

## EXHIBIT O

### Data Certification and Validation Encounter Data or Pharmacy Transaction Submissions

1. Contractor shall demonstrate to DMAP through proof of Data Certification and Validation that Contractor is able to attest to the accuracy, completeness and truthfulness of Information required by DMAP. The requirements in this Exhibit O are intended to implement the requirements of 42 CFR §§ 438.604 and 438.606.

The Data and Information that must be certified include, but are not limited to, Encounter Data and Pharmacy Transactions. Contractor shall submit to DMAP all reports specified in the Contract and this Exhibit.

2. Required Data Certification and Validation Report Forms

Contractor shall submit the report forms listed below to DMAP in the manner described in the Contract and on each form or report.

- O1 Signature Authorization Form
- O2 Data Certification and Validation Report Form
- O3 Claim Count Verification Acknowledgement and Action Form

Form O2 – A Data Certification and Validation Report Form must be submitted concurrently with each Encounter Data or Pharmacy Transaction submission. DMAP will notify Contractor if Form O2 does not meet the requirements.

Contractor shall submit missing or erroneous Form O2 Data Certification and Validation Reports immediately upon notification from DMAP that the Data Certification and Validation Report Form was not complete or not received.

Submission of each complete and accurate Data Certification and Validation Report Form is a material requirement of this Exhibit and the Contract, as specified in 42 CFR §§ 438.604 and 438.606. Contractor non-compliance as specified above will be considered a breach of Contract and subject to sanctions as described in this Contract.

After MMIS processing, DMAP will return the following reports, as applicable, to provide detail information identifying any claim counts out of balance and claim counts that will not be used for Rate or Risk Calculations:

- Data Validation – Claim Count Verification Form
- Data Validation – Weekly Balancing
- Data Validation – Cumulative Pends
- Data Validation – Duplicate Check Criteria
- Data Validation – OMART (data system maintained by DMAP)

### Form O1 – Signature Authorization Form

Contracted Plan  
Name \_\_\_\_\_

DMAP Assigned Plan Number: \_\_\_\_\_

Encounter Data and Pharmacy Transaction information submitted to DMAP must be certified by one of the following:

Chief Executive Officer (CEO),  
Chief Financial Officer (CFO), or  
An individual who has delegated authority to sign for and reports directly to the CEO or CFO.

\_\_\_\_\_  
Print name and title of CEO/CFO

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

As CEO/CFO I authorize the following designated person(s) to certify Encounter Data and/or Pharmacy Transactions:

Full name and title of the person(s) other than the CEO or CFO identified above who has delegated authority to sign for and who reports directly to the CEO or CFO, and to certify the data and information submitted to DMAP:

\_\_\_\_\_  
Print Name and Title

\_\_\_\_\_  
Print Name and Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone number

\_\_\_\_\_  
Telephone number

(Submit more than one form if more than two persons are delegated to complete the Data Certification and Validation Report Form)

Content and Timing of Certification: The Data Certification and Validation Form must attest, based on best knowledge, information and belief, as follows:

1. To the accuracy, completeness and truthfulness of the data and/or information submitted to DMAP,
2. To the accuracy, completeness and truthfulness of the information contained in the Form O2, Data Certification and Validation Report Form and
3. The Data Certification and Validation Report Form must be submitted concurrently with Contractor’s certified data.

Send this complete, original Signature Authorization Form to your Encounter Data Liaison. Contractor must complete a new Signature Authorization Form immediately each time there is a change to any one of the designated certifying person(s).

### Form O2 –Data Certification and Validation Report Form\*

**This form must be submitted concurrently with each Encounter Data or Pharmacy Transaction submission, if by facsimile to phone number 503-947-5359. If you experience any difficulty faxing this form to the number indicated contact your Encounter Data Liaison.**

Plan Name: \_\_\_\_\_ Plan DMAP Number: \_\_\_\_\_

Week Ending: \_\_\_\_\_ Type of submission: \_\_\_\_\_  
Month/Day/Year Encounter/Pharmacy

Total Claim Count**		Total Billed Amount **	\$
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I, the undersigned, hereby attest that I have authority to certify the data and information on behalf of Contractor, as authorized by Form O1, Signature Authorization Form; and I, the undersigned, hereby certify based on best knowledge, information and belief that the data and information submitted to DMAP are accurate, complete and truthful; and that the data and information contained in this Form O2, Data Certification and Validation Form, are accurate, complete and truthful.

\_\_\_\_\_  
Print Name Print Title

\_\_\_\_\_  
Authorized signature (from Form O1) Transmission Date

Contractor may, at Contractor’s discretion, submit more detailed submission totals than the minimum necessary required above. To do so contact your designated Encounter Data Liaison.

\* If you have the ability to send an “electronic signature document” please contact your Encounter Data Liaison  
\*\* Total Claim Count and Total Amount Billed includes all claims sent to DMAP for processing (new, adjustments or deletes)

### Form O3 - Claim Count Verification Acknowledgement and Action Form

Contractor shall complete this Acknowledgement and Action Form and return it Contractor’s designated Encounter Data Liaison within ten (10) Business Days of receipt of the Out of Balance Data Validation–Claim Count Verification Report notice.

For week ending date: \_\_\_\_\_ the following explanation is given for DMAP identified out of balances.

Include any action Contractor will take to adjust or resolve the out of balance.

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I, the undersigned, hereby attest that a copy of this Form O3, Claim Count Verification Acknowledgment and Action Form has been provided to the Chief Executive Officer, Chief Financial Officer, or the individual who has delegated authority to certify data by Form O1, Signature Authorization Form.

\_\_\_\_\_  
Print Name Print Title

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