**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.

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

on behalf of

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(PART D ORGANIZATION) (DATE)