

COMPLETE THE FOLLOWING FORM, PRINT, SIGN, SCAN AND PROVIDE TO YOUR COORDINATED CARE ORGANIZATION**Provider Medicaid-Focused Attestation Form**

Please fill out the following form and submit to your CCO(s) as justification for a Tier 2 (30%) increase as specified in the Behavioral Health Directed Payments program for 2024.

GENERAL INFORMATION AND CERTIFICATION**I. General Information**

A. Provider Name	
B. Address	
C. Prepared by	
D. Phone Number	
E. E-Mail Address	

II. Certification: to be signed by an official of the Provider

		Notes
Does your organization meet the requirements of Primarily Medicaid and Tier 2 Status? (over 50% Medicaid service revenue in calendar year 2023)		
Does your organization provide Culturally and Linguistically Specific Services (CLSS) and have you applied to OHA? (include the application date and/or approval date in the notes field)		
Does your organization provide Co-Occurring Disorder Services by dually credentialed clinicians (COD) and have you applied to OHA? (include the application date and/or approval date in the notes field)		
Did your organization provide an Income Statement or Scratch-sheet detail showing Revenue by type that aligns with the schedule on the Attestation?		

I, the undersigned, hereby attest that I have the authority to certify the data and information and I, the undersigned, hereby certify based on best knowledge, information, and belief that the data and information is accurate, complete and truthful.

Signature	
Name	
Title	
Date	

Submission Note: When submitting this form to any organization, please include a printed version of this sheet with a official signature (electronic or wet)

Provider Medicaid-Focused Attestation Form

REPORTING PERIOD BEGINNING DATE:	
REPORTING PERIOD ENDING DATE:	

CCO:	
Provider Name:	
Provider DBA (if applicable):	
Provider Address:	
Provider Tax ID:	

Purpose: Attestation of provider's Medicaid-Focused tier status.

Instructions: Provide the name of all payer types (including Medicaid, private insurance, self pay) billed during the previous year and the corresponding percentage of total revenue received from each provider type. Add lines as needed. If the total revenue from Medicaid is over 50%, please select "yes" next to the "Medicaid Tier 2 status" field on the certification sheet.

Medicaid Funds include:

- Any payments from OHA on Open Card claims
- Payments from Coordinated Care Organizations for claims
- Other payments from Coordinated Care Organizations which include but are not limited to grant distributions, HRS spending, etc.

Provide as an attachment, a prior year Income Statement showing Revenue allocations to substantiate Provider Revenue by Payer Type inputs (Scratch Sheet allocations are acceptable)

Note: Scratch Sheet has been provided for additional notes or calculations needed by Payer type or Revenue Source

Payer Type	"Other" Description	Total Service Revenue by Payer Type	% of Total Service Revenue

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Please provide any text, tables, numbers, etc. that you would like to communicate but were not able to include within the preceding reports.