



CENTER FOR MEDICARE

DATE: April 23, 2010

TO: All Medicare Advantage Organizations, Prescription Drug Plan Sponsors and 1876 Cost Plans

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SUBJECT: Contract Year 2011 Summary of Benefits Hard Copy Change Requests

In order to provide a more streamlined process for submission, review, and approval of the Summary of Benefits (SB) hard copy change requests, CMS will be releasing a new module in the Health Plan Management System (HPMS) for plan sponsors to submit hard copy changes to their SBs. The new module will enable organizations to review the status of their SB hard copy change requests, receive automated emails regarding their requests, and easily access SB global hard copy changes via an HPMS report. The module is currently scheduled for release in early August 2010. We will provide additional guidance and training on the new module prior to the release.

To facilitate a timely review and approval of hard copy change requests, plan sponsors must follow the instructions below:

- Hard copy change requests related to SB Section I only may be submitted to the SB mailbox, SummaryofBenefits@cms.hhs.gov between June 14, 2010, and the release of the module in early August 2010. These requests must include the following information:
 - Contract number
 - Plan Benefit Package (PBP) number(s)
 - Regional Office reviewer
 - The SB sentence in question
 - Proposed hard copy modification to the SB sentence in question
- Hard copy change requests related to SB sections I and II must be submitted via the HPMS module following its release in early August 2010. Please note that after the module's release, we will no longer accept hard copy changes requests via the SB mailbox. Also note that CMS will not review hard copy change requests related to SB Section II until bids are approved.

As a reminder, the purpose of SB hard copy changes is to correct inaccurate or misleading information or errors generated from the PBP/SB software. It is not to make changes based on an individual organization's preference. When the SB changes are to clarify benefits entered in the PBP that do not generate an SB sentence, plan sponsors should further describe your benefits in SB Section III. Dual Eligible SNPs should use SB Section IV to describe Medicaid benefits.

Please send any questions regarding this memorandum to SummaryofBenefits@cms.hhs.gov.