

HPMS CY2014 Financial Alignment Application Training January 17, 2013

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Agenda Items

- HPMS Home Page
- User Manuals and Guides and other Resources
- Order of Completion
- Basic Contract Management Screens
- Online Application
- Attestations
- Uploads
- Pharmacy Tables
- HSD Tables
- HSD Pre Check
- HSD Reports
- Final Submission
- Contact Information

Accessing HPMS

Online Applications are accessed through the Contract Management module in the Health Plan Management System (HPMS).

Access to the HPMS requires a CMS User ID. The email response to your NOIA contains a link to the form along with instructions for its completion and submission.

Once the form is processed, an email is sent to the email address provided on the Access Form which contains the User ID, password information, and the link/instructions for logging into HPMS.

HPMS Home Page - Contract Management

HPMS

Health Plan Management System

Home

Contract Management

Plan Bids

Plan Formularies

Quality and Performance

Risk Adjustment

User Resources

[Change HPMS Password](#)
[Log Off HPMS](#)

This is a U.S. Government computer system subject to Federal law.

[Top of Page](#)

[Back](#)

Hello USER !

Important Reminder:

When applying PBP 2008 software patch #4 (dated 6/29/2007), you must open PBP Section A for each plan and exit with validation in order for the patch to take effect. Please remember that this patch is mandatory for all plans.

CMS has released PBP software patch #5 (8/3/2007) on HPMS. The download and installation of PBP software patch #5 is mandatory for all plan types except for standalone PDP contracts and employer-direct contracts. PBP software patch #4 (6/29/2007) remains mandatory for standalone PDP contracts and employer-direct contracts. In order to fully apply these patches, you must: 1) download the appropriate patch to your local PBP software; 2) open PBP Section A for each plan and exit with validation; and 3) complete the standard pre-upload steps and reupload your plans to HPMS. CMS will be requesting resubmissions next week to facilitate your uploads. You will be notified at that time. Please contact the HPMS Help Desk at either hpms@cms.hhs.gov or 1-800-220-2028 for technical assistance.

In the News

- 12/12/2007 no attachments

Click here for the [archived In the News](#) items.

[Website Accessibility](#) | [HPMS Web Policies](#)

Basic Contract Management

Table I-3

HPMS Health Plan Management System Home

U.S. MCO NUMBER 4!

Contract Management
Plan Bids
Plan Formularies
Monitoring
Quality and Performance
Risk Adjustment
User Resources

[Log Off HPMS](#)

This is a U.S. Government computer system subject to Federal law.

CMS has planned critical network maintenance activities for the upcoming weekend. HPMS will not be accessible during the following maintenance windows: Saturday, July 11, 2009 - 2:00 p.m. to 4:00 p.m. EST and Sunday, July 12, 2009 - 12:00 noon to 2:00 p.m. EST. Due to the scope of this CMS-wide effort, it is possible that users could encounter other brief, unscheduled connectivity issues over the course of the weekend.

In the News

Click here for the [archived In the News](#) items.

[Website Accessibility](#) | [Web Policies](#) | [File Formats and Plug-Ins](#) | [Rules Of Behavior](#)

On the HPMS Home Page select Contract Management. Then on the flyout menu select Basic Contract Management.

Top of Page
Back

Basic Contract Management

The screenshot displays the HPMS TEST Health Plan Management System interface. The top navigation bar includes the HPMS TEST logo on the left and the Health Plan Management System Home link on the right. The main content area is titled "Contract Management Start Page" and contains the following information:

- Contract Selection**
 - Select Contract Number
- Set Up Application**
 - Set Up Initial Application
- Administration**
 - Reopen Application Date
 - HSD Manual Gates and Analysis
- Documentation**
 - Basic Contract Management User's Manual (revised 01/10/2012)
 - Online Application User's Manual (revised 01/10/2012)
 - MA Upload Guide (revised 01/10/2012)
 - Part D Upload Guide (revised 01/10/2012)
 - SNP Upload Guide (revised 01/10/2012)
 - MMP Upload Guide (new 01/09/2013)
 - Contact Definitions (revised 01/10/2013)

At the bottom of the left sidebar, there are links for "Top of Page" and "Back". The browser status bar at the bottom indicates "Internet | Protected Mode: On" and a zoom level of "125%".

Basic Contract Management

Available Resources found on the Basic Contract Management Start Page include:

- Basic Contract Management User's Manual
- Online Application User's Manual
- Upload Guide
- Contact Definitions Guide

To complete the online application, please refer to both of the User's Manuals. The Contact Definitions Guide provides guidance on who to list for the various contacts collected in HPMS.

Required Basic Contract Management Data

To Access the Basic Contract Management screens, follow this path: HPMS Home Page>Contract Management>Basic Contract Management>Select Contract Number

From Basic Contract Management, you will access numerous links to provide various required information. You will also access the Online Application screens from Basic Contract Management.

Required Basic Contract Management Data

The following links are available from Basic Contract Management. The Basic Contract Management User's Manual provides detailed instructions on completing each of these sections:

- Basic Contract Data
- Org. Marketing Data
- Plan Management Data (no data entry on this screen)
- Offshore Subcontractor Data
- NAIC Data (only required AFTER CMS establishes your Parent Org.)
- MMP Data
- Add/View Service Area Data
- Contact Data
- Submit Application Data (use the Online Application User's Manual)
- User's Manuals

Basic Contract Data Screen

HPMS TEST **Health Plan Management System**
Home

Update Basic Contract Data for H7013

* Required fields are marked with an asterisk.

* **Proposed Contract Effective Date:** January 1 2014

* **Type of Organization:** Demo

* **Type of Plan Offered:** Medicare-Medicaid Plan HMO/HMOPOS

* **New Payment Bill Option/Demo Type Code:** 12W - Demo Risk Option C/MMP HMO Demo

Tax Status:

Location:

Type of Ownership:

Line of Business:

* **Legal Entity Name:** [Special Note](#)
GREG'S TEST MMP CONTRACT FOR APPLICATION TRAINING

Trade Name:

Legal Entity Address:

Address 1:

Address 2:

City: **State:**

Zip Code: Enter either 5 or 9 digit zip code (no dashes).

Federal Taxpayer Identification Number:

[Go To: Contract Management Start Page](#)

Done Internet | Protected Mode: On 125%

Org. Marketing Data Screen

HPMS
TEST
Health Plan Management System
Home

Update Organization Marketing Data for H7013

* Required fields are marked with an asterisk.

Legal Entity Name: GREG'S TEST MMP CONTRACT FOR APPLICATION TRAINING

Proposed Contract Effective Date: January 1, 2014

***Organization Marketing Name:** [Special Note](#)

Note: The Organization Marketing Name is what appears as your Organization Name in the Medicare & You Handbook and on the www.medicare.gov web site.

***Organization Geographic Name:** [Special Note](#)

***Organization Website Address:**

***Do you have a website that lists the physicians who are part of your network?:** Yes No [Special Note](#)

***Do you have a website that lists the physicians who are currently accepting new patients?:** Yes No

Personal Health Record URL:

Field Marketing Organizations:

Organization/Phone	Address	City/State/Zip	Drop
Field Marketing Organization 1: <input type="text"/> Phone: <input type="text"/>	<input type="text"/> <input type="text"/>	City: <input type="text"/> State: <input type="text"/> Zip: <input type="text"/>	N/A
Field Marketing Organization 2: <input type="text"/> Phone: <input type="text"/>	<input type="text"/> <input type="text"/>	City: <input type="text"/> State: <input type="text"/> Zip: <input type="text"/>	N/A
Field Marketing Organization 3: <input type="text"/> Phone: <input type="text"/>	<input type="text"/> <input type="text"/>	City: <input type="text"/> State: <input type="text"/> Zip: <input type="text"/>	N/A
Field Marketing Organization 4: <input type="text"/> Phone: <input type="text"/>	<input type="text"/> <input type="text"/>	City: <input type="text"/> State: <input type="text"/> Zip: <input type="text"/>	N/A
Field Marketing Organization 5: <input type="text"/> Phone: <input type="text"/>	<input type="text"/> <input type="text"/>	City: <input type="text"/> State: <input type="text"/> Zip: <input type="text"/>	N/A

Plan Management Data Screen

The screenshot displays a web browser window with the following content:

- HPMS Logo** (with a close button 'X')
- Health Plan Management System** (header text)
- Home** (link)
- View Plan Management Data for H4694** (main heading)
- Legal Entity Name:** GREG'S TEST FINANCIAL ALIGNMENT DEMO CONTRACT
- Proposed Contract Effective Date:** January 1, 2013
- Site State:**
- Site Region:**
- Region Responsible:**
- Region Responsible for Casework:**
- Caseworker:**
- Lead Marketing Region:**
- Multi-Regional Team:**
- Trade Group:**
- Parent Organization:**
- Legal Entity ID:**
- Account Manager:**
- Regional Office Branch Manager:**
- Regional Pharmacist:**
- Back** (button)
- Go To:** [Contract Management Start Page](#)

The browser's status bar at the bottom shows "Done", "Internet", and "100%".

Offshore Subcontractor Data Screen

The screenshot displays a web browser window with the following elements:

- Browser Tab:** HPMS Logo
- Page Header:** Health Plan Management System (red background) and Home (blue background)
- Section Title:** Update Offshore Subcontractor Information for H4694
- Text:** Legal Entity Name: GREG'S TEST FINANCIAL ALIGNMENT DEMO CONTRACT
- Buttons:** Back, Add, Copy
- Text:** Go To: [Contract Management Start Page](#)
- Taskbar:** Internet, 100%

Offshore Subcontractor Data Screen, con't.

HPMS
TEST
Health Plan Management System
Home

Add Offshore Subcontractor Data for H4694

* Required fields are marked with an asterisk.

Legal Entity Name: GREG'S TEST FINANCIAL ALIGNMENT DEMO CONTRACT

Part I. Offshore Subcontractor Information

*Offshore Subcontractor Name:

*Offshore Subcontractor Country:

*Offshore Subcontractor Address:

*Describe Offshore Subcontractor Functions:

*State Proposed or Actual Effective Date for Offshore Subcontractor: / /

Part II. Precautions for Protected Health Information (PHI)

*Describe the PHI that will be provided to the Offshore Subcontractor:

*Discuss why providing PHI is necessary to accomplish the Offshore Subcontractor objectives:

*Describe alternatives considered to avoid providing PHI, and why each alternative was rejected:

***Part I. Attestation of Safeguards to Protect Beneficiary Information in the Offshore Subcontract**

Item	Attestation	Response
I.1.	Offshore subcontracting arrangement has policies and procedures in place to ensure that Medicare beneficiary protected health information (PHI) and other personal information remains secure.	<input type="radio"/> Yes <input type="radio"/> No
I.2.	Offshore subcontracting arrangement prohibits subcontractor's access to Medicare data not associated with the sponsor's contract with the offshore subcontractor.	<input type="radio"/> Yes <input type="radio"/> No
I.3.	Offshore subcontracting arrangement has policies and procedures in place that allow for immediate termination of the subcontract upon discovery of a significant security breach.	<input type="radio"/> Yes <input type="radio"/> No
I.4.	Offshore subcontracting arrangement includes all required Medicare Part C and D language (e.g., record retention requirements, compliance with all Medicare Part C and D requirements, etc.)	<input type="radio"/> Yes <input type="radio"/> No

Offshore Subcontractor Data Screen, con't.

*Describe Offshore Subcontractor Functions:

Form fields for describing Offshore Subcontractor Functions, including a large text area and a dropdown menu.

*State Proposed or Actual Effective Date for Offshore Subcontractor:

Form fields for stating the proposed or actual effective date, including a date input field and a dropdown menu.

Part II. Precautions for Protected Health Information (PHI)

*Describe the PHI that will be provided to the Offshore Subcontractor:

Form field for describing the PHI that will be provided to the Offshore Subcontractor.

*Discuss why providing PHI is necessary to accomplish the Offshore Subcontractor objectives:

Form field for discussing why providing PHI is necessary to accomplish the Offshore Subcontractor objectives.

*Describe alternatives considered to avoid providing PHI, and why each alternative was rejected:

Form field for describing alternatives considered to avoid providing PHI, and why each alternative was rejected.

***Part I. Attestation of Safeguards to Protect Beneficiary Information in the Offshore Subcontract**

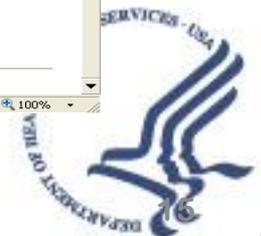
Item	Attestation	Response
I.1.	Offshore subcontracting arrangement has policies and procedures in place to ensure that Medicare beneficiary protected health information (PHI) and other personal information remains secure.	<input type="radio"/> Yes <input type="radio"/> No
I.2.	Offshore subcontracting arrangement prohibits subcontractor's access to Medicare data not associated with the sponsor's contract with the offshore subcontractor.	<input type="radio"/> Yes <input type="radio"/> No
I.3.	Offshore subcontracting arrangement has policies and procedures in place that allow for immediate termination of the subcontract upon discovery of a significant security breach.	<input type="radio"/> Yes <input type="radio"/> No
I.4.	Offshore subcontracting arrangement includes all required Medicare Part C and D language (e.g., record retention requirements, compliance with all Medicare Part C and D requirements, etc.)	<input type="radio"/> Yes <input type="radio"/> No

***Part II. Attestation of Audit Requirements to Ensure Protection of PHI**

Item	Attestation	Response
II.1.	Organization will conduct an annual audit of the offshore subcontractor.	<input type="radio"/> Yes <input type="radio"/> No
II.2.	Audit results will be used by the Organization to evaluate the continuation of its relationship with the offshore subcontractor.	<input type="radio"/> Yes <input type="radio"/> No
II.3.	Organization agrees to share offshore subcontractor's audit results with CMS, upon request.	<input type="radio"/> Yes <input type="radio"/> No

Back Next

Go To: [Contract Management Start Page](#)



NAIC Data Screen

Update NAIC Data for H4694

The NAIC data entry requires that the Parent Organization be entered by CMS.
Please contact your account manager at CMS.

[Back](#)

Go To: [Contract Management Start Page](#)

MMP Data Screen

HPMS
TEST

Health Plan Management System

Home

Update MMP Information for H7013

* Required fields are marked with an asterisk.

Legal Entity Name: GREG'S TEST MMP CONTRACT FOR APPLICATION TRAINING

Proposed Contract Effective Date: January 1, 2014

Organizations Providing Medical Functions:

Enter the organization name(s) for each function.

Note: Select the "Applicant" button if applicant is performing the function.

Note: To drop an Organization, clear the name for that Organization.

Administrative/Management Staffing

(Number to add)= 1

Organization 1: Is it Offshore? Yes No

Organization 2: Is it Offshore? Yes No

Organization 3: Is it Offshore? Yes No

Systems and/or Information Technology

(Number to add)= 1

Organization 1: Is it Offshore? Yes No

Organization 2: Is it Offshore? Yes No

Organization 3: Is it Offshore? Yes No

Medical Claims Administration, Processing and/or Adjudication

(Number to add)= 1

Organization 1: Is it Offshore? Yes No

Organization 2: Is it Offshore? Yes No

Organization 3: Is it Offshore? Yes No

Enrollment, Disenrollment and Membership

(Number to add)= 1

Organization 1: Is it Offshore? Yes No

Organization 2: Is it Offshore? Yes No

Organization 3: Is it Offshore? Yes No

Marketing and/or Sale Brokers and Agents

(Number to add)= 1

Organization 1: Is it Offshore? Yes No

Organization 2: Is it Offshore? Yes No

Done

Internet | Protected Mode: On | No items are being blocked on this page

MMP Data Screen, con't.

Organization 3: _____ Is it Offshore? Yes No

Credentialing

(Number to add)= 1

Organization 1: _____ Is it Offshore? Yes No

Organization 2: _____ Is it Offshore? Yes No

Organization 3: _____ Is it Offshore? Yes No

Utilization and/or Quality Improvement Operations

(Number to add)= 1

Organization 1: _____ Is it Offshore? Yes No

Organization 2: _____ Is it Offshore? Yes No

Organization 3: _____ Is it Offshore? Yes No

Part C Call Center Operations

(Number to add)= 1

Organization 1: _____ Is it Offshore? Yes No

Organization 2: _____ Is it Offshore? Yes No

Organization 3: _____ Is it Offshore? Yes No

Financial Services

(Number to add)= 1

Organization 1: _____ Is it Offshore? Yes No

Organization 2: _____ Is it Offshore? Yes No

Organization 3: _____ Is it Offshore? Yes No

Health Risk Assessment

(Number to add)= 1

Organization 1: _____ Is it Offshore? Yes No

Organization 2: _____ Is it Offshore? Yes No

Organization 3: _____ Is it Offshore? Yes No

Formulary Website URL: _____ [Special Note](#)

Part D Organization Website Address: _____

Pharmacy Website URL: _____

Coverage Determination Request Form Website URL: _____

Redetermination Request Form Website URL: _____

Is your organization operating under a confidentiality agreement with your PBM for the P&T Committee?: Yes No

Organizations Providing Part D Functions:
 Enter the organization name(s) for each function.
 Note: Select the "Applicant" button if applicant is performing the function.
 Note: To design Organization, click the name for that Organization.

MMP Data Screen, con't.

Organizations Providing Part D Functions:

Enter the organization name(s) for each function.

Note: Select the "Applicant" button if applicant is performing the function.

Note: To drop an Organization, clear the name for that Organization.

Adjudication and processing of pharmacy claims at the point of sale

(Number to add)= 1

Organization 1: Is it Offshore? Yes No

Organization 2: Is it Offshore? Yes No

Organization 3: Is it Offshore? Yes No

Negotiation with prescription drug manufacturers and others for rebates, discounts, or other price concessions on prescription drugs

(Number to add)= 1

Organization 1: Is it Offshore? Yes No

Organization 2: Is it Offshore? Yes No

Organization 3: Is it Offshore? Yes No

Administration and tracking of enrollees' drug benefits in real time

(Number to add)= 1

Organization 1: Is it Offshore? Yes No

Organization 2: Is it Offshore? Yes No

Organization 3: Is it Offshore? Yes No

Coordination with other drug benefit programs, including for example, Medicaid, SPAPs or other insurance

(Number to add)= 1

Organization 1: Is it Offshore? Yes No

Organization 2: Is it Offshore? Yes No

Organization 3: Is it Offshore? Yes No

Development and maintenance of a pharmacy network

(Number to add)= 1

Organization 1: Is it Offshore? Yes No

Organization 2: Is it Offshore? Yes No

Organization 3: Is it Offshore? Yes No

Operation of an enrollee appeals and grievance process

(Number to add)= 1

Organization 1: Is it Offshore? Yes No

Organization 2: Is it Offshore? Yes No

Organization 3: Is it Offshore? Yes No

Customer service functionality that includes serving seniors and persons with a disability

(Number to add)= 1

Organization 1: Is it Offshore? Yes No

Organization 2: Is it Offshore? Yes No

Done

Internet | Protected Mode: On Double-click to change security settings

MMP Data Screen, con't.

(Number to add) = 1

Organization 1: Is it Offshore? Yes No

Organization 2: Is it Offshore? Yes No

Organization 3: Is it Offshore? Yes No

Development and maintenance of a pharmacy network

(Number to add) = 1

Organization 1: Is it Offshore? Yes No

Organization 2: Is it Offshore? Yes No

Organization 3: Is it Offshore? Yes No

Operation of an enrollee appeals and grievance process

(Number to add) = 1

Organization 1: Is it Offshore? Yes No

Organization 2: Is it Offshore? Yes No

Organization 3: Is it Offshore? Yes No

Customer service functionality that includes serving seniors and persons with a disability

(Number to add) = 1

Organization 1: Is it Offshore? Yes No

Organization 2: Is it Offshore? Yes No

Organization 3: Is it Offshore? Yes No

Pharmacy technical assistance service functionality

(Number to add) = 1

Organization 1: Is it Offshore? Yes No

Organization 2: Is it Offshore? Yes No

Organization 3: Is it Offshore? Yes No

Maintenance of a P and T Committee

(Number to add) = 1

Organization 1: Is it Offshore? Yes No

Organization 2: Is it Offshore? Yes No

Organization 3: Is it Offshore? Yes No

Enrollment Processing

(Number to add) = 1

Organization 1: Is it Offshore? Yes No

Organization 2: Is it Offshore? Yes No

Organization 3: Is it Offshore? Yes No

[Go To: Contract Management Start Page](#)

Done

Internet | Protected Mode: On

125%

MMP Data Screen, P&T Committee

Part D Organization Website Address:

Pharmacy Website URL:

Coverage Determination Request Form Website URL:

Redetermination Request Form Website URL:

Is your organization operating under a confidentiality agreement with your PBM for the P&T Committee?: Yes No

P & T Committee Members:

Copy P & T Committee Member(s) from contract:

P & T Committee Member 1:

*Member Name:

*Type of Practice:

*Expertise with Elderly or Disabled?: Yes No

Free of Conflict of Interest With:

* Part D Sponsor?: Yes No

* Pharmaceutical Manufacturers?: Yes No

Organizations Providing Part D Functions:

Enter the organization name(s) for each function.

Note: Select the "Applicant" button if applicant is performing the function.

Note: To drop an Organization, clear the name for that Organization.

Adjudication and processing of pharmacy claims at the point of sale

(Number to add)= 1

Organization 1: Is it Offshore? Yes No

Organization 2: Is it Offshore? Yes No

Organization 3: Is it Offshore? Yes No

Negotiation with prescription drug manufacturers and others for rebates, discounts, or other price concessions on prescription drugs

(Number to add)= 1

Organization 1: Is it Offshore? Yes No

Organization 2: Is it Offshore? Yes No

Organization 3: Is it Offshore? Yes No

Administration and tracking of enrollees' drug benefits in real time

(Number to add)= 1

Organization 1: Is it Offshore? Yes No

Done

Internet | Protected Mode On

125%



Add Service Area Data Screen

Health Plan Management System

Home

Update Contract Service Area for H4694

Legal Entity Name: GREG'S TEST FINANCIAL ALIGNMENT DEMO CONTRACT
EGWP Attestation Complete: No

Proposed Contract Effective Date: January 1, 2013

States	Counties	County Options	Service Area Counties	Zip Code Options	Service Area Zip Codes
Alabama	Autauga	Add All >>	Full Individual		
Alaska	Baldwin	++ Add >>			
Arizona	Barbour	<< Drop --			
Arkansas	Bibb				
	Blount				
	Bullock	++ Add >>	Partial Individual	++ Zip Code >>	
	Butler	<< Drop --		-- Zip Code >>	
	Calhoun				
	Chambers				
	Cherokee				

Go To: [Contract Management Start Page](#)

Add Service Area Data Screen, con't

- Confirm with your respective State what the service area is for the demonstration.
- Where your respective State has not specified the service area yet, add the ENTIRE state as the pending service area.
- CMS will work with you to adjust service areas as needed throughout the plan selection process.

Contact Information Screen

HPMS
TEST

Health Plan Management System
Home

Contract Selection
Select Contract Number

General Information
Basic Contract Data
Org. Marketing Data
Plan Management Data
Offshore Subcontractor Data
NAIC Data

Part C and D Information
Part C Data
Part D Data

Contract Service Area
View Current Service Area Data
Add Service Area Data

Contact Information
Contact Data

Online Application
Submit Application Data

Documentation
Basic Contract Management User's Manual (revised 01/10/2012)
Online Application User's Manual (revised 01/10/2012)
MA Upload Guide (revised 01/10/2012)
Part D Upload Guide (revised 01/10/2012)
SNP Upload Guide (revised 01/10/2012)
Contact Definitions (revised 12/8/2011)

Contract Management Start Page

Contract: H4694
Contract Status: Pending
Effective: 1/1/2013

Select the contact person name to enter or update the data. * Required Contacts are marked with an asterisk.

Contact Person	Status
* Corporate Mailing	✗ (No Data)
* CEO - Senior Official for Contracting	✗ (No Data)
* Chief Financial Officer	✗ (No Data)
Chief Operating Officer	Optional
* Medicare Compliance Officer	✗ (No Data)
* Enrollment Contact	✗ (No Data)
* Medicare Coordinator	✗ (No Data)
* System Contact	✗ (No Data)
* Customer Service Operations Contact	✗ (No Data)
* General Contact	✗ (No Data)
* MA Appeals/Grievances Contact	✗ (No Data)
* Quality Contact	✗ (No Data)
Physician Incentive Contact	Optional
* User Access Contact	✗ (No Data)
* Backup User Access Contact	✗ (No Data)
* Marketing Contact	✗ (No Data)
* Part C Application Contact	✓ (OK)
* Medical Director	✗ (No Data)
* Utilization Review Contact	✗ (No Data)
* Utilization Management Contact	✗ (No Data)
* Bid Primary Contact	✗ (No Data)
* Bid Audit Contact	✗ (No Data)
Bid Audit Site Contact	Optional
* Payment Contact	✗ (No Data)
* Part D Claims Submission Contact	✗ (No Data)
* Formulary Contact	✗ (No Data)
Formulary Contact (Secondary)	Optional
* Pharmacy Network Management Contact	✗ (No Data)
Pharmacy Network Management Contact (Secondary)	Optional

Contact Information Screen, con't.

HPMS
TEST

Health Plan Management System
Home

Update Contact Data for H4694

Required contacts are marked with an asterisk and incomplete contacts are marked with an X in the listbox of contacts. * Required fields are marked with a red asterisk.

To begin, select the contact, enter contact data, and select the "Submit" Button.

To copy data from one contact to another, highlight the contact to **Copy From** and select the "Copy" button. Then highlight the contact to **Copy To** and select the "Paste" button. Select the "Submit" button to apply the copied data.

Legal Entity Name: GREG'S TEST FINANCIAL ALIGNMENT DEMO CONTRACT
Proposed Contract Effective Date:
January 1, 2013

Enter contact data for:

- X* Medicare Compliance Officer
- X* Enrollment Contact
- X* Medicare Coordinator
- X* System Contact
- X* Customer Service Operations Contact
- X* General Contact
- X* MA Appeals/Grievances Contact
- X* Quality Contact
- Physician Incentive Contact
- X* User Access Contact
- X* Backup User Access Contact
- X* Marketing Contact
- * Part C Application Contact
- X* Medical Director
- X* Utilization Review Contact
- X* Utilization Management Contact
- X* Bid Primary Contact
- X* Bid Audit Contact
- Bid Audit Site Contact
- X* Payment Contact
- X* Part D Claims Submission Contact
- X* Formulary Contact
- Formulary Contact (Secondary)
- X* Pharmacy Network Management Contact
- Pharmacy Network Management Contact (Secondary)

Copy Paste

To copy contacts from another contract, select a contract to **Copy From** and then either select a contact to **Copy To** and select the "Copy Selected Contact" button or select the "Copy All Contacts" button to copy all contacts.

E0654
E2630
E5088

Copy Selected Contact

Copy All Contacts

Contact Name:

*First: MI: *Last:

*Salutation:

Title:

Contact Mailing Address:

*Address 1:

Address 2:

*City: *State:

*Zip Code: Enter either 5 or 9 digit zip code (no dashes).

Telephone Numbers/E-mail Address:

*Local: Ext: Enter only numbers (no dashes).

Fax: Enter only numbers (no dashes).

*E-mail Address:

Accessing Online Applications

To access the Online Application screens, follow this path:
HPMS Home Page>Contract Management>Basic Contract Management>Select Contract Number>Submit Application Data

From the Submit Application Data screen, you will access all required links for completing the Online Application (including attestations, uploads, supporting materials). You will also Final Submit your application from this screen.

Submit Application Data Link

The screenshot displays the HPMS TEST Health Plan Management System interface. The top navigation bar includes the HPMS TEST logo on the left and the Health Plan Management System Home link on the right. The main content area is titled "Contract Management Start Page" and displays contract details for H4694, which is in a pending status and effective from 1/1/2013. A list of actions to be performed is provided, including entering and maintaining information about contracts. A left-hand sidebar contains a menu of navigation options such as Contract Selection, General Information, Part C and D Information, Contract Service Area, Contact Information, Online Application, and Documentation. The browser's status bar at the bottom shows "Done" and "Internet" with a 100% zoom level.

HPMS TEST Health Plan Management System Home

Contract Management Start Page

Contract: H4694
Contract Status: Pending
Effective: 1/1/2013

You will use this module to perform the following actions:

- Enter and maintain information about contracts.

Contract Selection
Select Contract Number

General Information
Basic Contract Data
Org. Marketing Data
Plan Management Data
Offshore Subcontractor Data
NAIC Data

Part C and D Information
Part C Data
Part D Data

Contract Service Area
View Current Service Area Data
Add Service Area Data

Contact Information
Contact Data

Online Application
Submit Application Data

Documentation
Basic Contract Management User's Manual (revised 01/10/2012)
Online Application User's Manual (revised 01/10/2012)
MA Upload Guide (revised 01/10/2012)
Part D Upload Guide (revised 01/10/2012)
SNP Upload Guide (revised 01/10/2012)
Contact Definitions (revised 12/8/2011)

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Back

Done Internet 100%

Online Application Screen

HPMS TEST Health Plan Management System Home

Online Application

Selected Contract #: H7013 GREG'S TEST MMP CONTRACT FOR APPLICATION TRAINING
Application Type: Initial
Organization Type: Demo
Plan Type: Medicare-Medicaid Plan HMO/HMOPOS

You will use this module to perform the following actions:

- Submit Attestations.
- Download Templates.
- Upload Files.
- Request HSD Exceptions.
- Submit Application.

Go To: [Contract Management Start Page](#)

Done Internet | Double-click to change security settings | 125%

Online Application Screen

The following links are accessed from the Online Application Screen:

- MMP Attestations
- MMP Download Templates
- HSD Criteria Reference File
- Sample Beneficiary File
- Uploads – HSD Tables
- Uploads – Pharmacy Lists
- Uploads – MMP Supporting Files
- HSD Status Report
- HSD Submission Reports
- Submit Final Application

Online Application Screen

For detailed instructions on completing the Online Application, please utilize the following resources:

1. Online Application User's Manual (Basic Contract Management screen)
2. HSD Instructions with FAQ and HSD Table Edits (included in the MMP Downloads)
3. ReadMe File (included in the MMP Downloads)

Attestation Screen

The screenshot displays the HPMS TEST Health Plan Management System interface. The top navigation bar includes the HPMS TEST logo on the left and the system name 'Health Plan Management System' with a 'Home' link on the right. A dark blue sidebar on the left contains a list of menu items, with 'MMP Attestations' highlighted. The main content area is titled 'MMP Attestations' and displays the following information:

Selected Contract #: H7013 GREG'S TEST MMP CONTRACT FOR APPLICATION TRAINING
Application Type: Initial
Organization Type: Demo
Plan Type: Medicare-Medicaid Plan HMO/HMOPOS

You will use this module to perform the following actions:

- Enter MMP Attestation Information.

Below the list, there are two links: [Go To: Online Application Start Page](#) | [Contract Management Start Page](#).

At the bottom of the sidebar, there are links for 'Top of Page' and 'Back'. The browser's taskbar at the bottom shows 'Internet | Protected Mode: On' and a zoom level of 125%.

Attestation Screen

MMP Attestations

Enter MMP Attestation Information - Applicant Experience, Contracts, Licensure, and Financial Stability

Selected Contract #: H7013 GREG'S TEST MMP CONTRACT FOR APPLICATION TRAINING

Application Type: Initial

Organization Type: Demo

Plan Type: Medicare-Medicaid Plan HMO/HMOPOS

Applicant Experience, Contracts, Licensure, and Financial Stability	
Management and Operations	42 CFR Parts 422 and 423 Subpart K; Medicare Managed Care Manual, Chapter 11 (https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/mc86c11.pdf); CMS issued guidance 08/15/06 and 08/26/08
1. If Applicant, Applicant's parent organization, or any subsidiaries of Applicant's parent organization has an existing contract(s) with CM to operate a Medicare Advantage, Prescription Drug Plan, or Medicare-Medicaid Plan at least one of those contracts has been in effect since January 1, 2012 or earlier. (If the Applicant, Applicant's parent organization or a subsidiary of Applicant's parent organization does not have any existing contracts with CMS to operate a Medicare Advantage, Prescription Drug Plan, or Medicare-Medicaid Plan select "NA".)	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
2. Applicant has reviewed, understands, and complies with the regulations, as applicable, at 42 CFR Part 422 Subpart K and Part 423 Subpart K and all CMS-issued guidance related to management and operations	<input type="radio"/> Yes <input type="radio"/> No
3. Applicant maintains contracts or other legal arrangements between or among the entities combined to meet the functions identified in the Medicare-Medicaid Plan Medical Benefit and Prescription Drug Benefit First tier, Downstream and Related entities function charts.	<input type="radio"/> Yes <input type="radio"/> No
4. Applicant does not have any covered persons who also served as covered persons for an entity that nonrenewed a contract pursuant to 42 CFR §422.506(a) or §423.507(a), or that terminated its contract with CMS by mutual consent, pursuant to 42 CFR §422.508, or §423.508, or unilaterally, pursuant to 42 CFR §422.512, or §423.510, since June 6, 2011. "Covered persons", as defined at 42 CFR §§422.506(a)(5), 422.508(d), 422.512(e)(2), 423.507(a)(4), 423.508(f), 423.510(e)(2)	<input type="radio"/> Yes <input type="radio"/> No
<ul style="list-style-type: none"> All owners of nonrenewed or terminated organizations who are natural persons, other than shareholder who have an ownership interest of less than 5 percent; An owner of a whole or part interest in a mortgage, deed of trust, note, or other obligation secured (in whole or in part) by the organization, or by any property or assets thereof, which whole or part interest is equal to or exceeds 5 percent of the total property and assets of the organization; and A member of the board of directors or board of trustees of the entity, if the organization is organized as a corporation. 	<input type="radio"/> Yes <input type="radio"/> No
5. Upload in HPMS, MMP Supporting Files Experience/History/Contracting, organizational background and structure information. Submit this information by downloading the appropriate template found in HPMS that mimics the Appendix entitled, Organization Background and Structure. Also upload into HPMS proof of your organization's incorporation, such as articles of incorporation or a certificate of good standing from your state of incorporation.	
6. In HPMS, on the Contract Management/MMP Information/Medical Benefit Data Page, provide the names of the first tier, downstream and related entities you will use to carry out each of the functions listed in this chart and whether the first tier, downstream and related entities are off-shore. (Indicate with "name of Applicant's Organization" where applicant will perform those functions)	
Note: If the Applicant delegates a particular function to a number of different entities (e.g., claims processing to multiple medical groups), then list the five most significant entities for each delegated business function identified and in the list for the sixth, enter "Multiple Additional Entities".	
7. In HPMS, MMP Supporting Files Medical Benefit Administrative Contracting, upload copies of executed management contracts, fully executed letters of agreement, administrative services agreements, or intercompany agreements (in .pdf format) with each first tier, downstream or related entity	

Done

Download Templates Link

- Click on the link titled MMP Download Templates to access the zip file. Save the Zip file to your computer.
- The download template file contains all of the required templates (when they exist) for the uploads which support the various components of the applications.
- The download templates also includes the Readme file which indicates which templates/uploads are required. The readme file also tells you which files to group together in one zipped file and the name of the upload section to use. Additionally, it details naming conventions for the various files.
- The MMP Templates are unique. Applicants CANNOT use the Medicare Advantage or Part D templates. Applicants will be found deficient for using wrong templates!
- HSD Instructions – PRINT AND READ THIS DOCUMENT!

Administrative Contracts

- Applicants will complete the MMP Data Page identifying first tier, downstream and related entities performing key functions.
- Applicants are required to upload copies of the executed contracts for those entities identified in the MMP Data Page chart for the Part D functions.
- For the Medicare Medical Benefit functions, Applicants are required to upload copies of the executed contracts for those entities performing the following functions:
 - Administrative/Management Staffing
 - Claims Administration, Processing, and/or Adjudication
 - Utilization and/or Quality Improvement Operations
 - Part C Call Center Operations
 - Health Risk Assessments

Provider Contract Templates

- Applicants are required to upload contract templates for the following types of providers and facilities:
 - Medical Provider
 - Medical Group Provider
 - Hospital Provider
 - Facility Provider
 - Retail Pharmacy
 - Mail Order Pharmacy (if offered)
 - Home Infusion Pharmacy
 - Long-Term Care Pharmacy
 - Indian Health Service, Indian Tribe and Tribal Organization, and Urban Indian Organization (ITU) Pharmacy
- The MMP Download Template file contains crosswalk templates with the required provisions for the types of contract templates that must be uploaded.

Model of Care

- Separate trainings address the specific elements and scoring criteria for the Model of Care.
- Applicants are required to upload the Model of Care, regardless of whether the organization has an approved D-SNP Model of Care already.
- Cure process for Models of Care:
 - Initial Submission is the only opportunity for an Applicant to receive a multi-year approval for the Model of Care
 - Applicants scoring a 70 and above are prohibited from resubmitting to improve the Model of Care Score
 - Applicants scoring below a 70 will be allowed to resubmit the Model of Care to receive a passing score
 - Applicants that need the cure period to correct the Model of Care will only have the Model of Care approved for one year, regardless of the final score

HSD Criteria File and Sample Beneficiary File

HSD Support Files – two important HSD support files may be accessed in the Download Templates section.

- The HSD Criteria Reference Table - this file provide all of the criteria used in the automated evaluation of the submitted HSD tables, including county by county minimum number, time, distance requirements for each specialty type.

Note - the absence of criteria means the review is manual for a specific specialty type.

- The Sample Beneficiary File – this file contains the sample beneficiary address geo-codes CMS uses in evaluating the minimum number, time, distance criteria.

Note – you will need to agree to a disclaimer before being able to download this access database. This is done on the screen.

HSD MMP Provider Table

To upload the MMP Provider Table

- Retrieve the MMP Provider Table template from the Download file (it is an Excel template)
- Complete the template in Excel, including every intended provider which will serve your pending service area.
- Save the file as a tab delimited .txt file (do not remove the headers).
- Zip the .txt file.
- Upload the file, following the naming conventions indicated in the MMP Readme file.
- CMS does not provide naming conventions for the zipped file. Please include your contract number and the section you are uploading into as part of the name.
- Please note the last column is required. Indicate “Y” or “N” if the provider is already under contract with your organization for any Medicare business.
- **CMS will validate the entire network, after rates have been announced, during the readiness review.**

HSD MMP Facility Table

To upload the MMP Facility Table

- Retrieve the MMP Facility Table template from the Download file (it is an Excel template)
- Complete the template in Excel, including every intended facility which will serve your pending service area.
- Save the file as a tab delimited .txt file (do not remove the headers).
- Zip the .txt file.
- Upload the file, following the naming conventions indicated in the MMP Readme file.
- CMS does not provide naming conventions for the zipped file. Please include your contract number and the section your are uploading into as part of the name.
- Please note the last column is required. Indicate “Y” or “N” if the provider is already under contract with your organization for any Medicare business.
- **CMS will validate the entire network, after rates have been announced, during the readiness review.**

Notes on Uploading MMP Provider and Facility Tables

For both the MMP Provider and MMP Facility table, uploading each file is only the FIRST step you must take. Please Note:

- Submitting these tables is a two-step process – Upload and Unload. You must successfully do both to complete the submission.
- After you upload these two files, you must access the HSD Status Report, on the Submit Application Data page (Contract Management > Basic Contract Management > Select Contract Number > Submit Application Data > HSD Status Report).
- You will first see Upload status messages (ex. Uploaded, Upload Successful, etc.) for each table. **YOU ARE STILL NOT DONE!**

Notes on Uploading MMP Provider and Facility Tables

- After the files upload, they are run through edits and unloaded to the database. To successfully finish the process, you must see a status of “Unloaded Successfully” for each file. If you receive any other status with the word Unload you must look at the error report, make changes, and reupload the files – again waiting for the Unload Successful message. HPMS will email the person who completed the upload and the application contact when the unload has continued.
- NOTE: Depending on the volume of uploads and the file size, it may take several hours for the files to go through the Unload Process. Keep this in mind when you are attempting to upload just minutes before a deadline!
- The HSD Instructions document, located in the MMP Download templates, provides detailed information on the HSD Status Report!
- Applicants will be able to request Exceptions during the readiness review process.

HSD Status Report

- The HSD Status Report is your guide to assessing if you have completed the submission for the MMP Provider and Facility tables.
- The HSD Status Report should be accessed after you upload both of the files.
- The HSD Status Report contains Error Messages and Informational Messages. See the HSD Instructions document for specific details.
- Steps to accessing the HSD Status Report:
- Step 1 - On the Online Application page, click on the HSD Status Report link in the “HSD” section of the Left Navigation Bar.

HSD Status Report, con't.

Step 2 - On the HSD Status Report page you can see the status of HSD unloads for a particular HSD section in the "Status" column. If you have a failed unload for any particular HSD section, you can see more detail about that failure by clicking on the radial button in the "Select" column, then clicking the Next button. This will take you to the Error status report page for that particular HSD section.

Table III-10

HPMS Health Plan Management System
Home

HSD Status Report for Z0006

To view details, select an HSD Section, then click Next.

Select	HSD Section	Status	Date
<input type="radio"/>	MA Provider Table	Unload failed	12/18/2009 01:52:46pm
<input type="radio"/>	MA Facility Table	Unload failed	12/18/2009 01:52:38pm

If the unload failed or there are non-fatal informational messages for a successful unload, you may view the detailed unload messages by selecting an HSD Section and then the "Next" button. If the HSD Section cannot be selected, then there were no non-fatal informational messages for this unload.

Go To: [Online Application Start Page](#) | [Contract Management Start Page](#)

HSD Status Report, con't.

Step 3 - On the Error status report page, choose the error type for which you want more detail from the dropdown box. Then click Submit. This will take you to the page showing all error details.

Table III-11

HPMS Health Plan Management System
Home

HSD Status Report for Zoo06

MA Provider Table

To view the detailed error description, please select an HSD Error Type and then the "Submit" button.

HSD Error Type:
Failed Edit Check

Back Submit

Choose an error type from the dropdown box, then click Submit.

Go To: [Online Application Start Page](#) | [Contract Management Start Page](#)

Sample HSD Status Report

Table III-12

HPMS

Health Plan Management System

[Home](#)

[create PDF](#)

HSD Status Report for Z0006

MA Provider Table

To view the detailed error description, please select an HSD Error Type and then the "Submit" button.

HSD Error Type:

Non-fatal Informational Messages ▾

HSD Error Type : Non-fatal Informational Messages

File Name: CMS MA Provider Table.txt

Specialty/provider code 036 was not specified in this upload (Information only).

Specialty/provider code 037 was not specified in this upload (Information only).

Specialty/provider code 038 was not specified in this upload (Information only).

Specialty/provider code 039 was not specified in this upload (Information only).

If you want to print the error details, click on the "create PDF" link to create and then print the PDF file.

Go To: [Online Application Start Page](#) | [Contract Management Start Page](#)

Notes About the HSD Status Report

- Error messages prevent you from completing the HSD submission. You must fix the errors and resubmit the file(s).
- Informational messages do NOT prevent you from completing the HSD submission. Informational messages are marked as “Informational.”
- IMPORTANT NOTE – If you have errors, you must correct the errors, and then reupload/unload the file(s). You will not have a completed application if you do not upload/unload both files successfully.
- SERVICE AREA AND HSD: The pending counties affiliated with your application MUST all be included in the submitted HSD Tables. If you drop a pending county, you must adjust the HSD tables and resubmit them!

Pharmacy Uploads

Per the Readme Files, found in the Download Templates, ALL pharmacy upload files should follow this process:

- Download the Pharmacy Templates in Excel.
- Complete the templates.
- Save the templates as .txt files
- Use the Naming conventions found in the MMP Readme File
- Zip the .txt file
- Upload the files
- You will receive a message indicating a successful upload or indicating errors.
- If errors exist, you must fix the errors and reupload.
- **CMS will validate the entire network, after rates have been announced, during the readiness review.**

General Notes about Uploads

- Often, documents must be grouped together in a zipped file before uploading. The Readme file (found in the Download Templates) details which files to group together and which are uploaded by themselves. This is true for the various MMP Supplemental files.
- The Readme Files provide Naming Conventions for all uploaded files.
- We do not provide naming conventions for the zipped files. Please use your contract number and the name of the section to which you are uploading (example: Hxxxx_Provider_Table_041712.zip)
- The online Application User Guide provides details on how to upload ALL files, including the Exception documentation upload.
- Each upload overwrites the prior upload. Reuploading a grouped file means you **MUST** include ALL files in the group in the reupload!

HSD Upload Screen

The screenshot shows a web browser window displaying the HSD Upload Screen. The browser's address bar shows 'Done' and the status bar shows 'Internet | Protected Mode: On' and '125%'. The page header includes 'HPMS TEST' on the left and 'Health Plan Management System Home' on the right. The main content area is titled 'Upload HSD Tables for H7013'. It contains an 'Important Note' about supplemental HSD instructions and MA application upload technical instructions. Below this are three steps: Step 1 (entering file names and using 'Browse' buttons), Step 2 (clicking 'Upload'), and Step 3 (waiting for completion). There are three 'Browse...' buttons for 'MA Provider Table', 'MA Facility Table', and 'CMS Directed Upload'. At the bottom, there are 'Back' and 'Upload' buttons. A 'Go To:' section provides links to 'Online Application Start Page' and 'Contract Management Start Page'.

HPMS TEST **Health Plan Management System**
Home

Upload HSD Tables for H7013

Important Note: Please refer to the supplemental [HSD Instructions](#) for guidance in determining the HSD tables required by your application and for preparing your HSD tables according to CMS instructions. For guidance with uploading your HSD tables to HPMS, please refer to the [MA application upload technical instructions](#).

Step 1. Enter the name of the File(s) that you would like to upload. If you are unsure of the file name(s) and/or location(s), click on the "Browse" button to locate the file(s).
Please Note:

- File names cannot contain the following characters: '#', '%', ',', '!', '!', or '+!'
- Upload non-password protected .zip files only. Files with password protection or extensions other than .zip will not be accepted.
- For the **MA Provider Table** and **MA Facility Table** uploads, only tab-delimited text files with a .txt will be accepted within the zipped file.
- For the **CMS Directed Upload** section, only files with a .doc, .docx, .xls, .xlsx, .txt, or .pdf will be accepted within the zipped file.
- NON-NETWORK Organizations are NOT required to submit HSD files.

Step 2. Click on the "Upload" button to send the file to HPMS.

Step 3. Wait until the file transfer is complete. After receiving confirmation of the upload, you may complete another upload or select the "Back" button to return to the "Online Application Start Page".

***MA Provider Table**

***MA Facility Table**

CMS Directed Upload

Go To: [Online Application Start Page](#) | [Contract Management Start Page](#)

Done Internet | Protected Mode: On 125%

Pharmacy List Upload Screen

Upload Pharmacy Lists for H7013

For SAE applicants, ensure that you include pharmacies for all ACTIVE and PENDING service areas.

Important Note: Please refer to the supplemental [Part D application upload technical instructions](#) for guidance in determining the pharmacy lists required by your application, preparing your pharmacy lists according to CMS instructions, and uploading your pharmacy lists to HPMS.

Step 1. Select the pharmacy list that you are uploading.

Step 2. Enter the name of the File(s) that you would like to upload. If you are unsure of the file name(s) and/or location(s), click on the "Browse" button to locate the file(s).

Please Note:

- File names cannot contain the following characters: '#', '%', ':', or '+'.
- Upload .txt or .zip files only. Zipped files with password protection or extensions other than .txt and .zip will not be accepted.
- The .zip file can only contain one .txt file.
- The .txt file must be tab delimited text file.

Step 3. Click on the "Upload" button to send the file to HPMS.

Step 4. Wait until the file transfer is complete. After receiving confirmation of the upload, select another pharmacy list and complete another upload or select the "Back" button to return to the "Online Application Start Page".

- Home Infusion Pharmacy List
- Long Term Care Pharmacy List
- Retail Pharmacy List
- Mail Order Pharmacy List
- I/T/U Pharmacy List

Go To: [Online Application Start Page](#) | [Contract Management Start Page](#)

Done

Internet | Protected Mode: On

125%

MMP Supporting Files Upload Screen

Upload MMP Supporting Files for H7013

Important Note: Please refer to the supplemental [MMP application upload technical instructions](#) for guidance in determining the MMP supporting files required by your application, preparing these files according to CMS instructions, and uploading these files to HPMS.

Step 1. Enter the name of the File(s) that you would like to upload. If you are unsure of the file name(s) and/or location(s), click on the "Browse" button to locate the file(s).

Please Note:

- File names cannot contain the following characters: '#', '%', ',', ';' or '+'.
- Upload non-password protected .zip files only. Files with password protection or extensions other than .zip will not be accepted.
- Within the zipped file, only files with a .doc, .docx, .xls, .xlsx, .txt, or .pdf will be accepted.

Step 2. Click on the "Upload" button to send the file to HPMS.

Step 3. Wait until the file transfer is complete. After receiving confirmation of the upload, you may complete another upload or select the "Back" button to return to the "Online Application Start Page".

Contracting/Experience/History

Browse...

Program Integrity

Browse...

Medical Benefit Administrative Contracting

Browse...

State Licensure

Browse...

Service Area

Browse...

Fiscal Soundness

Browse...

Medical Provider Contracts & Agreements

Browse...

Model of Care

Browse...

State Directed Upload

Browse...

Back

Upload

Go To: [Online Application Start Page](#) | [Contract Management Start Page](#)

Final Submission

HPMS
TEST

Health Plan Management System
Home

Online Application

Selected Contract #: H7013 GREG'S TEST MMP CONTRACT FOR APPLICATION TRAINING
Application Type: Initial
Organization Type: Demo
Plan Type: Medicare-Medicaid Plan HMO/HMOPOS

You will use this module to perform the following actions:

- Submit Attestations.
- Download Templates.
- Upload Files.
- Request HSD Exceptions.
- Submit Application.

Go To: [Contract Management Start Page](#)

Top of Page
Back

Final Submission – Missing Data

Final Submission for H7013

Online Application cannot be marked as a Final Submission.

To complete the missing information for Contract Management sections, select "Contract Management Start Page" link at the bottom of the page and then select the link corresponding to each section to complete the missing information. To complete the missing information for Online Application sections, select the "Back" button or the "Online Application Start Page" link at the bottom of the page and then select the link corresponding to each section to complete the missing information.

Required Data is Missing for:

Contract Management: Basic Contract Data

- Tax Status must be entered.
- Location must be entered.
- Type of Ownership must be entered.
- Line of Business must be entered.
- Address 1 must be entered.
- City must be entered.
- State must be entered.
- Zip Code must be entered.

Contract Management: Org. Marketing Data

- Organization Marketing Name must be entered.
- Organization Geographic Name must be entered.
- Organization Website Address must be entered.
- Whether there is a website for physicians are a part of the network must be answered.
- Whether there is a website for physicians are accepting new patients must be answered.

Contract Management: MMP Data

- Formulary Website URL must be entered.
- Pharmacy Website URL must be entered.
- P&T Committee Confidentiality Agreement question must be answered.
- MMP function 'Adjudication and processing of pharmacy claims at the point of sale' must have an organization entered.
- MMP function 'Adjudication and processing of pharmacy claims at the point of sale' is missing a response to the Offshore question.
- MMP function 'Negotiation with prescription drug manufacturers and others for rebates, discounts, or other price concessions on prescription drugs' must have an organization entered.
- MMP function 'Negotiation with prescription drug manufacturers and others for rebates, discounts, or other price concessions on prescription drugs' is missing a response to the Offshore question.
- MMP function 'Administration and tracking of enrollees' drug benefits in real time' must have an organization entered.
- MMP function 'Administration and tracking of enrollees' drug benefits in real time' is missing a response to the Offshore question.
- MMP function 'Coordination with other drug benefit programs, including for example, Medicaid, SPAPs or other insurance' must have an organization entered.
- MMP function 'Coordination with other drug benefit programs, including for example, Medicaid, SPAPs or other insurance' is missing a response to the Offshore question.
- MMP function 'Development and maintenance of a pharmacy network' must have an organization entered.
- MMP function 'Development and maintenance of a pharmacy network' is missing a response to the Offshore question.
- MMP function 'Operation of an enrollee appeals and grievance process' must have an organization entered.
- MMP function 'Operation of an enrollee appeals and grievance process' is missing a response to the Offshore question.
- MMP function 'Customer service functionality that includes serving seniors and persons with a disability' must have an organization entered.
- MMP function 'Customer service functionality that includes serving seniors and persons with a disability' is missing a response to the Offshore question.

Done

Internet | Protected Mode: On

125%

Final Submission – No Missing Data

Table III-26

Final Submission for Zooo6

Attestations:

MA Attestation Sections Updated:

Section	Last Updated
State Licensure	12/14/2009 21:28:39
Service Area	12/14/2009 21:28:39
Provider Contracts and Agreements	12/14/2009 21:28:39
Contracts for Administrative & Management Services	12/14/2009 21:28:40
Health Services Management & Delivery	12/14/2009 21:28:40
Continuation Area	12/14/2009 21:28:41
Medicare Advantage Certification	12/14/2009 21:28:41

Review all of your latest answers to the [MA Attestation](#) questions.

Part D Attestation Sections Updated:

Section	Last Updated
Applicant Experience, Contracts, Licensure and Financial Stability	12/14/2009 21:29:01
Pharmacy Access	12/14/2009 21:33:30

Review all of your latest answers to the [Part D Attestation](#) questions.

To view latest uploads submitted to CMS, click on each Section link for the Upload Type.

Upload Type	Section
HSD Tables	MA Provider Table (12/14/2009 10:27:28 PM)
	Contract and Signature Index - Provider (12/14/2009 10:23:38 PM)
	MA Facility Table (12/14/2009 10:26:18 PM)
	Contract and Signature Index - Facilities (12/14/2009 10:23:38 PM)
	MA Additional and Supplemental Benefits Table (12/14/2009 10:23:38 PM)
Pharmacy Lists	MA Signature Authority Grid (12/14/2009 10:23:38 PM)
	Home Infusion Pharmacy List (12/14/2009 10:13:25 PM)
	Long Term Care Pharmacy List (12/14/2009 10:14:23 PM)
MA Supporting Files	Retail Pharmacy List (12/14/2009 10:15:54 PM)
	State Licensure (12/14/2009 9:56:13 PM)
Part D Supporting Files	Provider Contracts & Agreements (12/14/2009 9:56:13 PM)
	Contracting (12/14/2009 10:10:13 PM)
	Retail Pharmacy (12/14/2009 10:18:04 PM)

YOU MUST CLICK FINAL SUBMIT TO MAKE YOUR APPLICATION SUBMISSION OFFICIAL.

Once you click Final Submit, you will receive a confirmation number. Please be sure to print the confirmation screen for your records.

Clicking Final Submit and obtaining a confirmation number means CMS HAS received your application submission.

Failure to click Final Submit and obtain a confirmation number means CMS has not received your application submission.

Click on "Submit" to mark your online application as a final submission (you will no longer be able to make any changes to your online submission).

If all information appears correct, click on the Submit button.

Note: After you click on the Submit button, you cannot make changes to your service area or the online application.

[Go To: Online Application Start Page](#) | [Contract Management Start Page](#)

Final Submission – Confirmation Number

Table III-27

HPMS

Health Plan Management System

Home

Submission Confirmation Page for Z0006

CONFIRMATION NUMBER: 1870

This page includes a submission confirmation number. Keep this number for future reference.

This page serves as confirmation that CMS has received the documentation your organization has submitted to CMS (through HPMS) in support of its application for qualification for a 2011 Medicare contract. This confirmation makes no representation concerning CMS' determination regarding the accuracy or completeness of your application submission.

PLEASE PRINT THIS PAGE FOR YOUR RECORDS.

This page provides general information regarding your organization's latest submission for the 2011 contract year. Please reference the confirmation number above to view attestations/documentation affiliated with this submission. To view this information at a later date, go to HPMS>Contract Management>Basic Contract Information>Select Contract Number>Online Application>View Confirmation History Page.

If you have found an error and it is prior to a CMS-established submission deadline please contact the HPMS Help Desk.

Pending Application Contract Number (Initial or SAE): Z0006
Legal Entity Name: EXAMPLE CONTRACT
Confirmation Date: 12/14/2009 10:30:46 pm

MA Application

Attestations - latest answers

Section	Last Updated
State Licensure	12/14/2009 21:28:39
Service Area	12/14/2009 21:28:39
Provider Contracts and Agreements	12/14/2009 21:28:39
Contracts for Administrative & Management Services	12/14/2009 21:28:40
Health Services Management & Delivery	12/14/2009 21:28:40
Continuation Area	12/14/2009 21:28:41
Medicare Advantage Certification	12/14/2009 21:28:41

MA Supporting Files Uploads

Section	Last Updated
State Licensure	12/14/2009 9:56:13 PM
Provider Contracts & Agreements	12/14/2009 9:56:13 PM

HSD Tables Uploads

Section	Last Updated
MA Provider Table	12/14/2009 10:27:28 PM
Contract and Signature Index - Provider	12/14/2009 10:23:38 PM
MA Facility Table	12/14/2009 10:26:18 PM
Contract and Signature Index - Facilities	12/14/2009 10:23:38 PM
MA Additional and Supplemental Benefits Table	12/14/2009 10:23:38 PM
MA Signature Authority Grid	12/14/2009 10:23:38 PM

Part D Application

Attestations - latest answers

Section	Last Updated
Applicant Experience, Contracts, Licensure and Financial Stability	12/14/2009 21:29:01
Pharmacy Access	12/14/2009 21:33:30

Part D Supporting Files Uploads

Section	Last Updated
Contracting	12/14/2009 10:10:13 PM
Retail Pharmacy	12/14/2009 10:18:04 PM

Pharmacy Lists Uploads

Section	Last Updated
Home Infusion Pharmacy List	12/14/2009 10:13:25 PM
Long Term Care Pharmacy List	12/14/2009 10:14:23 PM
Retail Pharmacy List	12/14/2009 10:15:54 PM

[Go To: Online Application Start Page](#) | [Contract Management Start Page](#)

View Submission History

- Once you have Final Submitted an application and received a confirmation number for that submission, you can view the submission data/uploads at a later date.
- From the Online Application Page, click on the “View Confirmation History” link.
- From the View Submission Confirmation History Page, select a Confirmation Number and then click Next.

View Submission History, con't.

- On the Submission Confirmation History page, you may do the following activities.
 - review the information submitted for the particular confirmation number you selected
 - print the history by clicking the Print button at the bottom of the page
 - click on the links for to view attestations and uploads
 - print copies of your attestation/upload data
- NOTE: You will only have multiple confirmation numbers if you are required to resubmit information during the course of the application season.

View Submission History – Screen Shot

Table III-28

The screenshot shows the HPMS (Health Plan Management System) interface. At the top left is the HPMS logo, and at the top right is the text "Health Plan Management System" with a "Home" link below it. The main heading is "Select Confirmation Number for Z0006". Below this, it says "Select a confirmation number from the list below:" followed by a list box containing "1870 (12/14/2009 10:30:46 PM)". An arrow points from the text "Choose the submission you want to view, then click Next." to the list box. Below the list box are "Back" and "Next" buttons. At the bottom, there are links for "Go To: [Online Application Start Page](#) | [Contract Management Start Page](#)".

HSD Reports and Extracts

- From the Online Application page, under the HSD heading, you may view the various HSD Reports affiliated with your application.
- Generally, the ACC reports will be available one to three days following the pre-check or Final Submission date.
- DETAILED information about accessing, using, understanding the HSD Submission Reports and Extracts is available in the Online Application User Guide!

HSD Reports and Extracts, con't.

- To Access HSD Reports, you will select a report, complete the filter information, and run the report. You may print the report or download to Excel. NOTE – only 2500 rows of data are available in the online Reports
- To Access HSD Data Extracts, you will select the HSD Data Extracts Link, which will lead to the Data Extract screen.
- To access a data extract, click on the appropriate link to create the .txt extract. You may save the .txt file to your computer and then open in Excel or Access.

HSD Report Selection

HPMS

Health Plan Management System

[Home](#)

HSD Submission Reports Page

Contract #: Z1111 Sample Contract Name

Application Type: Initial

[HSD Automated Criteria Check Report](#)

[HSD Address Information Report](#)

[HSD Exceptions Report](#)

[HSD Provider with Multiple Specialties Report](#)

[HSD Data Extracts](#)

[Go To: Application Tracking Start Page](#) | [Go To: MA Review Page](#)

HSD Report Selection

HPMS
TEST

Health Plan Management System

[Home](#)

HSD Submission Reports and Extract Page

Contract #: H7013 GREG'S TEST MMP CONTRACT FOR APPLICATION TRAINING
Application Type: Initial

- [HSD Automated Criteria Check Report](#)
- [HSD Address Information Report](#)
- [HSD Beneficiary Coverage by Zip Code Report](#)
- [HSD Exceptions Report](#)
- [HSD Provider with Multiple Specialties Report](#)
- [HSD Data Extract](#)

Go To: [Online Application Start Page](#) [Contract Management Start Page](#)

Internet | Protected Mode: On

125%

HSD Report Explanation

For a full explanation of HSD Reports, refer to the Online Application User's Manual. This manual is available for download from the Basic Contract Management screen in HPMS.

Please note that EACH HSD report screen contains a HELP link in the upper right corner of the page. Click this link to view detailed explanations of the various fields in each HSD Report. When you click the link, a pop up screen will display. You may print the HELP text if you like.

HSD Pre-Check Process

- The HSD Pre-check process will occur on the following Thursdays: Jan. 17, Jan. 24, Jan. 31, Feb. 7, Feb. 14.
- As long as you have successfully uploaded and unloaded the MMP Provider and Facility tables prior to 8PM Eastern Time of a particular week, you will automatically be included in the pre-check process. If you miss the cutoff time, you will be included in the next scheduled pre-check.
- ACC Status reports will be available, on average, one to two days after the submission deadline.

Contact Information

- For general assistance in the completion of the application:
MMCOcapsmodel@cms.hhs.gov or Marla Rothouse at
marla.rothouse@cms.hhs.gov
- For technical assistance with the HPMS Online Applications:
Greg Buglio at gregory.buglio@cms.hhs.gov
- For technical assistance with HPMS:
1-800-220-2028 / hpms@cms.hhs.gov
- For questions related to HPMS user access:
hpms_access@cms.hhs.gov