
CMS Manual System

Pub. 100-16 Medicare Managed Care

Department of Health &
Human Services (DHHS)
Centers for Medicare &
Medicaid Services (CMS)

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I. SUMMARY OF CHANGES:

Appendix A - Certification of Risk Adjustment Data Relating to CMS Payment to a Medicare + Choice Organization - In the first paragraph, the reference to “formerly HCFA...” is deleted. Also “M+CO” is changed to “M+C Organization” throughout. In the second paragraph, the words “with respect to the above-stated M+C plans” is deleted.

NEW/REVISED MATERIAL - EFFECTIVE DATE: October 3, 2003

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Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual not updated.) (R = REVISED, N = NEW, D = DELETED – (Only One Per Row.)

R/N/D	CHAPTER/SECTION/SUBSECTION/TITLE
R	Chapter 11 / Appendix A / Certification of Risk Adjustment Data Relating to CMS Payment to a Medicare+Choice Organization

III. ATTACHMENTS:

	Business Requirements
X	Manual Instruction
	Confidential Requirements
	One-Time Special Notification

Appendix A - Certification of Risk Adjustment Data Relating to CMS Payment to a Medicare + Choice Organization

CERTIFICATION OF RISK ADJUSTMENT DATA RELATING TO CMS PAYMENT TO A MEDICARE+CHOICE ORGANIZATION

Pursuant to the contract(s) between the Centers for Medicare & Medicaid Services (CMS) and (INSERT NAME OF M+C ORGANIZATION), hereafter referred to as the “*M+C Organization*,” governing the operation of the following Medicare +Choice plans (INSERT PLAN IDENTIFICATION NUMBERS HERE), the *M+C Organization* hereby requests payment under the contract, and in doing so, makes the following certification concerning CMS payments to the *M+C Organization*. The *M+C Organization* acknowledges that the information described below directly affects the calculation of CMS payments to the *M+C Organization* or additional benefit obligations of the M+C Organization and that misrepresentations to CMS about the accuracy of such information may result in Federal civil action and/or criminal prosecution.

The *M+C Organization* has reported to CMS for the period of (INDICATE DATES) all required risk adjustment data available to the *M+C Organization*. 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 M+C ORGANIZATION)

DATE