

APPENDIX I – MODEL FILE & USE CERTIFICATION FORM

Pursuant to the Contract between the Centers for Medicare & Medicaid Services (CMS), the Commonwealth of Massachusetts, acting by and through the Executive Office of Health and Human Services (EOHHS), and Commonwealth Care Alliance, Inc., hereafter referred to as the Contractor, governing the operations of the following health plan: H0137, the Contractor hereby certifies that all qualified materials for the Demonstration is accurate, truthful and not misleading. Organizations using File & Use Certification agree to retract and revise any materials (without cost to the government) that are determined by CMS or EOHHS to be misleading or inaccurate or that do not follow established Medicare Communications and Marketing Guidelines, Regulations, and sub-regulatory guidance. In addition, organizations may be held accountable for any beneficiary financial loss as a result of mistakes in marketing materials or for misleading information that results in uninformed decision by a beneficiary to elect the plan. Compliance criteria include, without limitation, the requirements in 42 C.F.R. § 422.2260 – § 422.2276 and 42 C.F.R. § 422.111 for One Care Plans and the Medicare Communications and Marketing Guidelines.

I agree that CMS or EOHHS may inspect any and all information including those held at the premises of the Contractor to ensure compliance with these requirements. I further agree to notify CMS and EOHHS immediately if I become aware of any circumstances that indicate noncompliance with the requirements described above.

I possess the requisite authority to make this certification on behalf of the Contractor