

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



MEDICARE PLAN PAYMENT GROUP

DATE: October 21, 2013

TO: All Part D Plan Sponsors

FROM: Cheri Rice, Director
Medicare Plan Payment Group

SUBJECT: 2008 Attestation of Prescription Drug Event Data and Direct and Indirect Remuneration Data for the reopening of the 2008 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 in Attachment II, 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 2, 2012, CMS released the guidance titled, "Reopening of the 2006, 2007, and 2008 Part D Payment Reconciliations," which announced a global reopening of the benefit year 2008 Part D Payment reconciliation for all Part D sponsors. Therefore, all Part D sponsors must complete and submit this attestation by no later than **November 12, 2013**. **Part D sponsors may not substitute a revised or different attestation for this attestation.** Part D sponsors offering multiple contracts are to submit one attestation for all contracts combined. The Part D sponsor must indicate in the appropriate space or in a referenced attachment the contract numbers (H numbers, E numbers, R numbers and/or S numbers) which the sponsor offered and for which the sponsor is certifying. The attestation must be signed by the CEO, CFO, or COO. The signed attestation must be scanned as a PDF document and sent via e-mail to Acumen, LLC (Acumen) at PartDPaymentSupport@acumenllc.com. **A signed copy of this attestation is required to receive any payment adjustment resulting from the reopening of the 2008 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 2008 Record of P2P Reconciliation Payments. For the 2008 reopening, CMS will use the P2P data that was submitted and attested to in the previous reopening of the benefit year 2008 Part D payment reconciliation.

Please see Attachment I for detailed instructions on completing the attestation. Attachment II is the actual attestation that must be completed and submitted electronically to Acumen. Questions concerning this attestation should be directed to Acumen at PartDPaymentSupport@acumenllc.com.

Attachments (2)

Attachment I: Instructions for Completing Attachment II

Instructions for Attachment II: Attestation of Data Relating to CMS Payment to a Medicare Part D sponsor (Due November 12, 2013)

All Part D sponsors who offered an active Part D plan in 2008 **must** complete the **attached** attestation, sign and submit the attestation to Acumen, LLC at PartDPaymentSupport@acumenllc.com.

1. Save the Microsoft Word version of the “ATTESTATION OF DATA RELATING TO CMS PAYMENT TO A MEDICARE PART D SPONSOR – CY 2008” that is Attachment II of this document
2. Complete the following fields in the Microsoft Word version of the attestation that are specific to each Parent organization.
 - a. NAME OF MEDICARE PART D ORGANIZATION – Indicate the name of the parent organization. One attestation should be submitted 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.
 - b. CONTRACT NUMBERS – Indicate the contract numbers (H numbers, R numbers, E numbers, and/or S numbers) which the sponsor offered in the applicable contract year and for which the sponsor is certifying.
 - c. DATE OF DIR REPORT SUBMISSION – Indicate the date that the most recent DIR Report for Payment Reconciliation for the applicable contract year was successfully submitted to CMS via HPMS.
 - d. NAME [SIGNER] – Indicate the name of the signer of the attestation. The name of signer must be printed below the signature line. This attestation must be signed by the CEO, CFO, or COO.
 - e. TITLE [CEO, CFO, or COO] – Indicate the title of the signer, either CEO, CFO, or COO.
 - f. PART D ORGANIZATION – Indicate the name of the parent organization.
 - g. DATE – The attestation must be signed after the CMS review of the DIR Report for Payment Reconciliation. An attestation that is signed with a date prior to the “Date of DIR Report Submission” is not considered complete. The signer must review the DIR Report for Payment Reconciliation for accuracy.

Please Note: This attestation may not be substituted or revised. In the case that a Part D sponsor is aware of an error or potential error in the prescription drug event (PDE) records submitted to CMS for contract year 2008, has notified CMS of this error, and is working to rectify this error, the Part D sponsor may add an attachment to this attestation which describes the error, the magnitude of the error, 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. Attestations that are substituted or revised will not be considered complete and may result in payments related to the reopening of the Part D payment reconciliation to be withheld until a corrected attestation is received.

**ATTACHMENT II: ATTESTATION OF DATA RELATING TO CMS PAYMENT
TO A MEDICARE PART D SPONSOR – CY 2008**

(Submit By November 12, 2013)

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 which have been submitted to and accepted by CMS as of September 30, 2013, with respect to the Part D plans offered under the above-stated contract(s) for the dates of service of January 1, 2008 to December 31, 2008, are accurate, complete, and truthful and reflect all retroactive adjustments of which the Part D organization has been informed by August 30, 2013, 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 2008 coverage year are accurate, complete, and truthful and fully conform to the requirements in the Medicare Part D program regulations and the contract year 2008 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)