

UNIFORM MANAGED CARE MANUAL

5.3.10.2 Data Certification Instructions

DOCUMENT HISTORY LOG

STATUS ¹	DOCUMENT REVISION ²	EFFECTIVE DATE	DESCRIPTION ³
Baseline	1.0	April 30, 2007	Initial version Uniform Managed Care Manual Chapter 5.3.10.2 Data Certification Instructions.
Revision	2.0	October 15, 2014	Revision 2.0 applies to contracts issued as a result of HHSC RFP numbers 529-06-0293, 529-08-0001, 529-10-0020, 529-12-0002, 529-12-0003, and 529-13-0042; and to Medicare-Medicaid Plans (MMPs) in the Dual Demonstration. “Applicability of Chapter 5.3.10.2” is modified to add the Medicare-Medicaid Dual Demonstration, STAR Health, and Dental Programs.
Revision	2.1	November 15, 2015	Revision 2.1 applies to contracts issued as a result of HHSC RFP numbers 529-08-0001, 529-10-0020, 529-12-0002, 529-12-0003, 529-13-0042, 529-13-0071, and 529-15-0001; and to Medicare-Medicaid Plans (MMPs) in the Dual Demonstration. “Applicability of Chapter 5.3.10.2” is modified to add the STAR Kids Program.
Revision	2.2	January 24, 2020	Administrative changes: Chapter had been previously withdrawn from the UMCM effective August 16, 2019. Chapter is being added back to the UMCM. In addition, the “General Instructions” section was modified to update the contact information for questions.
Revision	2.2.1	April 16, 2020	Accessibility approved version.
Revision	2.3	September 8, 2023	Administrative change: “General Questions” is modified to remove withdrawn reports from the bulleted list of reports requiring certification and clarify the types of Encounter reports.
Revision	2.4	November 10, 2023	Administrative change: Deleted the encounter data mailbox.

¹ Status should be represented as “Baseline” for initial issuances, “Revision” for changes to the Baseline version, and “Cancellation” for withdrawn versions ² Revisions should be numbered according to the version of the issuance and sequential numbering of the revision—e.g., “1.2” refers to the first version of the document and the second revision. ³ Brief description of the changes to the document made in the revision.



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Instructions for the Data Certification Form

Applicability of Chapter 5.3.10.2

Chapter 5.3.10.2 applies to Managed Care Organizations (MCOs) participating in STAR, STAR+PLUS (including the Medicare-Medicaid Dual Demonstration), CHIP, STAR Kids, STAR Health, or Dental Contractors providing Texas Medicaid and CHIP Dental Services to members through dental health plans. In the chapter, references to “CHIP” or the “CHIP Managed Care Program(s)” apply to the CHIP Program and the CHIP Dental Contractors. References to “Medicaid” or the “Medicaid Managed Care Program(s)” apply to the STAR, STAR+PLUS, STAR Kids, and STAR Health Programs and the Medicaid Dental Contractors. The term “MCO” includes health maintenance organizations (HMOs), exclusive provider organizations (EPOs), insurers, Dental Contractors, Medicare-Medicaid Plans (MMPs), and any other entities licensed or approved by the Texas Department of Insurance.

Chapter 5.3.10.2 provides the instructions necessary to complete the Data Certification Form in Chapter 5.3.10.1.

General Instructions:

Certain financial reports submitted to HHSC must have financial certifications from the MCO. For the Medicaid Program (STAR and STAR+PLUS) this is a Federal requirement which began in SFY 2003. For SFY 2007 the financial certifications also apply to the CHIP Program.

For all the below listed financial reports, except for the “Encounter Reports” that are submitted to the data warehouse, the Financial Certification can be included with the report as a separate tab (sheet) (i.e., sheet 1 is the report and sheet 2 is the certification). Some of the reports below already include the certification form.

The certification format is in Excel. The MCO must convert the signed certification to a PDF file and insert the PDF file with the report.

The financial certifications must be signed by the MCO’s Chief Executive Officer (CEO), Chief Financial Officer (CFO), or an individual with delegated authority to sign for, and who reports directly to, either the CEO or CFO (“Delegated Representative”). The certification format is such that it can be used for all the different financial reports.

The financial reports requiring certification are:

- **Managed Care Financial Statistical Reports (include as an additional sheet)**



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- Third Party Recovery Reports (**already has the certification included with the report**)
- Encounter Reports to the Data Warehouse (**such as the 837 File and 835 Supplemental File**)
- Delivery Supplemental Payment Reports (**include as an additional sheet**)

Instructions for Completing Specific Data Fields:

The Data Certification Form must be certified by the MCO’s CEO, CFO, or Delegated Representative, who must attest, based on best knowledge, information, and belief, that data is complete, accurate, and truthful and complies with 42 CFR Sections 438.604 and 438.606. The MCO is responsible for submitting this data in accordance with applicable Federal and State laws, rules, policies, and the HHSC/MCO contract and within file specifications. The Data Certification Form must be submitted concurrently with the certified data and must be matched to the MCO’s file or document prior to processing or use.

The form may be added to reports as an additional sheet in the Workbook (except for Encounter data submissions).

Field No.	Instructions
1.	Enter the name of the MCO.
2.	Enter the MCO’s ID or Plan Code number assigned by HHSC.
3.	File or Document name. Data Certification Form must be matched to MCO’s file or document prior to processing or use.
4.	Expected or actual submission date to HHSC.
5.	Type or print the name and title of the CEO, CFO, or Delegated Representative.
6.	Enter the date the form is signed.
7.	Signature of the CEO, CFO, or Delegated Representative.