

**Summary of HPMS Releases**  
For the week ending December 12, 2008

**Title: Change in the definition of a “medically accepted indication”**

**Date: 12/9/08**

**Summary:** This memorandum provides additional guidance to Part D sponsors on the implementation of MIPPA. Section 182 of MIPPA affects the definition of a Part D drug by amending section 1860D-2(e)(1) of the Act to revise the definition of the term “medically accepted indication” for Part D drugs used in anti-cancer chemotherapeutic regimens. This provision takes effect on January 1, 2009.

**Title: Correction to the Model Private Fee-For-Service Terms and Conditions of Payment**

**Date: 12/9/08**

**Summary:** On September 12, 2008, CMS released a memorandum via HPMS titled “Instructions For Model Private Fee-For-Service Terms and Conditions of Payment”. This memorandum provided PFFS plans with a model terms and conditions of payment and instructions for the submission and review of this document. This memo revises a sentence in the terms and conditions.

**Title: Negative Formulary Change Request Submission Training Announcement & RxNorm Overview**

**Date: 12/9/08**

**Summary:** The Part C and D User Group call on December 17, 2008, will be dedicated to providing an overview of the CY 2009 changes to the Negative Formulary Change Request Module and an update on RxNorm and how it relates to CY 2010 formulary submission. Following the presentations, CMS will answer questions submitted to the Part D formularies mailbox ([PartDformularies@cms.hhs.gov](mailto:PartDformularies@cms.hhs.gov)) and then conduct an open question and answer session.

**Title: Readiness Assessment for Current Medicare Advantage Organizations Continuing to Operate Medicare Advantage Plans in CY 2009 – DUE BY DECEMBER xx, 2008**

**Date: 12/9/08**

**Summary:** This memo identifies how to assess your readiness to continue operating a Medicare Advantage (MA) plan in CY 2009, we have developed the attached Medicare Advantage Organization (MAO) Readiness Assessment Tool specifically for ongoing MAOs and when the tool must be completed.

**Title: Updated Complaint Tracking Module (CTM) Contract Related Report Exclusion Criteria and Casework Reminders**

**Date: 12/9/08**

**Summary:** This memorandum serves to update the list of contract-related report exclusion criteria for the Health Plan Management System (HPMS) Complaint Tracking Module (CTM). In addition, this reminds plans about policies and procedures regarding Customer Service Call Handling and 2009 Casework Management with Part C Plan Sponsors and Part D Sponsors.

**Title: State Health Insurance Assistance Program (SHIP) Unique ID Database**

**Date: 12/9/08**

**Summary:** This memorandum encourages MA organizations and Part D sponsors that have not already done so to adopt use of the UniqueID database on the HPMS system to provide assistance to State Health Insurance Assistance Program (SHIP) counselors on behalf of their beneficiaries.

**Title: Update on National Drug Codes (NDCs)**

**Date: 12/9/98**

**Summary:** The purpose of this memorandum is to inform Part D sponsors that we have undertaken a thorough analysis of our sources of information on NDCs and have developed new programming to provide better edits on NDCs that are submitted to CMS.

**Title: Medicare Prescription Drug Benefit Manual – Chapter 13**

**Date: 12/9/08**

**Summary:** CMS is pleased to release the final version of Chapter 13 of the Prescription Drug Benefit Manual (Premium and Cost-Sharing Subsidies for Low-Income Individuals). CMS considered all of the comments received on the draft of Chapter 13 that was released on July 31, 2008.

**Title: 2009 HEDIS, HOS and CAHPS Measures for Reporting by Medicare managed care contractors**

**Date: 12/9/08**

**Summary:** This memo contains a list of HEDIS<sup>®</sup> measures required to be reported by Medicare managed care plan types (HMO, PPO, §1876 Cost, and Special Needs Plans) in 2009. It also includes information about which plans are required to participate in HOS and CAHPS<sup>®</sup>. Sections 422.152 and 422.516 of volume 42 of the Code of Federal Regulations (CFR) specify that Medicare Advantage plans must submit performance measures as specified by the Secretary and CMS. These performance measures include HEDIS, HOS, and CAHPS.