



CENTER FOR MEDICARE

TO: All Medicare Advantage Organizations and Part D Sponsors

FROM: Cynthia G. Tudor, Ph.D.,
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SUBJECT: CMS Offices Closed on January 2, 2012 and Reporting of
Emergency/Non Technical Part C&D Issues

DATE: December 14, 2011

Similar to previous years, CMS is establishing a Part C&D operations monitoring program for January 1, 2012 through January 2, 2012. Non-technical significant/emergency issues should be reported via email to both drugbenefitimpl@cms.hhs.gov and your CMS Account Manager. Significant Part C&D benefit delivery issues are defined as specific plan issues that impact access to service for 100 or more beneficiaries. The problem should be reported even if it was time-limited but lasted an hour or longer (e.g., claims processing or call center was temporarily disrupted). Compliance actions may be taken in instances where plan sponsors fail to report issues. Beneficiary specific issues should be reported and resolved through the normal casework procedure and not reported through this process.

The 1-800-MEDICARE (1-800) and CTM holiday schedule is listed below:

- December 25, 2011: 1-800-MEDICARE is closed. Complaints received by 1-800 on December 23, 2011 will be loaded into CTM on December 24, 2011. Complaints received by 1-800 on December 24, 2011 through December 26, 2011 will be loaded into CTM on December 27, 2011.
- January 1, 2012: 1-800-MEDICARE is open. Complaints received by 1-800 on December 30, 2011 will be loaded into CTM on December 31, 2011. Complaints received by 1-800 on December 31, 2011 through January 2, 2012 will be loaded into CTM on January 3, 2012.

Potential Issue New to 2012

New Federal standard issues that may affect claims adjudication beginning January 1st:

1. On November 17, 2011, CMS announced that we are deferring enforcement action for noncompliance regarding use of the National Council for Prescription Drug Programs (NCPDP) Telecommunication Standard Version D.0. Since the compliance date for the use of the D.0 standard remains

January 1, 2012, it is possible that Part D sponsors may reject pharmacy claims that are submitted on or after that date that are not in D.0 format.

2. Beginning January 1, 2012, sponsors must assign a unique Part D BIN (or Rx BIN/PCN) combination) and cardholder identification number (RxID) for each Medicare enrollee. Although we announced in a September 16, 2011 memorandum that Part D sponsors may elect to delay rejecting claims from pharmacies without correct (i.e., unique Part D) 4Rx data until April 1, 2012, it is possible that effective January 1st Part D sponsors may reject claims without the unique Part D 4Rx data.

Issues regarding beneficiary access associated with either of these rejects should be submitted to the CMS Part D implementation mailbox.

When reporting an emergency/non-technical issue to CMS, the plan should include the following:

1. Plan Name and Contract Number
2. Description of the emergency/non-technical issue, including the number of beneficiaries impacted or beneficiaries potentially impacted
3. Description of your efforts to resolve the issue
4. Plan contact information (name and phone number) for CMS follow-up

Do not include personally identifiable beneficiary information unless it is encrypted. Technical issues should be directed to the MAPD Help Desk. The MAPD Help Desk, which is open Monday through Friday will be closed on December 26, 2011 and January 2, 2012 during the holiday period.. Plans can contact the MAPD Help Desk by calling 1.800.927.8069 or email at mapdhelp@cms.hhs.gov.

Updating CEO and Emergency Contact Information:

Part D sponsors must update their CEO (“CEO - CMS Administrator Contact”) and Emergency contact (“Emergency Part D Contact” and “Emergency Part D Contact (Secondary) (Optional)”) information in HPMS by 5 PM ET on December 21, 2011 to accurately reflect on-call coverage during the January 1, 2012 holiday weekend. For purposes of the holiday weekend these contacts should be limited to those individuals who are authorized to effectuate a change for the plan (e.g. CEO, COO, and CFO). CMS leadership will be using this contact information to monitor the resolution of any significant/emergency issues.

The CEO and Emergency contacts numbers must be directed to phone numbers that are monitored at least every 4 hours from 8AM to 8PM by a responsible party over the holiday weekend. In the past, some contact numbers were directed to voicemail accounts that were not checked until after the holiday weekend or directed to customer service numbers that could not adequately respond to CMS inquiries. CMS does not consider this satisfactory and failure to provide adequate contact information or lack of responsiveness to CMS initiated calls will result in compliance actions. During the holiday weekend, CMS staff will be monitoring their region-specific email and voice

mail complaint boxes for possible plan issues or access difficulties received from State Health Insurance Programs (SHIPs), other partners, advocates, and beneficiaries.

CMS is very pleased to be working with the industry to ensure a smooth transition for 2012. We appreciate your cooperative spirit and remain committed to working with plans to ensure that beneficiaries have access to healthcare services and prescription drugs. If you have any questions regarding the non-technical significant/emergency reporting process or CEO/Emergency contacts, please contact your Account Manager.