

Date: April 11, 2010

**Centers for Medicare & Medicaid Services
Office of the Administrator
Center for Medicare**

**Medicare Drug Benefit and C & D Data Group
(FCHG)**

- Develops policies related to the Medicare Prescription Drug benefit including: (1) coverage and benefits, (2) requirements for Part D sponsors, (3) formulary issues, (4) cost sharing, (5) access, (6) Medicare Part B and Part D interactions, (7) employer group plan issues, and (8) coordination of benefits.
- Develops policies related to quality improvement for Part C and D plans, including the development and implementation of performance measures.
- Analyzes Medicare data to determine policy approaches for the Part D program and for Part C quality measures.
- Responsible for all activities necessary for the purchasing of Medicare prescription drug benefits. Designs, implements, and manages the procurement of prescription drug plan (PDP) sponsors, including solicitation and approval of applications. Manages sponsor-initiated non-renewals of PDPs.
- Designs, implements, and manages the formulary review and approval process for all Part D sponsors, including the creation and maintenance of the formulary reference file.
- Designs, implements, and manages the Part D benefits review and approval process for all Part D sponsors.
- Reviews and approves transition policies for all Part D plan sponsors.
- Responsible for analyzing and comparing bids from PDPs and negotiating bids.
- Reviews and approves Medication Therapy Management Program submissions offered by Part D Sponsors.
- Coordinates with the Program Compliance and Oversight Group (PCOG), Center for Medicare (CM); the Consortium for Medicare Health Plans Operations (CMHPO), Chief Operating Officer (COO); and the Medicare Drug and Health Plan Contract Administration Group (MCAG), CM to establish a consistent feedback and response system to audit findings and corrective actions.

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**Medicare Drug Benefit and C & D Data Group
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- Provides first line of defense in identifying and correcting routine Part D non-compliance in close coordination with CMHPO, COO account managers. Supports PCOG, CM compliance activities by sharing data and/or information concerning Part D non-compliance issues and collaborating with PCOG, CM; CMHPO, COO and/or MCAG, CM concerning any compliance activities that may result.
- Develops and implements Part D contractor performance monitoring programs and carries out these programs collaboratively with PCOG; CM; CMHPO, COO and MCAG, CM. Collaboratively develops risk-based approach for Part D plan oversight. Recommends compliance cases to PCOG, CM and supports PCOG, CM on compliance issues for Part D contractors.
- Develops all data-driven and ad hoc Part D monitoring letters, which includes notices of non-compliance, warning letters, requests for business plans, and routine corrective action plan requests (excluding corrective action plan requests stemming from routine audits) and/or makes recommendation for routine compliance actions to the Part D account manager. Works closely with PCOG, CM, other CM components and CMHPO, COO in instituting higher level formal compliance or enforcement actions (e.g., corrective action plans, intermediate sanctions, civil monetary penalties (CMPs), and contract non-renewals/terminations).
- Coordinates all contract renewal/non-renewal and termination activities in collaboration with PCOG, CM and CMHPO, COO. Provides support to the CMHPO, COO regional office staff in Medicare contract post-approval, non-renewal, and termination activities. Oversees beneficiary transition into other Medicare options when necessary.
- Business owner of the Complaint Tracking Module which captures and tracks Medicare Part D complaints.
- Develops and monitors the Part C and Part D Reporting Requirements.
- Performs Part C and Part D data quality assurance and analyses to assess plan performance, to track compliance, and to identify trends and outliers.
- Develops the strategy for oversight of the Part C and Part D benefits, identifying and collecting data, performing initial program data analyses, providing first line of defense in identifying and correcting Part D non-compliance, overseeing program protections and validation (program benefits), and serving as a liaison to account managers, business owners, contractors, and other interagency groups.

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- Provides strategic planning for production and release of the Part C and Part D performance ratings.
- Develops surveys to measure consumer experiences with their health plans and health care providers.
- Manages the Consumer Assessment of Health Care Provider and Systems survey.
- Develops and prepares performance measures for Part C sponsors.
- Analyzes and reports Health Plan Employers Data and Information Set data for Part C performance measures and consumer reports.
- Assesses the effectiveness of CMS' quality reporting activities.
- Serves as business owner of the Management Information Integrated Repository enrollment module. Produces Part C and Part D enrollment reports.
- Designs, develops, implements, and maintains MA, MA-PD, and PDP plan information systems, including the Health Plan Management System, to support the management of MA, MA-PD, and PDP plans and the assessment of their performance.
- Serves as liaison to the physician, pharmacist, and pharmacy benefit communities, Federal/congressional agencies, and related industry stakeholders on prescription drug coverage, quality, performance standards, patient safety, pharmacy practice, and pharmacoconomics.
- In collaboration with the Business Operations Staffs, CM and the Office of Acquisition and Grants Management, COO, develops and negotiates procurement contracts which include the development of contractor specifications, work statements, and evaluation criteria to support group programmatic functions, as needed. Evaluates, assesses, and monitors contractors' performance to ensure compliance with contractor requirements and the Federal Manager's Financial Integrity Act.