

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



**CENTER FOR MEDICARE**

---

**DATE:** January 31, 2019

**TO:** All Medicare Advantage Organizations, PACE Organizations, Medicare-Medicaid Plans, 1876 Cost Plans, and Section 1833 Health Care Prepayment Plans

**FROM:** Jennifer R. Shapiro, Acting Director, Medicare Plan Payment Group

**SUBJECT:** Payment Year 2018 Risk Adjustment Attestations

The Centers for Medicare & Medicaid Services requires all Medicare Advantage Organizations, Medicare-Medicaid Plans, PACE Organizations, Section 1876 Cost Plans and Section 1833 Health Care Prepayment Plans (HCPPs) to submit a risk adjustment attestation annually. Per 42 CFR 422.504(l), in submitting an “Attestation of Risk Adjustment Data,” plan sponsors certify that information provided for the purposes of risk adjustment are accurate, complete, and truthful, and acknowledge that the information will be used for the purposes of obtaining federal reimbursement.

All MA organizations with non-renewing contracts are required to submit risk adjustment data and attestations for data collection periods during which your contract was active. Risk adjustment data includes both Risk Adjustment Processing System (RAPS) and Encounter Data Processing System (EDPS) data.

<b>Payment Year</b>	<b>Data Collection Period</b>	<b>Termination/Withdrawal Date</b>
2018	January 1, 2017 – December 31, 2017	If your contract was active or your contract terminated/withdrew in calendar year 2017→ <i>sign the PY 2018 attestation</i>

The attestation for PY 2018 (2017 dates of service) are now available on HPMS. Please complete the applicable attestation (MAO/PACE/MMP, 1876 Cost Plan, or 1833 HCPP) for your contract and submit to CMS via the path below by **Monday, March 4, 2019 by 11:59PM PDT:**

PY2018

HPMS Home Page>Contract Management>Electronic Contracting>Contract Year  
2018>Review and Certify Risk Adjustment Data

For your information, a copy of the attestation versions can be found below. For Technical Assistance with the completion of the attestation, please contact the HPMS Help Desk at [HPMS@cms.hhs.gov](mailto:HPMS@cms.hhs.gov).

PAYMENT YEAR 2018

**ATTESTATION OF RISK ADJUSTMENT DATA INFORMATION RELATING TO  
CMS PAYMENT TO A MEDICARE ADVANTAGE ORGANIZATION,  
MEDICARE MEDICAID PLAN OR PACE ORGANIZATION**

Pursuant to the contract(s) between the Centers for Medicare & Medicaid Services (CMS) and (*name of Medicare Advantage Organization, MMP, or PACE Organization*), hereafter referred to as the MA Organization, governing the operation of the following Medicare Advantage and Medicare Advantage-Prescription Drug plans (*contract identification numbers*), 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 misrepresentation 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, 2017, to December 31, 2017, all risk adjustment data (*inpatient hospital, outpatient hospital, and physician*) available to the MA Organization, Medicare Medicaid Plan or PACE Organization as of the applicable deadline(s), 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

PAYMENT YEAR 2018  
**ATTESTATION OF RISK ADJUSTMENT DATA INFORMATION PROVIDED BY A  
MEDICARE SECTION 1876 COST PLAN**

Pursuant to the contract(s) between the Centers for Medicare & Medicaid Services (CMS) and (*name of Medicare Section 1876 Cost Plan*), hereafter referred to as the Cost Plan, governing the operation of the following Medicare Cost plans (*Contract numbers here*), the Cost Plan makes the following attestation concerning risk adjustment data provided to CMS by the Cost Plan.

The Cost Plan has reported to CMS for the period of January 1, 2017, to December 31, 2017, all risk adjustment data (*inpatient hospital (if applicable), outpatient hospital (if applicable), and physician*) available to the Cost Plan as of the applicable deadline(s), 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 Plan 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 PLAN)

\_\_\_\_\_  
DATE

PAYMENT YEAR 2018

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

Pursuant to the contract(s) between the Centers for Medicare & Medicaid Services (CMS) and (*name of Medicare HCPP Organization*), hereafter referred to as the HCPP Organization, governing the operation of the following Medicare HCPP plans (*Contract numbers here*), the HCPP Organization makes the following attestation concerning risk adjustment data provided to CMS by the HCPP Organization.

The HCPP 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, 2017, to December 31, 2017, risk adjustment data (*inpatient hospital (if applicable), outpatient hospital (if applicable), and physician*) available to the HCPP as of the applicable deadline(s), 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.

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

\_\_\_\_\_  
(INDICATE HCPP)

\_\_\_\_\_  
DATE