

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Beneficiary Choices
7500 Security Boulevard, Mail Stop C1-05-17
Baltimore, Maryland 21244-1850



**TO: ALL Medicare Advantage Organizations and Demonstrations, PACE
Organizations and Part D Plans**

**SUBJECT: CERTIFICATION OF MONTHLY ENROLLMENT AND PAYMENT
DATA**

Under the Medicare Advantage (MA) program requirements (42 CFR 422.502(l)), MA organizations must submit monthly attestations of enrollment information related to payment from the Centers for Medicare and Medicaid Services (CMS). This requirement is also described in the MA coordinated care plan (CCP) contract, which all participating MA organizations offering such a plan have signed. The requirement for Part D Plans to submit the monthly attestation of the enrollment information related to payment from the CMS is included in the Medicare Prescription Drug Benefit program requirements (42 CFR 423.505(k)(2)).

Medicare Advantage Organizations and Demonstrations, PACE Organizations, and Prescription Drug Plans (PDP), (here after referred to as “Organizations”) are to complete and submit the attached form, “Certification of Monthly Enrollment and Payment Data”, to CMS each month. In this form the Organization certifies, through the signature of its chief executive officer (CEO) or chief financial officer (CFO) or an individual delegated with the authority to sign on behalf of one of these officers and who reports directly to such officer, that, based on best knowledge, information, and belief, the enrollment information submitted to CMS is accurate, complete, and truthful. In addition, this certifies that the items submitted by the Organizations are accurately reflected in the reports provided by CMS and that those which are not accurate have been submitted to the CMS’ Retroactive Adjustment Processing Contractor for correction.

CMS provides the following information to assist Organizations in complying with the monthly enrollment certification requirements.

Certification of Data Submitted by the Organization: Item 1 of the “Certification of Monthly Enrollment and Payment Data” requires the Organization to certify the accuracy of new data that the Organization has submitted to CMS. This includes new enrollments, disenrollments, including changes in Plan Benefit Packages, as well as those beneficiaries who have met the qualifying institutional period or Medicaid coverage periods, as appropriate.

Certification of Information from CMS Reports: Item 2 of the “Certification of Monthly Enrollment and Payment Data” requires the organization to certify the accuracy of CMS’

monthly reports including the Monthly Membership Detail and Transaction Reply Report. To comply with the requirement of Item 2, the Organization must review these reports and document any discrepancies it finds between the report and the Organization's records. Organizations will follow the existing procedures for submitting corrections of discrepancies to IntegriGuard following the procedures for retroactive adjustments.

Organizations should not send retroactive adjustments with the certification form as they will not be processed.

Multiple Plans: Organizations offering multiple contracts are to submit one form for all plans combined. The organization must indicate in the appropriate space the contract numbers (H numbers, R numbers and/or S numbers) which the Organization offers and for which the Organization is certifying.

Timing: The "Certification of Monthly Enrollment and Payment Data" requires the MA organization's CEO/CFO to attest to the accuracy, completeness, and truthfulness of two types of enrollment information: 1) the data the Organization has reported to CMS in a given month and 2) the data contained in CMS' monthly membership report. Organizations must notify CMS of any request for corrections within 45 days of the date the report becomes available to the Organization. Therefore, the certification for each month's data will be due to CMS within 45 days of the date the reports become available for that month's data. For example the certification of data in the February 1 payment is due on March 13, 2006. This is 45 days after the monthly reports for the February 1 payments were available, which was January 25, 2006.

The schedule for Organizations to submit certification of Monthly Enrollment and Payment data is included on the MARx Monthly Schedule for each calendar year (For example: the MARx Schedule shows "Attestation due on February 6, 2006, and states that "Certification of Enrollment for December 22, 2005 report". Any delay in the posting of the Monthly report will result in CMS adjusting the certification form due date accordingly.

Mailing Address / Point of Contact: Please send completed enrollment certification forms to:

IntegriGuard
Attn: Attestations
2121 North 117th Avenue, Suite 200
Omaha, Nebraska 68114
Phone: 402-955-2781

Please direct questions about this process to your Division of Payment Operations Representative per Appendix B of the Plan Communications User's Guide.

CERTIFICATION OF MONTHLY ENROLLMENT AND PAYMENT DATA

Pursuant to the contract(s) between the Centers for Medicare and Medicaid Services (CMS), and _____ (*name of Medicare Advantage Organizations and Demonstrations, PACE Organizations, Medicare Part D Organizations and PACE Organizations* (here after referred to as Organizations) governing the operation of the following contracts _____ (*H number, R number and or S number*), the Organization hereby requests payment under the contract, and in doing so, makes the following certifications concerning CMS payments to the Organization. The Organization acknowledges that the information described below directly affects the calculation of CMS payments to the Organization 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.

1. The Organization has reported to CMS for applications received in the month of _____ (*month and year*) all new enrollments and disenrollments, as well as those beneficiaries who have met the qualifying institutional period and Medicaid period with respect to the above-stated Organizations. Based on best knowledge, information, and belief, all information submitted to CMS in this report is accurate, complete, and truthful.
2. The Organization has reviewed the CMS monthly membership report and transaction reply listing for the month of _____ (*month and year*) for the above-stated Organizations and has submitted requests to IntegriGuard, under separate cover, for retroactive adjustments to correct payment data when the Organization has more accurate information. This may include enrollment status, Institutional status, Medicaid status, and State and County Code related to a specific beneficiary. Based on best knowledge, information, and belief, all information submitted to CMS or IntegriGuard is accurate, complete, and truthful.

In addition, for those portions of the monthly membership report and the reply listing to which the Organization raises no objection, the Organization, through the certifying CEO/CFO, will be deemed to have attested, based on best knowledge, information, and belief, to their accuracy, completeness, and truthfulness.

NAME:

TITLE:

On behalf of

(*Organization*)