

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Beneficiary Choices
7500 Security Boulevard, Mail Stop C4-23-07
Baltimore, Maryland 21244-1850



Center for Beneficiary Choices
Medicare Plan Payment Group

Date: April 18, 2008

To: All Part D Plan Sponsors

From: Thomas Hutchinson, Director
Medicare Plan Payment Group

Subject: 2006 Attestations of Prescription Drug Event Data, Direct and Indirect
Remuneration Data, and Monthly Plan-to-Plan Reconciliation Payments

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 I, the Attestation of Data Relating to CMS Payment to a Medicare Part D Sponsor, the Part D sponsor certifies that Prescription Drug Event 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.

All Part D sponsors **must** complete and submit this attestation by **May 2, 2008**. **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, R numbers and/or S numbers) which the sponsor offers and for which the sponsor is certifying. The attestation must be signed by the CEO, CFO, or an individual delegated the authority to sign on behalf of one of these officers and who reports directly to one of these officers. A signed copy of this attestation is required to receive any payment adjustments resulting from the re-openings of the 2006 Part D payment reconciliation announced on December 20, 2007.

Part D sponsors must also complete and submit the 2006 Record of Plan-to-Plan Reconciliation Payments (see Attachment III). Part D sponsors must report the total P2P payments made by the sponsor for contract year 2006 in this Excel spreadsheet. Part D sponsors must indicate the contract ID paid (e.g. H1234), the amount owed for contract year 2006 and the amount paid for contract year 2006. In the "Amount Paid" field, the Part D sponsor must indicate the amount owed as indicated on the P2P Payable Report (Report 43) and the P2P Receivable Report (Report 41). The Part D Sponsor must also indicate in the appropriate column of the Excel spreadsheet the month and year of each

Report 43 and Report 41 for which they made payments. Specifically, the Part D sponsor would include any positive amount indicated on the P2P Payable Report and any negative amount indicated on the P2P Receivable Report as a positive amount on the 2006 Record of Plan-To-Plan Reconciliation Payments. Any comments or further information regarding the sponsor's ability to make complete, accurate, and timely payments based on the P2P Payable Report and P2P Receivable Report should be noted in the "Notes" column. Part D sponsors will be required to submit a separate report for each of their contracts. All Part D sponsors must complete and submit the 2006 Record of Plan-to-Plan Reconciliation Payments for all of their 2006 contracts by **May 15, 2008**.

When submitting this report, Part D sponsors must also submit the attestation in Attachment II, the Attestation of Plan-to-Plan Reconciliation Payment Data. By signing this attestation, the Part D sponsor certifies that, based on best knowledge, information, and belief to date, accurate and complete plan-to-plan (P2P) reconciliation payments have been made by the Part D sponsor in accordance with the P2P Payable Report and the P2P Receivable Report. In addition, the Part D sponsor attests that the P2P payment data submitted on the 2006 Record of Plan-to-Plan Reconciliation Payments is accurate, complete, and truthful. The Part D sponsor must indicate in the appropriate space the contract numbers which the sponsor offers and for which the sponsor is certifying. The attestation must be signed by the CEO, CFO, or an individual delegated the authority to sign on behalf of one of these officers and who reports directly to one of these officers. Part D sponsors must complete and submit the Attestation of Plan-to-Plan Reconciliation Payment Data for all of their 2006 contracts by **May 15, 2008**.

Part D sponsors must send the 2006 Record of Plan-to-Plan Reconciliation Payments electronically (in the Excel spreadsheet format in Attachment III) to StrategicHealthSolutions at PartDPaymentReview@StrategicHHS.com by **May 15, 2008**. Both attestations, the Attestation of Data Relating to CMS Payment to a Medicare Part D Sponsor and the Attestation of Plan-to-Plan Reconciliation Payment Data should be mailed by the submission deadlines provided above to StrategicHealthSolutions at:

StrategicHealthSolutions, LLC
Attn: Part D Payment Review
10040 Regency Circle, Suite 150
Omaha, NE 68114

Questions concerning this attestation should be directed to Tara Waters at Tara.waters@cms.hhs.gov, or Meghan Elrington at Meghan.elrington@cms.hhs.gov.

Attachments (3)

**ATTACHMENT I: ATTESTATION OF DATA RELATING TO CMS PAYMENT
TO A MEDICARE PART D SPONSOR**

(Submit By May 2, 2008)

Pursuant to the contract(s) between the Centers for Medicare & Medicaid Services (CMS) and (INSERT 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) (INSERT CONTRACT NUMBERS HERE OR REFERENCE ATTACHMENT WITH CONTRACT NUMBERS LISTED), 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 best knowledge, information, and belief, the final prescription drug event data which has been submitted to and accepted by CMS with respect to the Part D plans offered under the above-stated contract(s) for the dates of service of January 1, 2006 to December 31, 2006 is accurate, complete, and truthful. In addition, the Part D Organization attests that based on best knowledge, information, and belief as of (INSERT DATE OF DIR REPORT SUBMISSION HERE), the final direct and indirect remuneration data submitted to CMS for the Part D plans offered under the above-stated contract(s) for the 2006 coverage year is accurate, complete, and truthful and fully conforms to the requirements in the Medicare Part D program regulations and the contract year 2006 Medicare Part D DIR Reporting Requirements for Payment Reconciliation. The Part D Organization also certifies that based on 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 regards 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 their 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.

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

DATE

**ATTACHMENT II: ATTESTATION OF PLAN-TO-PLAN RECONCILIATION
PAYMENT DATA**

(Submit By May 15, 2008)

Pursuant to the contract(s) between the Centers for Medicare & Medicaid Services (CMS) and (INSERT 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) (INSERT CONTRACT NUMBERS HERE OR REFERENCE ATTACHMENT WITH CONTRACT NUMBERS LISTED), the Part D Organization hereby makes the following attestations concerning CMS payments to the Part D Organization.

The Part D Organization attests that in accordance with 1860D-24(a) of the Act which requires Part D sponsors to perform coordination of benefits activities with other providers of prescription drug coverage and 42 CFR 423.464(a) which requires Part D sponsors to comply with all administration processes established by CMS to ensure effective coordination between plans, it has made accurate and complete plan-to-plan reconciliation payments to other Part D sponsors for contract year 2006, based on best knowledge, information and belief, as directed by the P2P Payable Report and the P2P Receivable Report. In addition, the Part D Organization attests that based on best knowledge, information, and belief as of (INSERT DATE OF RECORD OF PLAN-TO-PLAN RECONCILIATION PAYMENTS SUBMISSION HERE), the Plan-to-Plan reconciliation payment data which is reported to CMS in the 2006 Record of Plan-to-Plan Reconciliation Payments with respect to the Part D plans offered under the above-stated contract(s) for the dates of service of January 1, 2006 to December 31, 2006 is accurate, complete, and truthful.

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

DATE