**Enrollment Reconciliation Certification – No Discrepancies Found**

**Purpose:**A Managed Care Entity (MCE) contracted by the Oregon Health Authority (OHA) must use this form to certify that no enrollment discrepancies were identified in their 834 monthly enrollment audit file from OHA.

**Instructions:Complete within 14 days of receiving the 834 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.
* Email the completed form 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** |
|  |  |  |

# 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 there are no discrepancies between the OHA 834 monthly enrollment audit file and the MCE’s health information system.

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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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