

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

Date: March 29, 2006

To: All Medicare Advantage Organizations, Cost Plans, Demonstrations, PACE Organizations and Part D Plans

From: Thomas Hutchinson
Acting Director, Medicare Plan Payment Group

Subject: Certification of Monthly Enrollment and Payment Data

As a result of the implementation of the Medicare Modernization Act, CMS is reissuing the Certification of Monthly Enrollment and Payment Data requirement and related guidance. The Certification of Monthly Enrollment and Payment Data guidance and form are attached. The mailing address where you are required to send the completed form is included both in this memorandum and in the attachment.

Medicare Advantage Organizations, Demonstrations, PACE organizations, and Prescription Drug Plans (here after referred to as “organizations”) must submit attestations regarding enrollment and payment each month to the Centers for Medicare & Medicaid Services (CMS). Due to the recent MMA systems implementation issues, Prescription Drug Plans are expected to submit attestations beginning in June 2006, for the April payment reports. It is very important that organizations reconcile their records against the CMS monthly membership report and reply listings. Ultimately, CMS will correct the systems issues and reconcile with your organization.

The attestation letter indicates that the organization has: (1) reported enrollment and status information to CMS correctly, and, (2) reported to CMS any discrepancies between its records and CMS monthly membership reports and reply listings. The problems affecting CMS’ systems do not affect the accuracy of the information reported by the organization in item (1). If the organization has reconciled its records against the CMS monthly membership report and reply listing, and submitted any discrepancies via the normal "retroactive request" procedures, then it has met the requirement of item (2). Organizations should not submit duplicate requests if problems with membership reports and reply listings persist after the first retroactive request has been made. Finally, note that the enrollment and payment attestations are “based on best knowledge, information, and belief” as of the date signed. Organizations have an opportunity to submit requests for retroactive adjustments based on new beneficiary information.

Please submit your monthly attestations to:

IntegriGuard
Attention: Attestations
2121 North 117th Avenue, Suite 200
Omaha, NE 68164.

If you have any questions or concerns about this matter, please contact your Division of Payment Operations Representative per Appendix B of the Plan Communication Guide or Carol Eaton at (410) 786-6165 carol.eaton@cms.hhs.gov .

Attachment