

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
Center for Drug and Health Plan Choice  
7500 Security Boulevard, Mail Stop C4-23-07  
Baltimore, Maryland 21244-1850



**Center for Drug and Health Plan Choice**  
**Medicare Plan Payment Group**

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Date: July 8, 2008

To: All Part D Plan Sponsors

From: Thomas Hutchinson, Director  
Medicare Plan Payment Group

Subject: 2007 Attestations of Prescription Drug Event Data, Direct and Indirect  
Remuneration Data, and Monthly Plan-to-Plan (P2P) Reconciliation  
Payments

Per 42 CFR 423.505(k)(3) and (5), Part D sponsors are required to certify the claims data and allowable costs they submit 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 data, direct and indirect remuneration (DIR) data, and any other information provided for the purposes of determining allowable reinsurance and risk corridor costs for contract year 2007 are accurate, complete, and truthful, and acknowledges that the information will be used for purposes of obtaining federal reimbursement. All Part D sponsors who offered an active Part D plan in 2007 **must** complete and submit this attestation by **Friday, August 29, 2008**. **Please note that Part D sponsors may not substitute a revised or different attestation for this attestation.** A signed copy of this attestation is required to receive risk sharing and reinsurance payment adjustments resulting from the 2007 Part D payment reconciliation.

Part D sponsors must also submit a Record of Plan-to-Plan Reconciliation Payments (see Attachment IV) for contract year 2006 to reflect any P2P payments made since May 2008 as well as any other P2P payments that were not included in the 2006 Record of Plan-to-Plan Reconciliation Payments previously submitted. Part D sponsors should not include any of the P2P payments which were reported on the previously submitted file on the second 2006 Record of Plan-to-Plan Reconciliation Payments. If a Part D sponsor does not have changes to report from the 2006 Record of Plan-to-Plan Reconciliation Payments submitted to CMS via Strategic by May 15, 2008, the Part D sponsor is not required to submit a revised report. The 2006 Record of Plan-to-Plan Reconciliation Payments must be submitted electronically to CMS via Strategic by **August 29, 2008**. When submitting this report, Part D sponsors must also submit the attestation in Attachment III, 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, 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. The 2006 Attestation of Plan-to-Plan Reconciliation Payment Data must be submitted to CMS via Strategic by **August 29, 2008**.

Part D sponsors must send the Record of Plan-to-Plan Reconciliation Payments electronically (in the Excel spreadsheet format in Attachment IV) to StrategicHealthSolutions at [PartDPaymentReview@Strategichs.com](mailto:PartDPaymentReview@Strategichs.com) by **August 29, 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

Please see Attachment I for detailed instructions on completing both attestations and the Record of Plan-to-Plan Reconciliation Payments. Questions concerning these attestations should be directed to StrategicHealthSolutions at [PartDPaymentReview@Strategichs.com](mailto:PartDPaymentReview@Strategichs.com).

Please note that Part D sponsors will be required to submit the Record of Plan-to-Plan Reconciliation Payments and the Attestation of Plan-to-Plan Reconciliation Payment Data for contract year 2007 after the 2007 Part D Payment Reconciliation. Additional guidance regarding the submission of these documents will be provided at a later date.

Attachments (5)

## **Attachment I: Instructions for Completing Attachments II, III, and IV**

### **Instructions for Attachment II: Attestation of Data Relating to CMS Payment to a Medicare Part D Sponsor (Due August 29, 2008) – CY 2007 Only**

1. “INSERT NAME OF MEDICARE PART D ORGANIZATION” Field- 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 contract year 2007.
2. “INSERT CONTRACT NUMBERS HERE OR REFERENCE ATTACHMENT WITH CONTRACT NUMBERS LISTED”- Indicate the contract numbers (H numbers, R numbers, E numbers, and/or S numbers) which the sponsor offered in contract year 2007 and for which the sponsor is certifying. Part D sponsors may instead list the applicable contract numbers in a separate attachment and reference the appropriate attachment in this field.
3. “INSERT DATE OF DIR REPORT SUBMISSION HERE”- Indicate the date that the most recent DIR Report for Payment Reconciliation for contract year 2007 was successfully submitted to CMS via the Health Plan Management System (HPMS).
4. “INDICATE TITLE [CEO, CFO, or delegate]”: Indicate the title of the signer, either CEO, CFO, or delegate. These attestations 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.
5. “INDICATE PART D ORGANIZATION”: Indicate the name of the parent organization.

**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 2007, 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.

### **Instructions for Attachment III: Attestation of Plan-to-Plan Reconciliation Payment Data (Due August 29, 2008)**

1. “INSERT 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 each applicable contract year.

2. “INSERT CONTRACT NUMBERS HERE OR REFERENCE ATTACHMENT WITH CONTRACT NUMBERS LISTED”- 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. Part D sponsors may instead list the applicable contract numbers in a separate attachment and reference the appropriate attachment in this field.

3. “INSERT SUBMISSION DATE OF RECORD OF PLAN-TO-PLAN RECONCILIATION PAYMENTS ”- Indicate the date that the Part D sponsor submitted the most recent Record of Plan-to-Plan Reconciliation Payments to CMS for the applicable contract year.

4. “CEO, CFO, or delegate”- Indicate the title of the signer, either CEO, CFO, or delegate. These attestations 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.

5. “INDICATE PART D ORGANIZATION”- Indicate the name of the parent organization.

**Please note:** This attestation may not be substituted or revised.

Instructions for Attachment IV: Record of Plan-to-Plan Reconciliation Payments (Due August 29, 2008)

1. “Contract Number” Field- Identify the CMS Contract Number of the contract the sponsor is certifying for the applicable contract year. Part D sponsors are required to submit a separate report, using a separate spreadsheet for each of their applicable contracts.

2. “Contract Year” Field – Indicate the contract year for which the sponsor is certifying.

3. “Payments as of Date” Field – Indicate the date of the last P2P payments made or the date through which P2P payments have been made for the applicable contract year.

4. “Contract ID Paid” Column – Indicate the CMS contract number that the Part D sponsor’s contract paid. Each line represents the total P2P payments made by the Part D sponsor’s contract to the other contract for the applicable contract year. Please note that for the 2006 Record of Plan-to-Plan Reconciliation Payments due on August 29, 2008, each line should represent a summary of the total P2P amounts due and payments made for the applicable contract year which were not included in the 2006 Record of Plan-to-Plan Reconciliation Payments previously submitted to CMS.

5. “Annual Amount Owed” Column – Indicate the sum of the total amount found on Report 41, the P2P Receivable Report, (for negative amounts only) and the total amount found on Report 43, the P2P Payable Report, which is owed to the contract indicated in the “Contract ID Paid” column. Negative amounts on Report 41 are amounts owed to the

other contract and thus, are the amounts to be reported on the P2P Payments spreadsheet. To determine the **Annual Amount Owed**, take the negative amounts from Report 41 and consider them positive since they are positive amounts that the Part D sponsor's contract paid to the other contract. Add these values to the P2P amounts from Report 43. For example, if the contract has -\$50.00 on Report 41 and a total of \$500.00 on Report 43, the Part D sponsor would report a total of \$550.00 in the Annual Amount Owed column. Please note that for the 2006 Record of Plan-to-Plan Reconciliation Payments due on August 29, 2008, Part D sponsors should only include P2P amounts owed which were not included in the 2006 Record of Plan-to-Plan Reconciliation Payments previously submitted to CMS.

6. "Amount Paid" Column – Report the total amount that was actually paid to the contract indicated in the "Contract ID Paid" column for the applicable contract year. If all P2P payments were made as instructed in the P2P guidance, the amount reported in the "Annual Amount Owed" column will be equal to the amounts reported in the "Amount Paid" column. Please note that for the 2006 Record of Plan-to-Plan Reconciliation Payments due on August 29, 2008, Part D sponsors should only include P2P payments which were not included in the 2006 Record of Plan-to-Plan Reconciliation Payments previously submitted to CMS.

7. "Report 43 Month & Year" Column – Indicate the month(s) and year(s) of the P2P Reports- Reports 43 (listed on one line) which were used to make P2P payments for the contract indicated in the "Contract ID Paid" column for the applicable contract year. This column should be populated with the 'as of year' and 'as of month' which are found on the contract header of Report 43. If there were multiple months, list those months using one line per Contract ID paid. The months should reflect all of the months in which the Part D sponsor's contract **made** P2P payments to the contract indicated in the "Contract ID Paid" column for the applicable contract year. If the Part D sponsor neglected to make a payment from the P2P report- Report 43, omit this report from the column and list the report as well as the month and year of the report in the "NOTES" column. If there are consecutive months of P2P activity with the contract, list the P2P reports as such: October 2006 – December 2006.

8. "Report 41 Month & Year" Column – Indicate the month(s) and year(s) of the P2P Reports- Reports 41 (listed on one line) which were used to make P2P payments for that contract indicated in the "Contract ID Paid" column for the applicable contract year. This column should be populated with the 'as of year' and 'as of month' which are found on the contract header of Report 41. If there were multiple months, list those months using one line per Contract ID paid. The months should reflect all of the months in which the Part D sponsor's contract **made** P2P payments to the contract indicated in the "Contract ID Paid" column for the applicable contract year. If the Part D sponsor neglected to make a payment from the P2P report- Report 41, omit this report from the column and list the report as well as the month and year of the report in the "NOTES" column. If there are consecutive months of P2P activity with the contract, list the P2P reports as such: October 2006 – December 2006.

9. “Notes” Column - Any comments or further information regarding the Part D 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. If the Part D sponsor neglected to make a payment from one of the P2P reports, this unpaid P2P amount must be indicated in the “Notes” Column. Specifically, the Part D sponsor must list the report, month, and year for the unpaid P2P amount. If you are listing a report in the notes section, you are required to provide an explanation as to why the payment was not made. Any additional information regarding discrepancies between the “Annual Amount Owed” and “Amount Paid” columns may also be provided in this column.

Note: In addition to following the Instructions for Attachment IV, please refer to Attachment V: Sample 2006 Record of P2P Reconciliation Payments, which is attached to this document.

**ATTACHMENT II: ATTESTATION OF DATA RELATING TO CMS PAYMENT  
TO A MEDICARE PART D SPONSOR- CY 2007**

(Submit By August 29, 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, 2007 to December 31, 2007 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 2007 coverage year is accurate, complete, and truthful and fully conforms to the requirements in the Medicare Part D program regulations and the contract year 2007 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 III: ATTESTATION OF PLAN-TO-PLAN RECONCILIATION  
PAYMENT DATA – CY 2006**

(Submit By August 29, 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 SUBMISSION DATE OF RECORD OF PLAN-TO-PLAN RECONCILIATION PAYMENTS ), 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



## ATTACHMENT V: SAMPLE 2006 RECORDS OF PLAN-TO-PLAN RECONCILIATION PAYMENTS

**Scenario-** H0003's P2P Payable Report and P2P Receivable Report for contract year 2006 are as follows:

<b>Contracts Owed</b>	<b>Reports 43 (As of Month, As of Year)</b>		<b>Contracts Owed</b>	<b>Reports 41 (As of Month, As of Year)</b>
H0001	October 2006: \$200 November 2006: \$300		H0001	December 2006: -\$500
H0002	January 2007: \$250 February 2007: \$450 March 2007: \$300		H0002	April 2007: -\$300
H0004	January 2007: \$400		H0004	

H0003's completed 2006 Record of Plan-to-Plan Reconciliation Payments would have looked like this as of May 15, 2008:

<b>RECORD OF PLAN-TO-PLAN RECONCILIATION PAYMENTS</b>					
<b>Contract Number: H0003</b> <b>Contract Year: 2006</b> <b>Payments as of Date: 5/15/2008</b>					
<b>CONTRACT ID PAID</b>	<b>ANNUAL AMOUNT OWED</b>	<b>AMOUNT PAID</b>	<b>REPORT 43 MONTH &amp; YEAR</b>	<b>REPORT 41 MONTH &amp; YEAR</b>	<b>NOTES</b>
H0001	\$1,000	\$1,000	October 2006, November 2006	December 2006	
H0002	\$1,300	\$1,300	January 2007-March 2007	April 2007	
H0004	\$400	\$0.00			Unable to get in touch with P2P contact. CMS Account manager aware of issue. Attempting to find updated contact for this Contract. \$400 was found on Report 43 for January 2007.

If the \$400 P2P payment was made to contract H0004 on June 20, 2008, H0003's completed 2006 Record of Plan-to-Plan Reconciliation Payments would look like this as of August 29, 2008:

**RECORD OF PLAN-TO-PLAN  
RECONCILIATION PAYMENTS**

Contract Number: H0003  
Contract Year: 2006  
Payments as of Date: 8/29/2008

CONTRACT ID PAID	ANNUAL AMOUNT OWED	AMOUNT PAID	REPORT 43 MONTH & YEAR	REPORT 41 MONTH & YEAR	NOTES
H0004	\$400	\$400	January 2007		Received updated information for contract H0004's P2P contact. Payment made on June 20, 2008.