

Announcements (4/15/2021 UGC)

- 1) Similar to last year, OACT intends to post the advance Q&A file the morning of the Thursday User Group Calls
 - The questions for this week's call were posted on the CMS website this morning at <https://www.cms.gov> >> Medicare >> Medicare Advantage Rates and Statistics >> Actuarial Bid Questions within the CY2022 Actuarial Bid Questions document. You may want to open this file to follow along during the Q&A portion of this call.
 - This file will only contain the questions asked in advance that we plan to address on the call. The responses will not be included in this early posting but will be posted as usual on the Friday after the call.
 - The intent of this advance posting is to help listeners follow along during the Q&A portion of the call.
 - Note that this is just a draft and some questions could be added/removed/or modified prior to the final posting.
 - If a response read on the call is not clear, please ask additional questions either live on the call or by submitting them in writing to the actuarial-bids mailbox.
 - In order to help us respond in a timely manner to feedback that involves other areas of CMS, we ask that you please copy the appropriate resource mailboxes in addition to any emails sent to the actuarial-bids mailbox. These email addresses can always be found in the introductory note within the UGC Q&A file.
 - Also note that some questions require more discussion and coordination among our group and may be postponed until a later call if necessary
 - We also plan to post the key announcements from our call each week following the call, similar to last year.

- 2) CY2022 Bid Forms and Instructions
 - BPTs and bid instructions were released via HPMS on Friday, April 9th
 - The files were also posted on the CMS website, under: <https://www.cms.gov> > Medicare > Medicare Advantage Rates & Statistics (under the Health Plans header) > Bid Form & Instructions >
 - We appreciate the feedback we received during the industry beta testing period. We have incorporated clarifications within the bid instructions.
 - No Bid Pricing Tool Changes from Beta Release
 - Instruction Changes from Beta Release
 - Bidding resources - the link to the training has been updated
 - Dual-eligible beneficiary cost sharing – We have clarified that cost sharing on Worksheet 3 is not meant to reflect limited cost sharing for DE# beneficiaries except when the DE# enrollees make up less than 10% or greater than 90% of the total bid enrollees. In either of these two cases, completion of Worksheet 3 must be consistent with how the non-DE# and DE# Allowed PMPM columns on Worksheet 2 are completed and must follow the guidance specified in Appendix G.
 - For Medical related-party arrangements, we removed the requirement to show that it is not possible to comply with Method 1 Actual Cost in order to use Method 3 Comparable to FFS. The support that had been in 13.7.1 requiring written evidence of a good faith, but unsuccessful, effort to obtain the actual costs is also no longer required.

- Low Income Premium Subsidy Amount – specified that the members used in the weighting are the actual June enrollment of the prior year including enrollment moved into or out of the bid as part of an HPMS crosswalk.
- The support requirement for related parties in 13.1.5 has been changed from support for each related party to support for the largest five related parties based on the PMPM entered in z4 or z5 prior to adjustment for Methods 1 or 4.
- In Appendix F PBP line 4a has been renamed from Emergency Services to Emergency/Post-Stabilization services.

3) Actuarial Bid Training

- A basic overview of the Medicare Advantage and Part D programs and bid forms for actuaries and other interested parties can be downloaded and printed at any time from the OACT webpage (<https://www.cms.gov/medicare/medicare-advantage-rates-statistics/actuarial-bid-training>).
- The training consists of 2 sessions:
 - Introduction to Bidding
 - BPT 101
- There is no annual bid training on the website specific to CY2022

4) OACT plans to release the Gain Loss Requirement Tool and MA PBP to BPT Comparison Tool via the CMS website in early May. We encourage all plans to use these industry tools to ensure compliance with CMS guidance.

5) Release of 2022 OOPC Model

- 2022 Out-of-Pocket Cost model was released via the CMS website at: <https://www.cms.gov> > Medicare > Prescription Drug Coverage – General Information > OOPC Resources
- See the HPMS memo released on April 9th for more information
- For technical questions about the OOPC model, please email OOPC@cms.hhs.gov

6) Release of risk score data for CY2022 bidding

- Plan-level data has been posted in HPMS and beneficiary-level files have been sent to plan sponsors.
- Please see the HPMS memos dated April 12th for more details about the beneficiary-level files and the technical notes included with the plan-level data posted on HPMS for details about the plan-level data.
- Note that the hospice indicator used for the bene level risk score file is in line the hospice indicator in the MMR.
- Any questions regarding the risk score data should be sent to RiskAdjustmentPolicy@cms.hhs.gov

Announcements (4/22/2021 UGC)

There are no new announcements.

Announcements (4/29/2021 UGC)

- We corrected our response to the question regarding uncollected member premiums on last week's UGC. The corrected response is posted on the Actuarial Bids Question site.
- We expect to post the Industry Gain/Loss Requirement and PBP to BPT comparison tools by the end of this week via the CMS website under: <https://www.cms.gov> > Medicare > Medicare Advantage Rates & Statistics (under the Health Plans header) > Bid Form & Instructions > 2022
 - Key updates to the gain/loss tool include the following changes:
 - “Within Range” and “Outside Range” for plans that choose Risk Capital Surplus as Corporate Margin Basis are based on the CY2022 MA BPT Instructions.
 - Error message will now appear if not all bids have the same Corporate Margin Requirement % of Revenue.
 - Key updates to the PBP to BPT Comparison Tool include the following changes:
 - The bid review tab has been redesigned, along with the scoring. Each PBP line on MA BPT WS3 is now displayed and scored separately. Additional details on these changes can be seen on the updated “Notes” tab of the tool.
 - Also note that in the CY2022 tool, you must select the PBP and VBID PBP Access databases at the same time if any selected bids include VBID, Uniformity Flexibility or SSBCI benefits.
- Bid upload functionality in HPMS available starting Friday, May 7th
 - *We ask that each organization “test the upload process” by uploading a bid early*
 - A bid can be uploaded repeatedly until the deadline, (11:59 PM PT) Monday, June 7th, at which time all gates close

Announcements (5/06/2021 UGC)

There are no new announcements.

Announcements (5/13/2021 UGC)

- Release of plan-specific TBC data
 - Plan specific TBC data was posted in HPMS yesterday. See HPMS memo titled “Contract Year 2022 Medicare Advantage Technical Instructions” issued May 12, 2021 (pages 3 to 10) for more information
 - The data is posted at: HPMS Home > Quality and Performance > Performance Metrics > Costs > Part C Total Beneficiary Costs
 - If you are having issues accessing this data, please contact the HPMS Help Desk at 1-800-220-2028 or hpms@cms.hhs.gov
 - Any questions regarding the plan-specific TBC data can be sent to actuarial-bids@cms.hhs.gov
 - For technical questions about the Out-of-Pocket Cost (OOPC) model, please submit an email to OOPC@cms.hhs.gov
 - Any questions beyond the plan-specific TBC data (ex: questions on the memo or regarding TBC policy) should be submitted to <https://mabenefitsmailbox.lmi.org/>
- Actuarial Certification
 - Module expected to be available in HPMS starting Friday, May 14th.
- Bid upload functionality in HPMS is available
 - *We ask that each organization “test the upload process” by uploading a bid early*
 - A bid can be uploaded repeatedly until the deadline, (11:59 PM PT) Monday, June 7th, at which time all gates close

Announcements (5/20/2021 UGC)

There are no new announcements.

Announcements (5/27/2021 UGC)

- A 2022 PBP software patch was released on Friday, 5/21. This fix is available to address the following issues:
 - Fix a validation error that impacts VBID plans that offer B19 VBID Hospice but do NOT offer any other B19 VBID Part C services.
 - Fix the display of SSBCI disease states that are not populating correctly in the PBP data report.
 - Fix for HMOPOS plans that are doing a standard bid. The referral data entry in Section A of the PBP is not working correctly.
 - A direct fix is available for impacted plans. Downloading this fix is optional for all other plans.
 - To access this direct fix, users should log into HPMS and select Plan Bids > Bid Submission > Contract Year 2022 > Download.
- We have released an update to the MA PBP to BPT Comparison Tool on the CMS website (<https://www.cms.gov/medicarehealth-plansmedicareadvtspecratestatsbid-forms-instructions/2022>) to correct an error that was causing the program to crash in select cases where the PBP Benefit to BPT Cost Deductible tests were failing. We recommend that you download this updated version so that you do not experience this error.
- The HPMS memo titled “Final Contract Year 2022 Part C Benefits Review and Evaluation” was issued May 20, 2021 addressing Part C standards, such as maximum out of pocket, service category cost sharing, total beneficiary costs, PMPM actuarial equivalence, and optional supplemental benefits
- As a reminder, the HPMS memo titled “Contract Year 2022 Medicare Advantage Technical Instructions” was issued May 12, 2021 and provided the navigation path for TBC data and pages 3-10 provide a detailed description of the TBC calculation. The tables and related information in this memo should be used in conjunction with the plan specific TBC data that can be accessed at HPMS: Home > Quality and Performance > Performance Metrics > Costs > Part C Total Beneficiary Costs. Please use these information sources to make sure plans satisfy the TBC evaluation based on each plan situation.
- Bid upload functionality in HPMS is available
 - *We ask that each organization “test the upload process” by uploading a bid early*
 - A bid can be uploaded repeatedly until the deadline on Monday, June 7
- OACT will be conducting preliminary checks for inconsistencies between the PBP and the MA BPT. We will notify plans of these inconsistencies by email during June 2 through June 7. We realize the bids you have submitted so far may not be final. Nevertheless, the notices provide a chance to reconcile these inconsistencies prior to the submission deadline
- OACT will also be conducting additional bid quality checks again this year. Plans can avoid being contacted with issues by carefully peer reviewing their bids. We intend to send out emails to plans during June 2 through June 7 for bids already uploaded into HPMS to help ensure compliance prior to final bid submission

Announcements (6/03/2021 UGC)

- 1) The bid submission deadline is 11:59 PM PT on Monday, June 7th
 - Supporting documentation required with the initial bid submission must be submitted by this same deadline
 - Please note that the PD BPT cell F18 on Worksheet 7 for MTM payment must be populated with zero, not blank, at the time of bid submission for all PD bids
- 2) If you need assistance with actuarial issues between today's call and Monday's deadline, e-mail your question/issue to: actuarial-bids@cms.hhs.gov
 - We will do our best to respond as quickly as possible
- 3) Any issues related to bid upload should be directed to the HPMS Help Desk at:
1-800-220-2028 or hpms@cms.hhs.gov
- 4) The actuarial certification process will be similar to last year
 - The initial actuarial certification deadline will be Friday, June 11th. Please see the HPMS memo that was released on June 2, 2021 for more details.
- 5) Shortly after the bids are received, the bid review process will begin. OACT has contracted with several actuarial firms, similar to previous years
 - We request your cooperation and responsiveness when contacted during the bid review process
 - Please ensure that staff are equipped to answer bid review inquiries if you will be out of the office
 - We ask that you confirm receipt when you receive an inquiry to a bid review.
- 6) The HPMS memo titled "Frequently Asked Questions on Coordinating Medicaid Benefits and Dual Eligible Special Needs Plans Supplemental Benefits" was issued May 28, 2021 to help states and Medicare Advantage organizations better coordinate Medicaid benefits and Medicare supplemental benefits, especially those offered through Dual Eligible Special Needs Plans (D-SNPs).