*Data Certification Letter*

RE: Certification of the Encounter Data Files*/ [Certification Month/Year]*

To the best of my knowledge, information and belief as of the date indicated I certify that the Medicaid funded client and service encounter data, or other required data, reported by (*Name of provider agency)* to the King County Integrated Care Network is accurate, complete, truthful and is in accordance with 42 CFR §438.606 and the current Integrated Care Network Lease Agreement in effect.

The following electronic data files for (*Name of provider agency)* were uploaded to the King County Behavioral Health and Recovery Division Information System (BHRD-IS) on the following dates during the transmittal period.

| **Batch Number**  *(Note: there are 3 types of batch files that the KCICN receives from contracted providers. Below enter a date of the corresponding file types submitted during this certification period).* | **Date**  **Submitted**  **(mm/dd/yyyy)** | **Number of Files** |
| --- | --- | --- |
| *Regular batch file:* |  |  |
| *Web app batch file:* |  |  |
| *EDI (837p) file:* |  |  |
| *Other please name type :* |  |  |

Sincerely,

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_