

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, Maryland 21244-1850



MEDICARE PLAN PAYMENT GROUP

DATE: October 17, 2014

TO: All Part D Plan Sponsors, including PACE organizations

FROM: Cheri Rice, Director
Medicare Plan Payment Group

SUBJECT: 2009 Attestation of Prescription Drug Event Data and Direct and Indirect Remuneration Data for the reopening of the 2009 Part D payment reconciliation

Per 42 CFR 423.505(k)(3) and (5), Part D sponsors are required to certify the claims data and allowable costs it submits for purposes of risk corridor and reinsurance payment. In submitting the “Attestation of Data Relating to CMS Payment to a Medicare Part D Sponsor,” the Part D sponsor certifies that Prescription Drug Event (PDE) data, Direct and Indirect Remuneration (DIR) data, and any other information provided for the purposes of determining allowable reinsurance and risk corridor costs are accurate, complete, and truthful, and acknowledges that the information will be used for purposes of obtaining federal reimbursement.

On April 7, 2014, CMS released the guidance titled, “Guidance for the Part D Payment Reconciliation Reopening for Calendar Year 2009,” which announced a global reopening of the benefit year 2009 Part D Payment reconciliation for all Part D sponsors. As a result of this global reopening, all Part D sponsors must complete and submit an attestation via the Health Plan Management System (HPMS). The attestation must be signed by the Chief Executive Officer (CEO), Chief Financial Officer (CFO), or Chief Operating Officer (COO). **A signed copy of this attestation is required to receive any payment adjustment resulting from the reopening of the 2009 Part D payment reconciliation.**

Part D sponsors will not be required to complete the Attestation of Plan-to-Plan (P2P) Reconciliation Payment Data and the 2009 Record of P2P Reconciliation Payments. For the 2009 reopening, CMS will use the P2P data that was submitted and attested to in the 2009 Part D payment reconciliation.

The attestations will be available through the HPMS on October 20, 2014. A signed copy of the attestations must be completed and uploaded to HPMS by **noon ET on Wednesday, November 12, 2014**. CMS will not accept attestations that are mailed or faxed to CMS or the Part D Reconciliation Support contractor, Acumen, LLC.

Please see Attachment I for detailed instructions on completing the attestation. For your information, a copy of the attestation can be found in Attachment II. Questions concerning this attestation should be directed to Acumen at PartDPaymentSupport@acumenllc.com.

Attachments (2)

Attachment I: Instructions for Completing and Submitting the Part D Attestation via HPMS

(Due by November 12, 2014)

All Part D sponsors who offered an active Part D plan in 2009 **must** sign the attestation and upload it to HPMS. This attestation will become available on October 20, 2014 and may be accessed on HPMS using the following navigation path: HPMS Home Page > Plan Bids > Part D Attestations > Contract Year 2009 > Generate PDE/DIR Attestation.

One attestation should be signed per parent organization per contract year. Therefore, Part D sponsors offering multiple contracts should submit one attestation for all contracts combined for the applicable contract year. The parent organization name is pre-populated by HPMS. For all 2009 Part D attestations, the Parent Organization name that was in effect for CY2009 will be referenced. The current Parent Organization name may differ from the historical Parent Organization name.

While CMS cannot change historical data, you may verify the current and past Parent Organization names by viewing the Parent Org Contract-Plan Report. This report is located at the following path: HPMS Home Page > Plan Bids > DIR Reporting > Contract Year > DIR Reports > Parent Org Contract-Plan Report. If the Parent Organization name is incorrect, please contact Arianne Spaccarelli at Arianne.Spaccarelli@cms.hhs.gov. If the Parent Organization name is incorrect on the attestation, sponsors may include an attachment with the attestation submission providing documentation of the correct Parent Organization name.

The Part D sponsor may also submit an attachment to this attestation if the Part D sponsor is aware of an error or potential error in the PDE records submitted to CMS for contract year 2009. The Part D sponsor must have notified CMS of this error prior to submitting the attachment and must describe the steps taken to correct the error. The attachment to the attestation must describe the error, the magnitude of the error, and timeline and expectations for resolving this problem. The Part D sponsor must also indicate that CMS has received prior notification of the identified or potential error.

This attestation **may not be substituted or revised**.

Steps for accessing and completing the 2009 Part D attestation:

1. Access the Part D Attestation in HPMS using the following navigation path: HPMS Homepage > Plan Bids > Part D Attestations > Contract Year 2009 > Generate PDE/DIR Attestation.
2. Select Parent Organization. If your parent organization is not listed, please contact the HPMS Access team at HPMS_Access@cms.hhs.gov.
3. Select all applicable contracts under your parent organization. If any of the contracts offered by your organization in 2009 are not listed, please contact the HPMS Access team at HPMS_Access@cms.hhs.gov.
4. Review the following:

- a. Contract Numbers Listed
 - b. Organization Name
 - c. Date(s) of Last Successful 2009 DIR Data Submission
5. Create the PDF and print it.
6. The CEO, CFO, or COO must sign the attestation. The signer must enter their title, date, and printed name. The signed document should be scanned and saved as a PDF.
7. To submit the Attestation access the 2009 Submit PDE/DIR Attestation function in HPMS using the following navigation path: HPMS Homepage > Plan Bids > Part D Attestations > Contract Year 2009 > Submit PDE/DIR Attestation.
8. Select Parent Organization. If your parent organization is not listed, please contact the HPMS Access team at HPMS_Access@cms.hhs.gov.
9. Select all applicable contracts under your parent organization. If any of the contracts offered by your organization in 2009 are not listed, please contact the HPMS Access team at HPMS_Access@cms.hhs.gov.
10. Review the following:
- a. Contract Numbers Listed
 - b. Organization Name
 - c. Date(s) of Last Successful 2009 DIR Data Submission
11. If you have any attachments to the attestation, save the signed attestation and attachments together in a zip file.

An attachment should **be uploaded *only* if either of the following situations described below apply (if the two situations described below do not apply, the Part D sponsor should not upload an attachment)**:

- i. The Parent Organization name is incorrect; or
- ii. The Part D sponsor is aware of an error or potential error in the PDE records submitted to CMS for contract year 2009, has notified CMS of this error, and is working to rectify this error.

If the parent organization name is incorrect and cannot be corrected in HPMS, an attachment should be uploaded indicating the correct parent organization name and providing legal documentation of the corrected name. As described above, if the Part D sponsor is aware of an error in the 2009 PDE records, an attachment should be uploaded which describes the error, the magnitude of the error, and expectations for resolving this problem. The attachment

should also indicate that CMS has received prior notification of the identified or potential error.

12. Use the Choose File button to upload the scanned copy of the signed attestation, and any attachments if applicable. Select the “Submit” button to upload and submit the attestation to CMS via HPMS.
13. Review the uploaded attestation and attachments, if applicable, using the PDE/DIR Attestation Submission or History reports in HPMS.

**ATTACHMENT II: SAMPLE ATTESTATION OF DATA RELATING TO CMS
PAYMENT**

TO A MEDICARE PART D SPONSOR – CY 2009

(Download and submit via HPMS by November 12, 2014)

Pursuant to the contract(s) between the Centers for Medicare & Medicaid Services (CMS) and [NAME OF MEDICARE PART D ORGANIZATION], hereafter referred to as the Part D Organization, governing the operation of the following Medicare Part D contract(s) [CONTRACT NUMBERS], the Part D Organization hereby makes the following attestations concerning CMS payments to the Part D Organization:

The Part D Organization attests that based on its best knowledge, information, and belief, the final prescription drug event data that have been submitted to and accepted by CMS as of September 30, 2014, with respect to the Part D plans offered under the above-stated contract(s) for the dates of service of January 1, 2009 to December 31, 2009, are accurate, complete, and truthful and reflect all retroactive adjustments of which the Part D Organization has been informed by August 30, 2014, including those adjustments the Part D Organization was required to make based upon audit findings. In addition, the Part D Organization attests that based on best knowledge, information, and belief, the payments which have been made by the Part D organization for the claims summarized by the aforementioned prescription drug event data were made in accordance with the coordination of benefits guidance in Chapter 14 of the Medicare Prescription Drug Benefit Manual and other applicable CMS guidance.

The Part D Organization attests that based on its best knowledge, information, and belief as of [DATE OF DIR REPORT SUBMISSION], the final direct and indirect remuneration data submitted to CMS for the Part D plans offered under the above-stated contract(s) for the 2009 coverage year are accurate, complete, and truthful and fully conform to the requirements in the Medicare Part D program regulations and the contract year 2009 Medicare Part D DIR Reporting Requirements for Payment Reconciliation. The Part D Organization also certifies that based on its best knowledge, information, and belief as of the date indicated below, all other required information provided to CMS to support the determination of allowable reinsurance and risk corridor costs for the Part D plans offered under the above-stated contract(s) is accurate, complete, and truthful.

With regard to the information described in the above paragraphs, the Part D Organization attests that it has required all entities, contractors, or subcontractors, which have generated or submitted said information (PDE and DIR data) on the Part D Organization's behalf, to certify that this information is accurate, complete, and truthful based on its best knowledge, information, and belief. In addition, the Part D Organization attests that it will maintain records and documentation supporting said information. The Part D Organization acknowledges that the information described in the above paragraphs will be used for the purposes of obtaining federal reimbursement and that misrepresentations or omissions in information provided to CMS may result in Federal civil action and/or criminal prosecution.

(NAME [SIGNER]) (TITLE [CEO, CFO, or COO])

on behalf of

(PART D ORGANIZATION)

(DATE)