

## **Part D Weekly Bulletin**

*for the week of April 10, 2006*

### **Upcoming Deadlines & Events:**

- 2007 Formulary submission period ends on Monday, April 17, 2006 at 5pm ET.

### **Policy (2):**

**Subject:** Coverage Q&As

**File Name:** CoverageQAs\_03.28.06.pdf

**Questions:** (1) May Part D plans apply drug utilization management edits during a beneficiary's transition period? (2) May Part D plans reject claims as "too soon" when an enrollee no longer has access to their previously filled prescription medication because they have been admitted to or discharged from a long term care (LTC) facility? (3) Does the Part D definition of "medically accepted indication" (as defined in section 1927(k)(6) of the Social Security Act), which limits Part D coverage to only FDA labeled indications and off-label indications supported by citation in either AHFS, USP-DI, or DrugDex, also define the allowable drug doses that may be covered under Part D?

**Subject:** Coordinating Benefits with Tribes

**File Name:** MemoCoordinatingBenefitwTribes\_04.12.06.pdf

**Summary:** The Indian health care system, consisting of tribal, urban, and federally operated Indian Health Service (IHS) programs, delivers a spectrum of clinical and preventive health services to its beneficiaries, via a network of hospitals, clinics, and other entities. Section 42 CFR 423.464(f) implementing the Part D coordination of benefit (COB) requirements require plans to coordinate benefits with the IHS and providers of other prescription drug coverage. We made clear in our COB guidelines published on July 1, 2005 that tribal health coverage is recognized by CMS as a provider of other prescription drug coverage.

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### **Enrollment (2):**

**Subject:** Corrections to February and March Auto-Enrollments That Inadvertently “Trumped” a Beneficiary Election into Another Plan

**File Name:** MemoAutoEnrollTrumpFix\_04.12.06.pdf

**Summary:** In recent Part D User Group calls, CMS has described a problem with processing auto-enrollments for full-benefit dual eligibles where, in a small percentage of cases, the auto-enrollment transaction inadvertently “trumped” beneficiary elections. This occurred in both the February and March auto-enrollments, and resulted in the beneficiary being disenrolled from the plan she/he elected retroactive to January 1. The underlying technical issues have been corrected so this should not occur in the April auto-enrollment processing.

**Subject:** April Facilitated Enrollment of Additional Beneficiaries Eligible for LIS

**File Name:** MessageNewFacEnrolleesinApril06TRR.pdf

**Summary:** CMS has identified additional beneficiaries eligible for the low-income subsidy who are not enrolled in a Part D plan, and will facilitate their enrollment into PDPs, with coverage effective June 1. PDPs that qualify for facilitated enrollments will see these additional facilitated enrollments on their April 15, 2006 weekly Transaction Reply Report (TRR).

### **Formulary Upload (1):**

**Subject:** Contract Year 2007 Formulary Submissions

**File Name:** MemoCY07FormularySubmission\_04.11.06.pdf

**Summary:** As a reminder, the 2007 Formulary submission period ends on Monday, April 17, 2006 at 5pm ET. We do not anticipate extending the submission deadline as this will jeopardize the initial formulary review period that must occur prior to the bid submission period. All Part D sponsors wishing to offer 2007 benefits are required to upload and validate a new formulary file by this deadline. We strongly encourage organizations to begin submitting formulary files to HPMS in order to test connectivity and formulary flat file structure. In order to create a 2007 formulary submission, please utilize the “Submit New Formulary” option in the CY2007 HPMS formulary module.

### **Medicare Personal Plan Finder (1):**

**Subject:** Synchronizing HPMS and Plan Finder Formulary Files

**File Name:** MemoSyncroHPMSandPlanFinderFF\_04.12.06.pdf

**Summary:** As part of CMS’ continued monitoring and oversight of Part D activities, several inconsistencies between formulary data submitted to the Health Plan Management System (HPMS) and the Medicare Prescription Drug Plan Finder have been identified. It is vital that Part D Plans eliminate data inconsistencies and ensure accurate formulary data are provided to current Plan enrollees, as well as, to Medicare beneficiaries who are evaluating their plan options.

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### **Performance Measures (1):**

**Subject:** Revisions to HPMS Call Center Performance Metrics

**File Name:** MemoCallCenterPerformanceRevisions\_04.12.06.pdf

**Summary:** As you are aware, CMS announced, on April 4, 2006, a new module in HPMS titled “Call Center Performance Metrics.” This new module allows Part D plan sponsors to view information related to call center performance for their current contracts to help Plans examine their performance. The following changes have been made to the revised version of the HPMS Call Center Performance Metrics:

### **Exceptions and Appeals (1):**

**Subject:** Model Part D Exception and Prior Authorization Request Form (“Trigger Form”) for Prescribing Physicians

**File Name:** MessagePhysicianCDForm\_04.11.06.pdf

**Summary:** A model exception and prior authorization request form developed specifically for use by prescribing physicians has been posted to the CMS.gov website, on the Provider Center page under “Part D Tools for Health Care Professionals.”