



DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, Maryland 21244

TO: Current Medicare Advantage Organizations, Prescription Drug Plan Sponsors, Direct Contract Employer/Union Medicare Advantage Organizations and Prescription Drug Plan Sponsors, Cost Based Plans, and PACE organizations

FROM: Cynthia Tudor, Ph.D., Director, Medicare Drug Benefits Group

RE: Required updates to HPMS Contract Management: P&T Committee Membership and Part D Functions

DATE: February 15, 2007

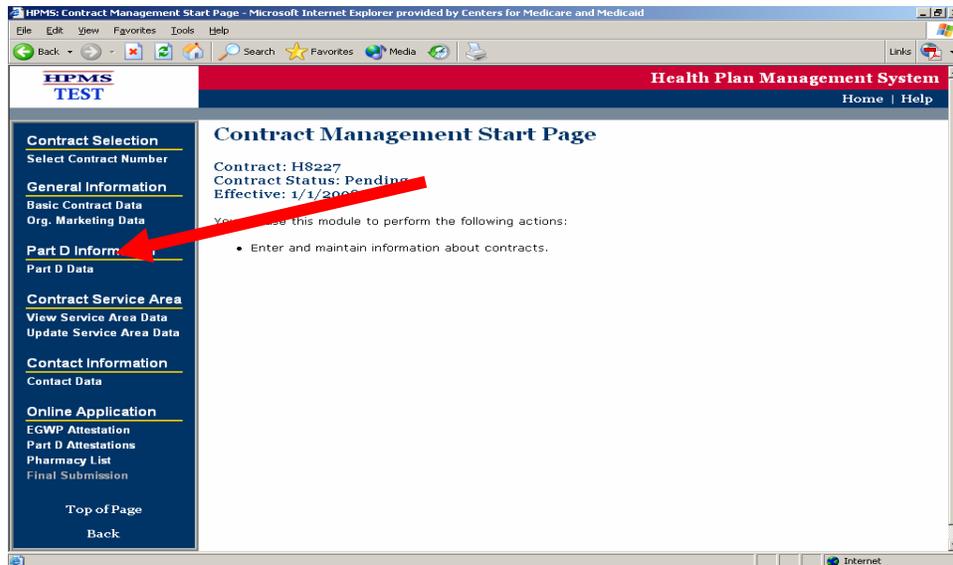
This memo is to notify Part D Sponsors that two new attestation requirements have been added to the Medicare Part D Reporting Requirements for contract year 2007. Part D sponsors must attest quarterly if changes occur to P&T committee membership (Section V of the 2007 Reporting Requirements) or changes to the organizations performing key Part D functions (Section XIII of the 2007 Reporting Requirements) have been entered into HPMS' Part D Data page.

As a first step in ensuring compliance to these two new reporting requirements, CMS is requiring all Part D sponsors to enter the respective baseline information into the HPMS Contract Management module by Wednesday, February 28, 2007. Sponsors must enter these data for each Part D contract number. The following pages provide the step-by-step instructions to completing these data fields within HPMS.

Thank you again for your continued assistance in supporting the success of the Medicare prescription drug program. Questions regarding the Medicare Part D HPMS Reporting Requirements for Contract Year 2007 should be sent to CMS via email to partd-planreporting@cms.hhs.gov and should include "CY2007 Reporting Requirements" as the subject. Questions regarding HPMS data entry should be sent to CMS via email to the HPMS Help Desk at hpms@cms.hhs.gov.

Part D Data

1. Click on the Part D Data link, in the Left Navigation Bar, to display the Update Part D Information Page:



2. On the Update Part D Information Page (below), complete the following fields (if they are not already populated). The bottom half of the page is displayed in the next screen shot. NOTE – required fields are marked with an asterisk:

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HPMS TEST Health Plan Management System Home | Help

Update Part D Information for H8227

* Required fields are marked with an asterisk.

Legal Entity Name: USER GUIDE CONTRACT CY2008

Proposed Contract Effective Date: January 1, 2008

*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:
Select a function and then enter the organization name or select the "Applicant" button below if applicant is performing the function.

Adjudication and processing of pharmacy claims at the point of sale
Negotiation with prescription drug manufacturers and others for rebates, discounts, or other price concessions on prescription drugs
Administration and tracking of enrollees' drug benefits in real time
Coordination with other drug benefit programs, including for example, Medicaid, SPAPs or other insurance
Development and maintenance of a pharmacy network
Operation of an enrollee appeals and grievance process
Customer service functionality that includes serving seniors and persons with a disability
Pharmacy technical assistance service functionality

- *Formulary Website URL Part D Organization Website Address
- *Pharmacy Website URL
- Coverage Determination Request Form Website URL
- Redetermination Request Form Website URL

- e. *P&T Committee Question
 - If you answer “No” to the question regarding the P&T committee operating under a confidentiality agreement, then a data entry block will appear for you to enter the members of your organization’s P&T Committee See #3 below for Instruction.
- f. *Organizations Providing Part D Functions. See #4 below for Instructions.

3. P&T Committee Data Entry Instructions – For the question, “Is your organization operating under a confidentiality agreement with your PBM for the P&T Committee, if you select “No” as your organization is NOT operating under a confidentiality agreement, the following screens will appear for your data entry:

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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:

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

* Part D Plan?: Yes No

* Pharmaceutical Manufacturers?: Yes No

*Organizations Providing Part D Functions:
Select a function and then enter the organization name or select the "Applicant" button below if applicant is performing the function.

Adjudication and processing of pharmacy claims at the point of sale
 Negotiation with prescription drug manufacturers and others for rebates, discounts, or other price concessions on prescription drugs
 Administration and tracking of enrollees' drug benefits in real time
 Coordination with other drug benefit programs, including for example, Medicaid, SPAPs or other insurance
 Development and maintenance of a pharmacy network
 Operation of an enrollee appeals and grievance process
 Customer service functionality that includes serving seniors and persons with a disability
 Pharmacy technical assistance service functionality
 Maintenance of a P and T Committee

- a. Click the “Add” button to enter each P&T Committee Member and answer the following required fields for each member (Click “Add” to create an entry for Each P&T Committee Member):
 - *Member Name
 - *Type of Practice
 - *Expertise with Elderly or Disabled?
 - *Free of Conflict of Interest With Part D Sponsor?
 - *Free of Conflict of Interest with Part D Plan?
 - *Free of Conflict of Interest Pharmaceutical Manufactures?
- b. If you need to Drop a member of the P&T Committee, highlight the Member name and click the “Drop” button.

4. Organizations Providing Part D Functions Data Entry Instructions

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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

* Part D Plan?: Yes No

* Pharmaceutical Manufacturers?: Yes No

*Organizations Providing Part D Functions:
Select a function and then enter the organization name or select the "Applicant" button below if applicant is performing the function.

Adjudication and processing of pharmacy claims at the point of sale
Negotiation with prescription drug manufacturers and others for rebates, discounts, or other price concessions on prescription drugs
Administration and tracking of enrollees' drug benefits in real time
Coordination with other drug benefit programs, including for example, Medicaid, SPAPs or other insurance
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Maintenance of a P and T Committee

Organization 1: Organization 2: Organization 3:

Applicant

Back Submit

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

Internet

- a. Select a function and then enter the organization name or select the "Applicant" button below if applicant (i.e., in this case the contracted entity) is performing the function. You may enter up to three organizations per function.
- b. NOTE: At least ONE organization, or applicant (contracted entity), is REQUIRED for each function in the list. Please note that one organization may provide all of the Part D Functions.

5. When you have entered the required data, click the "Submit" button, at the bottom of the screen (See arrow above).

6. Like the other sections, a Confirmation Screen will appear entitled Confirm Part D Information. If the data is correct, click the "Submit" button. If a change is required, click the "Return to Data Entry" button.