with the most recent effective date for the delegated employee replaces all prior versions. Signatures must be either original (manual, in handwriting) or digital through a third-party service with identity verification and encryption. Email the signed form to the OHA deliverables mailbox designated in the applicable MCE contract.

#### MCE Authorization

MCE Name	Medicaid Plan ID	OHA Medicaid Contract Number

I, as the CEO/CFO of the MCE identified above, authorize the employee named in this form to certify data and other information submitted to OHA as provided in 42 CFR § 438.604 for the contract listed above. By completing this form, I, the undersigned, hereby certify that the individual listed below reports directly to the CEO or CFO, and is able to attest, based on best knowledge, information, and belief that the information submitted to OHA has been reviewed for compliance and content as required by 42 CFR § 438.606.

\_\_\_\_\_  
 Name of  CEO or  CFO                      Signature                      Date

#### Delegated Employee Information

<input type="checkbox"/> Add employee	<input type="checkbox"/> Make changes	<input type="checkbox"/> Remove employee	<b>Effective Date</b>
<i>Full Name</i>		<i>Title</i>	
<i>Email</i>		<i>Phone</i>	
<b>Type(s) of submission (mark all that apply):</b>			
<input type="checkbox"/> Encounter data forms	<input type="checkbox"/> Enrollment data forms	<input type="checkbox"/> Financial reports	
<input type="checkbox"/> Member materials	<input type="checkbox"/> Policies		
<input type="checkbox"/> Certification of other data or information required by OHA and contained in contracts, proposals, and related documents ( <i>please specify</i> ): _____			
_____ Employee’s Signature			_____ Date