

## ACTUARIAL CERTIFICATION FOR ENHANCED MEDICATION THERAPY MANAGEMENT MODEL PROSPECTIVE PAYMENT COST PROPOSAL(S)

### 1. GENERAL INFORMATION

A. ORGANIZATION NAME:  B. CONTRACT YEAR: 2017

	C. CONTRACT NUMBER	D. PLAN NUMBER	E. PD REGION	F. TOTAL COST PMPM	G. DATE PREPARED
PLAN 1					
PLAN 2					
PLAN 3					
PLAN 4					
PLAN 5					

### 2. ACTUARIAL CERTIFICATION

I am a Member of the American Academy of Actuaries. I am familiar with the requirements for preparing the Part D Enhanced Medication Therapy Management (MTM) administrative cost proposal and meet the Academy's qualification standards for doing so. These prospective payment cost proposal(s) have been prepared for the Centers for Medicare & Medicaid Services to approve the plan's proposed Enhanced MTM program under the Medicare Part D Enhanced MTM Model under a contract in calendar year 2017 as identified below. The term "prospective payment cost proposal(s)" in the context of this certification refers to the actuarial pricing of the plan's proposed Enhanced MTM program (as submitted in the MTM Model Pricing Tool (MPT)).

I hereby certify that to the best of my knowledge and judgment:

- The prospective payment cost proposal(s) identified in this certification are in compliance with the applicable laws<sup>1</sup>, rules<sup>2</sup>, CY2017 MPT instructions, and current CMS guidance.
- The prospective payment cost proposal(s) are based on the additional cost to provide the Enhanced MTM interventions over the non-benefit expense of the Part D bid(s) for the same contract-plan ID(s) without any MTM services.
- The data and assumptions used in the development of the prospective payment cost proposal(s) are reasonable for the plan's proposed Enhanced MTM program.
- The prospective payment cost proposal(s) were prepared in compliance with the current standards of practice as promulgated by the Actuarial Standards Board of the American Academy of Actuaries.

The impact of unanticipated events subsequent to the date of this prospective payment cost proposal is beyond the scope of this certification.

*Enter any additional language:*

PRINTED NAME:		CREDENTIALS:	
ORGANIZATION:			
PHONE:		EMAIL:	
ELECTRONIC SIGNATURE:			DATE:

<sup>1</sup> Security Act Sections 1860D-1 through 1860D-42.

<sup>2</sup> 42 CFR Parts 400 and 423.