



**Oregon Division of Financial Regulation
Letter of Attestation of Accurate Information
Behavioral Health Parity Report**

Company Name: _____ NAIC #: _____

Authorized Representative Full Name: _____

Title: _____ Phone: _____

Email Address: _____

Technical Representative Full Name: _____

Title: _____ Phone: _____

Email Address: _____

The Oregon Division of Financial Regulation (DFR) is requiring an attestation that the Behavioral Health Parity report has been reviewed for accuracy in accordance with [ORS 731.260](#) and all applicable Oregon Administrative Rules and Revised Statutes.

The attestation must be completed and signed (electronic signatures will be accepted) by an authorized representative of the company as well as a technical representative of the company.

An authorized representative is a member of senior management with responsibility over regulatory reporting.

A technical representative is a member of the team that pulled or compiled the required reporting.

Attestation forms must be submitted to DFR through SERFF alongside the Behavioral Health Parity data reporting template and NQTL reporting form. If technical issues prevent this, attestations may be submitted to DFR at DFR.DataTeam@dcbs.oregon.gov.

We, the undersigned, attest that within the Behavioral Health Parity report:

- All information is complete and accurate in accordance with [ORS 743B.427](#), [OAR 836-053-1425](#), and [OAR 836-053-1430](#).
- All information only includes data pertaining to Health Benefit Plans as defined in [ORS 743B.005](#).
- Information related to prescription benefits is not included in this report.
- Reported data is within the scope of the CPT codes listed on DFR’s website and the reporting template instructions.
- All fields have been reviewed and duly considered, that no fields have been omitted or left blank as part of this report.
- Any fields that ask for calculated data are consistent with the nominal values in related fields and that DFR could verify or duplicate the calculations as needed. (For example: the reported number of denials and percent of denials appealed should confirm the number of denials appealed, or denials and number of denials appealed should confirm the percentage of denials appealed.)
- All values for percentages in the tabs “1. Denials” and “2. Paid Claims” are entered as percent values instead of nominal values (example: 5.0 percent instead of 0.05).
- On tab “3b. Med Max Allowable Incurred,” no reported median rates for a billing code and provider type fall outside the related high and low rates.
- All information for median reimbursement rates and percentage of Medicare rate on tab “4. Median Rate to Medicare Rate” is drawn from geographic regions in Oregon as defined by DFR on its website and the reporting template instructions.
- The company’s instructions for compiling and reporting data required for the Behavioral Health Parity report are documented with enough detail to ensure consistent and accurate information is submitted.

We certify, based upon the information and belief formed after reasonable inquiry and review, the data, statements, and information contained in these documents are true, accurate, and complete to the best of our knowledge and belief.

_____	_____
Authorized Representative signature	Date
_____	_____
Technical Representative signature	Date