

Attachment 1a - To be completed by all Organizations

**2019 Compensation Certification**

Organization Name: \_\_\_\_\_

Certification Date: \_\_\_\_\_

CMS Contract Number(s): \_\_\_\_\_

I have examined the compensation structure(s) described herein and attest that this accurately and completely represents the compensation structure(s) as of the certification date indicated on this document. The structure(s) herein meet the requirements set in CMS 4182-F.

\_\_\_\_\_  
CEO (or other authorized official)

\_\_\_\_\_  
Date

**PRA Disclosure Statement**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0964 (Expires: XX/XX/XXXX). The time required to complete this information collection is estimated to average 49 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

