



Health Care Innovations Awards- Round Two (HCIA)

Actuarial Review Template

Please print this template. Fill out all applicable fields and scan the signed document as a .pdf file and upload with your Grants.gov application.

Innovation Awards Letter of Intent # :	
Name of Applicant Organization:	
Name of Application Project:	
Amount of Funding Request:	

This form consists of three separate attestations:

Section 1: Authorizing Official Attestation of the Application

Section 2: Chief Financial Officer Attestation of the Financial Plan

Section 3: Actuarial Certification of the Financial Plan (**ONLY** required for applications over \$10 million in total federal funds for the three year performance period)

Section 1: Authorizing Official Attestation of the Application

"I certify that all information and statements provided in this proposal are true, complete, and accurate to the best of my knowledge and are made in good faith."

This statement must be signed by the Authorizing Official (CEO or Senior Executive of the applicant organization) who has authority to make such commitments.

Name:	
Organization:	
Title:	
Phone:	
Address:	
City:	
State:	
Email:	
Signature:	
Date:	



Section 2: Chief Financial Officer Attestation of the Financial Plan

Per the Funding Opportunity Announcement, Applicants must submit a Financial Plan and supplemental narrative and schedules explaining how they plan to reduce medical cost for their identified population. The Financial Plan must include an annual summary of the costs of the model in relation to the expected savings under the model. The Financial Plan must be signed by the chief financial officer of the applicant organization. The Chief Financial Officer cannot be the same person as the Executive Director or Project Director.

As Chief Financial Officer I attest that:

- My organization will cooperate fully with the CMS Office of Acquisition and Grants Management, the CMS Innovation Center, and other relevant federal government entities on financial and budgetary issues
- My organization is aware and supportive of this application
- My organization will fully support the financial management of this cooperative agreement
- The financials present in this plan match the budgetary projections provided in Form SF424A as submitted and applicable
- That the financials presented in this financial plan template represent true costs to implement this cooperative agreement
- That savings presented are reasonable based upon the information available to our organization

Name:	
Organization:	
Title:	
Phone:	
Address:	
City:	
State:	
Email:	
Signature:	
Date:	

Section 3: Actuarial Certification of Financial Plan

Applicants requesting more than \$10 million in funding are required to obtain and submit an external actuarial certification with their application. A qualified actuary who is a member of the American Academy of Actuaries (MAAA) must complete the certification. The objective of obtaining an actuarial certification is to place greater responsibility on the actuary’s professional judgment and to hold him/her accountable for the reasonableness of the assumptions and projections. Applicants requesting less than \$10 million are encouraged but not required to submit an external actuarial review. CMS reserves the right to conduct an actuarial review of any application and include such a review as one of the criteria for the selecting official to consider during the application review process.

By certifying a financial plan, the actuary attests to the following:

- The data, assumptions, and projected savings outlined in the financial plan are consistent and reasonable
- The financial plan was reviewed in compliance with the current standards of practice, as promulgated by the Actuarial Standards Board of the American Academy of Actuaries, and that the plan complies with the current Actuarial Standards of Practice (ASOP), as promulgated by the Actuarial Standards Board.
- The actuarial work supporting the applicant complies with applicable laws, rules, applicant instructions, and current CMS guidance

Name:	
Degree (ASA, FSA):	
Organization:	
Address:	
City:	
State:	
Email:	
Certification (Y/N):	
Signature:	
Date:	
Potential risks or concerns:	