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DATE: May 21, 2012

TO: All Current and Prospective Medicare Advantage, Prescription Drug Plan, Financial Alignment Demonstration, and Cost Organizations

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SUBJECT: Process for Requesting an HPMS Crosswalk Exception for Contract Year (CY) 2013

This memorandum provides guidance on the HPMS crosswalk exceptions process that is available to Medicare Advantage Organizations (MAO) and Prescription Drug Plan (PDP) sponsors for CY 2013.

As outlined in the April 2, 2012 “Announcement of the Calendar Year (CY) 2013 Medicare Advantage Capitation Rates and Medicare Advantage and Part D Payment Policies and Final Call Letter” and the Medicare Managed Care Manual, organizations are permitted to request the following crosswalk exceptions. For additional information, please refer to Appendices A-1 and A-2 in the Final Call Letter and Medicare Managed Care Manual:

- 1) Non-Network and Partial Network PFFS Plans Transitioning to Partial or Full Network PFFS Plans (Section 160 of Chapter 16a of the Medicare Managed Care Manual)
- 2) MAO with a Renewing D-SNP that also Creates a New Medicaid Subset D-SNP and Transitions Eligible Enrollees into the New Medicaid Subset D-SNP (Section 60.3 of Chapter 16b of the Medicare Managed Care Manual)
- 3) Renewing D-SNP in a Multi-State Service Area with a SAR to Accommodate State Contracting Efforts in Portions of that Service Area (Section 60.3 of Chapter 16b of the Medicare Managed Care Manual)
- 4) D-SNP that Transitions Current Enrollees to a New D-SNP with a Different Designation and Less Restrictive Eligibility Requirements (Section 60.3 of Chapter 16b of the Medicare Managed Care Manual)
- 5) D-SNP that Transitions Some Current Enrollees to a New D-SNP with a Different Designation and More Restrictive Eligibility Requirements Consistent with the New D-SNP’s State Contract (Section 60.3 of Chapter 16b of the Medicare Managed Care Manual)

6) Consolidated Plans under a Parent Organization (Scenario 6 in Appendices A-1 and A-2 of the Final Call Letter)

Please note that guidance on transitions of enrollees between an organization's current plans and any Capitated Financial Alignment Demonstration plans it may offer in 2013 will be provided in separate guidance.

Organizations will be able to submit crosswalk exception requests through HPMS from **Monday, June 11, 2012 through Friday June 15, 2012 at 5:00 p.m. EDT.** CMS will not accept crosswalk exception requests submitted by any other means than HPMS. CMS anticipates a second round of crosswalk exceptions at the end of July/beginning of August. Additional guidance is forthcoming regarding this second crosswalk exception period.

To access the crosswalk exceptions functionality, HPMS users should use the following HPMS navigation: HPMS > Plan Bids > Bid Submission > Contract Year 2013 > Upload > Plan Crosswalk Exceptions.

Users will be provided a page that looks similar to the standard HPMS plan crosswalk functionality. While organizations will be able to indicate the CY 2012 to CY 2013 crosswalk relationships, they will also have expanded functionality to associate one 2012 plan to one or more 2013 plans and to request plan crosswalks across contracts. Each crosswalk exception request must be tied to one of the permitted crosswalk exceptions, as outlined above, in the Final Call Letter and the Medicare Managed Care Manual. If a renewal or non-renewal scenario is not listed above or outlined in the Final Call Letter, it is not a permissible renewal option.

Note: Organizations must **NOT** submit crosswalks via the exceptions process if the crosswalk was already submitted through the standard plan crosswalk process during bid submission.

After the crosswalk exception request deadline, CMS will review the submitted requests and determine on an individual basis if the request is permissible. Organizations that submit one or more crosswalk exception requests will be notified once the crosswalks have been reviewed and processed in HPMS. Organizations will then be instructed to view the HPMS Plan Crosswalk Report, which is located at: HPMS > Contract Management > Contract Reports > 2013 > Plan Crosswalk Report.

If the requested crosswalk exception is approved, users will receive one of two possible approval types for each exception request.

1. CMS completes the plan crosswalk on behalf of the organization
 - Where possible, CMS will effectuate the crosswalk on behalf of an organization. Organizations that receive this type of crosswalk approval will see that their requested crosswalk exception is included in the plan crosswalk report, with the date that the crosswalk was processed by CMS.
2. Permitted to submit MARx enrollment transactions

- If it is not possible for CMS to effectuate the crosswalk on behalf of an organization, the organization will be permitted to submit MARx enrollment transactions to move the impacted beneficiaries to the appropriate plan. Plans that have received approval to submit MARx enrollment transactions will see a new table at the bottom of the plan crosswalk report, identifying which plans can submit MARx transactions to move their beneficiaries to the appropriate CY 2013 plan.

For questions regarding this memo, please send an e-mail to HPMSCrosswalkexceptions@cms.hhs.gov.

For HPMS technical issues, please contact the HPMS helpdesk at 1-800-220-2028 or hpms@cms.hhs.gov.