

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
Center for Beneficiary Choices  
7500 Security Boulevard, Mail Stop C4-22-07  
Baltimore, Maryland 21244-1850



## **MEDICARE ADVANTAGE GROUP**

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**DATE:** April 10, 2008

**TO:** All Medicare Advantage Organizations, 1876 Cost Organizations, 1833 Health Care Prepayment Plans

**FROM:** David A. Lewis, Director

**SUBJECT:** 2007 Risk Adjustment Attestation

The Centers for Medicare & Medicaid Services requires Medicare managed care organizations to submit a risk adjustment attestation annually. This attestation is required for all Medicare Advantage Organizations and 1876 Cost Organizations. 1833 Health Care Prepayment Plans must submit the attestation if they submitted risk adjustment data in 2007.

Below are three attestations. Please complete the applicable attestation for your organization and submit by Friday, May 9, 2008 to:

Ms. Marilyn Hunter  
Centers for Medicare & Medicaid Services  
7500 Security Blvd.  
Mailstop C4-22-07  
Baltimore, MD 21244

Questions concerning the risk adjustment attestation should be directed to Marilyn Hunter at 410-786-9029 or [Marilyn.Hunter@cms.hhs.gov](mailto:Marilyn.Hunter@cms.hhs.gov).

## **ATTACHMENT B**

### **ATTESTATION OF RISK ADJUSTMENT DATA INFORMATION RELATING TO CMS PAYMENT TO A MEDICARE ADVANTAGE ORGANIZATION**

Pursuant to the contract(s) between the Centers for Medicare & Medicaid Services (CMS) and (INSERT NAME OF MEDICARE ADVANTAGE ORGANIZATION), hereafter referred to as the MA Organization, governing the operation of the following Medicare Advantage and Medicare Advantage-Prescription Drug plans (INSERT PLAN IDENTIFICATION NUMBERS HERE), the MA Organization hereby requests payment under the contract, and in doing so, makes the following attestation concerning CMS payments to the MA Organization. The MA Organization acknowledges that the information described below directly affects the calculation of CMS payments to the MA Organization or additional benefit obligations of the MA Organization and that misrepresentations to CMS about the accuracy of such information may result in Federal civil action and/or criminal prosecution.

The MA Organization has reported to CMS for the period of January 1, 2007 to December 31, 2007, all risk adjustment data (INPATIENT HOSPITAL, OUTPATIENT HOSPITAL, AND PHYSICIAN) available to the MA Organization as of December 31, 2007, with respect to the above-stated MA and MA-PD plans. Based on best knowledge, information, and belief as of the date indicated below, all information submitted to CMS in this report is accurate, complete, and truthful.

\_\_\_\_\_  
(INDICATE TITLE [CEO, CFO, or  
delegate]) on behalf of

\_\_\_\_\_  
(INDICATE MA ORGANIZATION)

\_\_\_\_\_  
DATE

**ATTACHMENT B**

**ATTESTATION OF RISK ADJUSTMENT DATA INFORMATION PROVIDED BY A  
MEDICARE 1876 COST ORGANIZATION**

Pursuant to the contract(s) between the Centers for Medicare & Medicaid Services (CMS) and (INSERT NAME OF MEDICARE 1876 COST ORGANIZATION), hereafter referred to as the Cost Organization, governing the operation of the following Medicare Cost plans (INSERT PLAN IDENTIFICATION NUMBERS HERE), the Cost Organization makes the following attestation concerning risk adjustment data provided to CMS by the Cost Organization.

The Cost Organization has reported to CMS for the period of January 1, 2007 to December 31, 2007, *all* risk adjustment data (INPATIENT HOSPITAL (if applicable), OUTPATIENT HOSPITAL(if applicable), AND PHYSICIAN) available to the Cost Organization as of December 31, 2007, with respect to the above-stated Cost plans. Based on best knowledge, information, and belief as of the date indicated below, all information submitted to CMS in this report is accurate, complete, and truthful. The Cost Organization acknowledges that misrepresentations to CMS regarding the accuracy of such information may result in Federal civil action and/or criminal prosecution.

\_\_\_\_\_  
(INDICATE TITLE [CEO, CFO, or  
delegate])on behalf of

\_\_\_\_\_  
(INDICATE COST ORGANIZATION)

\_\_\_\_\_  
DATE

## **ATTACHMENT B**

### **ATTESTATION OF RISK ADJUSTMENT DATA INFORMATION PROVIDED BY A MEDICARE 1833 HEALTH CARE PREPAYMENT PLAN**

Pursuant to the contract(s) between the Centers for Medicare & Medicaid Services (CMS) and (INSERT NAME OF MEDICARE COST ORGANIZATION), hereafter referred to as the Cost Organization, governing the operation of the following Medicare Cost plans (INSERT PLAN IDENTIFICATION NUMBERS HERE), the Cost Organization makes the following attestation concerning risk adjustment data provided to CMS by the Cost Organization.

The Cost Organization acknowledges that it is not obligated to submit risk adjustment data to CMS but that to the extent the organization voluntarily submits risk adjustment data to CMS, misrepresentations to CMS regarding the accuracy of such information may result in Federal civil action and/or criminal prosecution.

The HCPP has voluntarily reported to CMS for the period of January 1, 2007 to December 31, 2007, risk adjustment data (INPATIENT HOSPITAL (if applicable), OUTPATIENT HOSPITAL (if applicable), AND PHYSICIAN) available to the HCPP as of December 31, 2007, with respect to the above-stated HCPPs. Based on best knowledge, information, and belief as of the date indicated below, all information submitted to CMS in this report is accurate, complete, and truthful. The HCPP acknowledges that misrepresentations to CMS regarding the accuracy of such information may result in Federal civil action and/or criminal prosecution.

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(INDICATE TITLE [CEO, CFO, or  
delegate]) on behalf of

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(INDICATE HCPP)

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DATE