**ATTESTATION OF MA ORGANIZATION TO MEETING DEFINITION OF HEALTH MAINTENANCE ORGANIZATION AS DEFINED IN SECTION 2791(b)(3) OF THE PUBLIC HEALTH SERVICES ACT**

**(To be completed only by MAOs not offering HMO MA plans)**

Pursuant to the contract(s) between the Centers for Medicare and Medicaid Services (CMS), and ***(insert name of* Medicare Advantage Organization)** (hereafter referred to as “the Organization”) governing the operation of the following contracts: ***(insert the appropriate contract numbers)***, the Organization hereby attests to meeting the definition of qualifying MA organization in section 1853(l) of the Social Security Act and 42 CFR §495.200 by:

(check one)

\_\_\_being an Organization recognized as an HMO under State law; or,

\_\_\_being an Organization regulated for solvency under State law in the same manner and to the same extent as an HMO.

List State: \_\_\_\_\_\_\_\_\_\_\_\_\_

The Organization acknowledges that the information described above directly affects the calculation of CMS payments to the Organization under the Electronic Health Record Incentive Payment Program and that misrepresentations to CMS about the accuracy of such information may result in Federal civil action and/or criminal prosecution. This certification shall not be considered a waiver of the Organization’s right to seek payment adjustments from CMS based on information or data which does not become available until after the date the Organization submits this certification.

Based on best knowledge, information, and belief, all information submitted to CMS and/or its contractors is accurate, complete, and truthful.

**Signature of Officer Title of Signing Officer**

**Printed Name of Signing Officer Date**

**Parent Organization Name**