



BHNNY Phase III Reporting requires that all contracted partners identify an Internal Partner Reporting Liaison and a Quality Assurance Officer.

**Who is the Partner Reporting Liaison?**

Each partner is responsible for designating an **internal partner reporting liaison** who will be the primary point of contact for reporting purposes. This individual will also be accountable for ensuring that all reports and supporting documentation files are accurate. The liaison will need to sign off on the entire submission per payment period. **The partner reporting liaison must be different from the designated quality assurance officer.**

**Who is the Quality Assurance Officer?**

Each partner is responsible for designating an **internal quality assurance officer** who will sign off on each payment period submission, attesting that the partner has approved the documentation and is ready for submission to BHNNY/NYSDOH. **The quality assurance officer must be different from the designated partner reporting liaison.**

**Please ensure the reporting liaison and quality officer sign the Reporting Attestation Coversheet. An unsigned coversheet may result in a non-approved payment period submission.**

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Please complete this form, scan and send to BHNNY at [DSRIP@amc.edu](mailto:DSRIP@amc.edu) no later than Tuesday, April 10<sup>th</sup>, 2018.

Organization Name: \_\_\_\_\_

Name of person completing this form: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Partner Reporting Liaison: \_\_\_\_\_

Title of Partner Reporting Liaison: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Partner Reporting Liaison Signature: \_\_\_\_\_

Name of Partner Quality Assurance Officer: \_\_\_\_\_

Title of Quality Assurance Officer: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Quality Assurance Officer Signature: \_\_\_\_\_