

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



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**CENTER FOR DRUG AND HEALTH PLAN CHOICE**  
**Medicare Plan Payment Group**

Date: July 21, 2009

To: All Medicare Advantage Organizations and Demonstrations, PACE  
Organizations and Part D Plan Sponsors

From: Thomas Hutchinson, Director  
Medicare Plan Payment Group

Subject: Certification of Monthly Enrollment and Payment Data

CMS is reissuing the Certification of Monthly Enrollment and Payment Data form and guidance to clarify the timeframes for which data is certified each month. Per the contract between CMS and Medicare Advantage Organizations and Demonstration plans, PACE Organizations, and Prescription Drug Plan (PDP) sponsors (hereafter referred to collectively as “Organizations” in this document), each organization must complete and submit a monthly attestation of enrollment information related to payment from CMS (refer to the regulations at 42 CFR 422.504(l)(1) and 423.505(k)(2)).

To comply with this requirement each organization must complete the attached form, “Certification of Monthly Enrollment and Payment Data,” and return it to CMS each month. Organizations may not substitute a revised or different attestation; the document provided must be used. Through the signature of its Chief Executive Officer (CEO) or Chief Financial Officer (CFO) or an individual delegated with the authority to sign on behalf of one of these officers and who reports directly to such officer, each organization certifies that, based on best knowledge, information, and belief, the enrollment information submitted to CMS is accurate, complete, and truthful. In addition, this certifies that the items submitted by the Organizations are accurately reflected in the reports provided by CMS and that those which are not accurate have been identified and submitted to the CMS for correction in accordance with CMS procedures.

**Types of Data to Be Certified Each Month**

There are 2 types of data each Organization must certify monthly shown as Items 1 and 2 in the certification form. Item 1 of the form requires the Organization to certify the accuracy of new data that the Organization has submitted to CMS including all new enrollments (including “Plan Benefit Package Changes”) and disenrollments.

Item 2 of the form requires the Organization to certify the accuracy of CMS' reports including the Monthly Membership Detail and all Transaction Reply Reports. To comply with the requirement of Item 2, the Organization must review these reports and document any discrepancies it finds between the report and the Organization's records.

Organizations will follow the existing procedures for submitting requests for the correction of discrepancies to the Retroactive Adjustment Processing Contractor within 45 days of the availability of the Monthly Reports. Organizations must not send requests for retroactive adjustments with the certification form as they will not be accepted or processed.

### **Multiple Contracts**

Organizations with multiple contracts must submit one form for all contracts combined. The Organization must indicate in the appropriate space on the form each of the contract numbers that the Organization has and for which the Organization is certifying. Certification is required every month for each contract for which the Organization will receive payment from CMS.

### **Timing**

The certification for each month's data is due to CMS within 45 days of the date that the Monthly reports are available with that month's data. For example the certification of data in the March 1, 2009 payment is due on April 13, 2009. This is 45 days after the monthly reports for the March payment were available, which was February 20, 2009.

The schedule and due dates for Organizations to submit the certification of Monthly Enrollment and Payment data is included on the MARx Monthly Schedule which is published in the Plan Communications Users Guide, Appendix C, and is updated annually.

### **Completing the Certification Form**

Enter the dates on the form that complete each of the 2 items described above. For example, the certification due on April 13, 2009 reflects the payment reports that were available on February 20, 2009 regarding the March 2009 payment. Those reports reflect the data submitted by the Organization during the period from the prior CMS systems cut-off date through the CMS systems cut-off date that precedes the report availability date, which in this example is January 10, 2009 through February 6, 2009. The CMS systems cut-off dates are also provided in the MARx Monthly Schedule. An example of a completed certification form is provided below.

### **Example of Correctly Completed Certification**

The following example shows the correct information for a certification of data for the March 1, 2009 plan payment. The fields completed by the Organization are shown in highlighted, bold and underlined text below:

Pursuant to the contract(s) between the Centers for Medicare and Medicaid Services (CMS), and **XYZ Company Inc.** (hereafter referred to as "the Organization") governing the operation of the following contracts: **HXXXX, SXYXY and RXOXO**, the Organization hereby requests payment under the contract, and in doing

so, makes the following certifications concerning CMS payments to the Organization. The Organization acknowledges that the information described below directly affects the calculation of CMS payments to the Organization and that misrepresentations to CMS about the accuracy of such information may result in Federal civil action and/or criminal prosecution. This certification shall not be considered a waiver of the Organization's right to seek payment adjustments from CMS based on information or data which does not become available until after the date the Organization submits this certification.

1. The Organization has reported to CMS for requests received and processed during the period from **January 10, 2009** to **February 6, 2009** all new enrollments (including Plan Benefit Package changes) and disenrollments with respect to the above-stated Organizations. Based on best knowledge, information, and belief, all information submitted to CMS in this report is accurate, complete, and truthful.

2. The Organization has reviewed and reconciled the CMS monthly membership report and transaction reply reports received in **February 2009** for the payment month of **March 2009** for the above-stated Organizations and has submitted under separate cover all requests to CMS, according to the CMS guidance for such submissions, for retroactive adjustments to correct payment data when the Organization has more accurate information. This may include enrollment status, Medicaid status and the State and County Code related to a specific beneficiary.

Based on best knowledge, information, and belief, all information submitted to CMS and/or its contractors is accurate, complete, and truthful. In addition, for those portions of the monthly membership report and the reply listing to which the Organization raises no objection, the Organization, through the certifying CEO/CFO, will be deemed to have attested, based on best knowledge, information, and belief, to their accuracy, completeness, and truthfulness.

#### **Mailing Address**

Please send the completed and signed enrollment certification forms to:

Reed & Associates/PayVal, Inc.  
Attn: Attestations  
14301 FNB Parkway, Suite 211  
Omaha, NE 68154

Please contact your Regional Office Account Manager if you have any questions.

## CERTIFICATION OF MONTHLY ENROLLMENT AND PAYMENT DATA

Pursuant to the contract(s) between the Centers for Medicare and Medicaid Services (CMS), and (insert name of Medicare Advantage Organization and Demonstrations, PACE Organization , Medicare Part D Sponsor) (hereafter referred to as “the Organization”) governing the operation of the following contracts: (insert the appropriate contract numbers), the Organization hereby requests payment under the contract, and in doing so, makes the following certifications concerning CMS payments to the Organization. The Organization acknowledges that the information described below directly affects the calculation of CMS payments to the Organization and that misrepresentations to CMS about the accuracy of such information may result in Federal civil action and/or criminal prosecution. This certification shall not be considered a waiver of the Organization’s right to seek payment adjustments from CMS based on information or data which does not become available until after the date the Organization submits this certification.

1. The Organization has reported to CMS for requests received and processed during the period from (insert the day after the prior CMS payment month cutoff date) to (insert the last CMS payment month cutoff date, prior to payment) all new enrollments (including Plan Benefit Package Changes) and disenrollments with respect to the above-stated Organizations. Based on best knowledge, information, and belief, all information submitted to CMS in this report is accurate, complete, and truthful.

2. The Organization has reviewed and reconciled the CMS monthly membership report and transaction reply reports received in (insert month and year) for the payment month of (insert month and year) for the above stated Organizations and has submitted under separate cover all requests to CMS, according to the CMS guidance for such submissions, for retroactive adjustments to correct payment data when the Organization has more accurate information. This may include enrollment status, Medicaid status and the State and County Code related to a specific beneficiary.

Based on best knowledge, information, and belief, all information submitted to CMS and/or its contractors is accurate, complete, and truthful. In addition, for those portions of the monthly membership report and the reply listing to which the Organization raises no objection, the Organization, through the certifying CEO/CFO, will be deemed to have attested, based on best knowledge, information, and belief, to their accuracy, completeness, and truthfulness.

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Signature of Officer

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Title of Signing Officer

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Printed Name of Signing Officer

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Date

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Parent Organization Name