



Calendar Year 2021 (CY21) Medicare Part C Improper Payment Measure (Part C IPM) CMS-Generated Attestation Instructions

Medicare Advantage (MA) Organizations are required to submit an attestation when credentialing information, such as the provider signature, is missing. In this instance, they must use the Centers for Medicare & Medicaid Services (CMS)-Generated Attestation. MA Organizations will receive one CMS-Generated Attestation for each enrollee in the CY21 Part C IPM Enrollee List. Note that MA Organizations may need to print and use multiple attestations for an enrollee if multiple records with signature and/or credential problems are being submitted for that enrollee.

Each CMS-Generated Attestation is divided into two sections: Enrollee Information and Attestation Statement.

Section I - Enrollee Information

- The MA Organization should use this section to match the attestation to the appropriate medical record. Each CMS-Generated Attestation contains a CY21 Part C IPM enrollee-specific identifier at the bottom of the page (i.e., Enrollee ID). This identifier is used to mask enrollee and diagnosis-related information.
- Instructions:
 1. **Do NOT alter any pre-populated information in this section.**
 2. Note that this section is pre-populated with:
 - Last Name
 - First Name
 - Date of Birth
 - Medicare Beneficiary Identifier (MBI)
 - MA Contract Name
 - Current Contract ID

Section II - Attestation Statement

- The treating physician/practitioner who documented the medical record entry submitted for review must complete this section. By signing and documenting credentials on the attestation and identifying the date of service, physicians/practitioners attest to the accuracy of the medical record entry submitted for Part C IPM.
- Instructions:
 1. The MA Organization sends the CMS-Generated Attestation with the medical record request to the treating physician/practitioner.
 2. The physician/practitioner prints their name and credentials in the body of the attestation statement, enters the date of service for the medical record to which they are attesting, then signs and dates the attestation. An electronic signature is acceptable; however, a stamped signature is not.
 3. The physician/practitioner returns the CMS-Generated Attestation with the medical record to the requesting MA Organization.
 4. The MA Organization returns the CMS-Generated Attestation and the medical record to CMS via the Part C IPM module within the Health Plan Management System (HPMS).

Reminders

- Please see the **Calendar Year 2021 (CY21) Medicare Part C Improper Payment Measure (Part C IPM) Medical Record Submission Instructions** in the HPMS Part C IPM module Document Library – General Sample Documentation – Reference and Training Documentation section for information on where and how to submit CMS-Generated Attestations.
- CMS-Generated Attestations will be accepted only for medical records that the MA Organization indicates on the coversheet and should be coded according to the physician/outpatient coding guidelines.
<https://www.cms.gov/Medicare/Coding/ICD10/Downloads/2020-Coding-Guidelines.pdf> (for dates of service from 10/01/2019 – 09/30/2020) and
<https://www.cms.gov/files/document/2021-coding-guidelines-updated-12162020.pdf> (for dates of service on or after 10/01/2020)
- CMS-Generated Attestations that are not filled out completely as directed will not be accepted.
- CMS-Generated Attestations should accompany the related medical record in the PDF file.
- MA Organization-generated attestations will not be accepted.
- Do not alter or edit pre-populated data on the CMS-Generated Attestations.
- Providers should not submit attestations directly to CMS.

Note: Reminders are provided only as general guidelines. Users are responsible for adhering to all requirements described in the full text of this document.