

**Date:** December 11, 2001

**To:** Medicare + Choice Organizations

**Subject:** Instructions for Submission of Attestation Forms for Inpatient Encounter Data Submissions

**From:** Gary A. Bailey, Director

The purpose of this memorandum is to provide instruction for the submission of Attachment B, Certification of Inpatient Encounter Data Information Relating to HCFA Payment to a Medicare+Choice Organization, of the 2001 Medicare+Choice contract. The submission of attestation forms are due to CMS, formerly HCFA on December 31<sup>st</sup> for all inpatient encounter data submitted during the contract year.

### **Background**

CMS distributed Operational Policy Letter (OPL) 98.070 to Medicare+Choice contractors on May 19, 1998. CMS had distributed OPL 97.064 to plans in December, 1997, that described the general process for submission of inpatient encounter data. This OPL transmits the list of requirements for plans submitting data after July 1, 1998. Further guidance was provided in OPL 99.089 on April 23, 1999, and a memo dated September 9, 1999 providing "Additional Information Regarding Inpatient Encounter Data and Risk Adjustment." Please refer to these OPLs and this memo for specific information on the inpatient encounter data requirements.

### **Scope**

This certification requirement is applicable to all Medicare+Choice contractors, including those that are nonrenewing or terminating their contracts. All 2001 M+C contractors are obligated to fulfill all of the reporting requirements of the 2001 contract, including inpatient encounter data submissions. This requirement includes completing all submissions of encounter data for the period of July 1, 2000- June 30, 2001.

Attachment B must be completed in its entirety and signed and dated by the Chief Executive Officer or Chief Financial Officer of the Medicare + Choice contractor. Attachment B should be mailed to Melissa Fannin, Centers for Medicare and Medicaid Services, mail stop C4-22-15, 7500 Security Blvd., Baltimore, MD 21244.

To facilitate execution of this attestation, a copy of the encounter data attestation is provided as an attachment to this memorandum.

Thank you for your cooperation.

## **ATTACHMENT B**

### **CERTIFICATION OF ENCOUNTER DATA INFORMATION RELATING TO HCFA PAYMENT TO A MEDICARE+CHOICE ORGANIZATION**

Pursuant to the contract(s) between the Health Care Financing Administration (HCFA) and (INSERT NAME OF M+C ORGANIZATION), hereafter referred to as the AM+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 HCFA payments to the M+C Organization. The M+C Organization acknowledges that the information described below directly affects the calculation of HCFA payments to the M+C Organization or additional benefit obligations of the M+C Organization and that misrepresentations to HCFA about the accuracy of such information may result in Federal civil action and/or criminal prosecution.

The M+C Organization has reported to HCFA for the period of (INDICATE DATES) all inpatient hospital encounter data available to the M+C Organization with respect to the above-stated M+C plans. Based on best knowledge, information, and belief, all information submitted to HCFA in this report is accurate, complete, and truthful.

(INDICATE TITLE [CEO, CFO, or delegate])  
on behalf of  
(INDICATE M+C ORGANIZATION)

