HPMS

Part D Plan
Reporting Requirements

User's Guide

Version: Organization Version 1.0

Produced by:
Centers for Medicare & Medicaid Services
Center for Beneficiary Choices
Medicare Drug Benefit Group
Division of Clinical and Economic Performance

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INTRODUCTION:

As outlined in Title I, Part 423, Subpart K (§ 423.514), MMA requires each Part D Sponsor to have an effective procedure to provide statistics indicating the cost of its operations; the patterns of utilization of its services; the availability, accessibility, and acceptability of its services; information demonstrating it has a fiscally sound operation; and other matters as required by CMS. Submission of data via Part D reporting requirements is a contractual obligation of all Part D Sponsors. Sanctions may be imposed on Part D Sponsors who fail to comply with these reporting requirements.

Part D reporting requirements for CY 2006 are listed in Appendix A, and are also available online at http://www.cms.hhs.gov/PrescriptionDrugCovContra/08_RxContracting_ReportingOversight.asp. Plans should refer to this document for detailed information regarding each reporting requirement section such as reporting periods and additional descriptions of data elements. The document also includes specific waivers granted for some types of Part D organizations.

The Part D Plan Reporting module allows organizations to enter required quarterly and semi-annually reporting data. As of April 2006, only the quarterly reported sections are available on the production site of HPMS. The semi-annually reported data sections will be available later in 2006.

NOTE: Screen Prints contained in this User Guide are not intended to display complete functionality, and are for demonstration purposes only.

ACCESSING THE HPMS

To access the HPMS, CMS users must have a CMS HITS UserID, and must have access to either the Medicare Data Communications Network (MDCN) or the Internet. **CMS CO and RO users should use the MDCN connection at work, but may use the Web version while off-site.**

Note: To obtain a CMS HITS UserID, you should access the CMS website at **http://www.cms.hhs.gov/accesstodataapplication/downloads/access.pdf** to obtain the latest version of the CMS User Access form. You must sign and date the second page and return it along with the form. Your request cannot be processed without a signature and date.

Once a UserID is established, the user has the ability to gain access to the HPMS from 2 methods.

Method 1 – HPMS Access from Work
1. Open MS Internet Explorer
2. In the Address bar, remove all text, and type in the following address.
   - 32.91.239.68
3. Hit Enter
4. Enter the HCFA.GOV\UserID and Password.

Method 2 – HPMS Access via the Web
1. Open Internet Explorer
2. In the Address bar, remove all text and type in the following address.
   - https://gateway.cms.hhs.gov
3. Hit Enter
4. Enter in the UserID and Password
5. Select HCFA.GOV as the domain
6. Select the HPMS menu list

STANDARD OPERATIONAL LINKS

The HPMS Part D Plan Reporting Module has standard links to assist the user in using the module functionality. These links can be found across the top and along the left-hand side of the page.
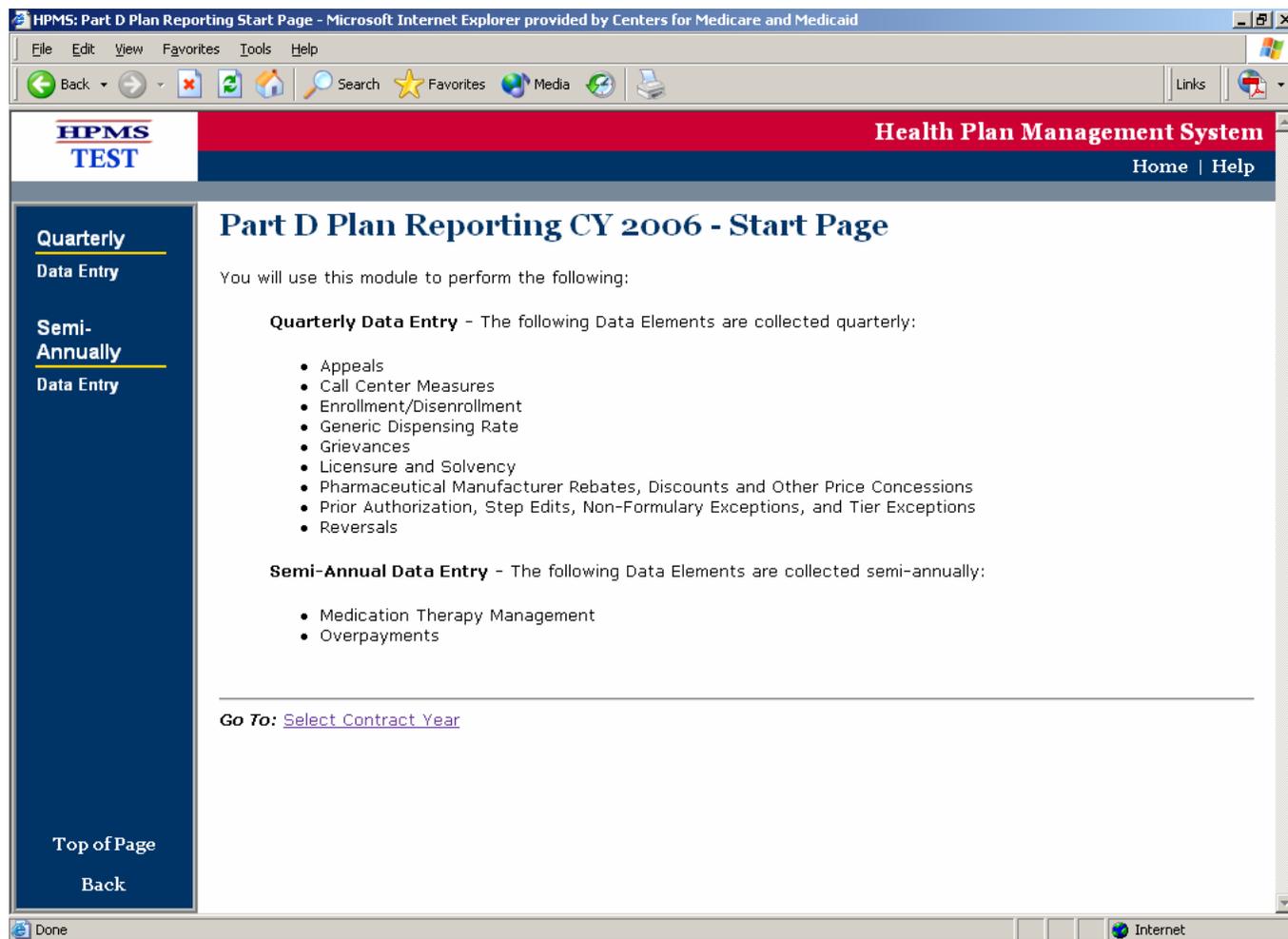
- Home – links the user back to the HPMS Home Page.
- Help – links the user to the Help page.
- Top of Page – The user can navigate to the top or beginning of the screen.
- Back – The user can navigate back one screen or to the previous screen.

The left-hand links are module-specific. This means that the left-hand links in the HPMS Part D Plan Reporting Module contain the same links for all the pages in the Part D Plan Reporting Module. The HPMS Part D Plan Reporting Module Operational links are discussed below in more detail.

- At any time, the user may access other screens from the current screen by clicking on the links on the left side of the screen.

ACCESSING THE PART D PLAN REPORTING MODULE IN HPMS

To Part D Plan Reporting Module is accessed from the "Quality and Performance" section of the HPMS HomePage.

Screen by screen instructions:

From the HPMS home page, click on the "Quality and Performance" link on the left navigation bar. Next, click on the link called "Part D Plan Reporting," as illustrated below:

Once the user has successfully accessed the HPMS Part D Plan Reporting Module, there are several links available to the user. Below, these links are listed and a brief explanation is given.
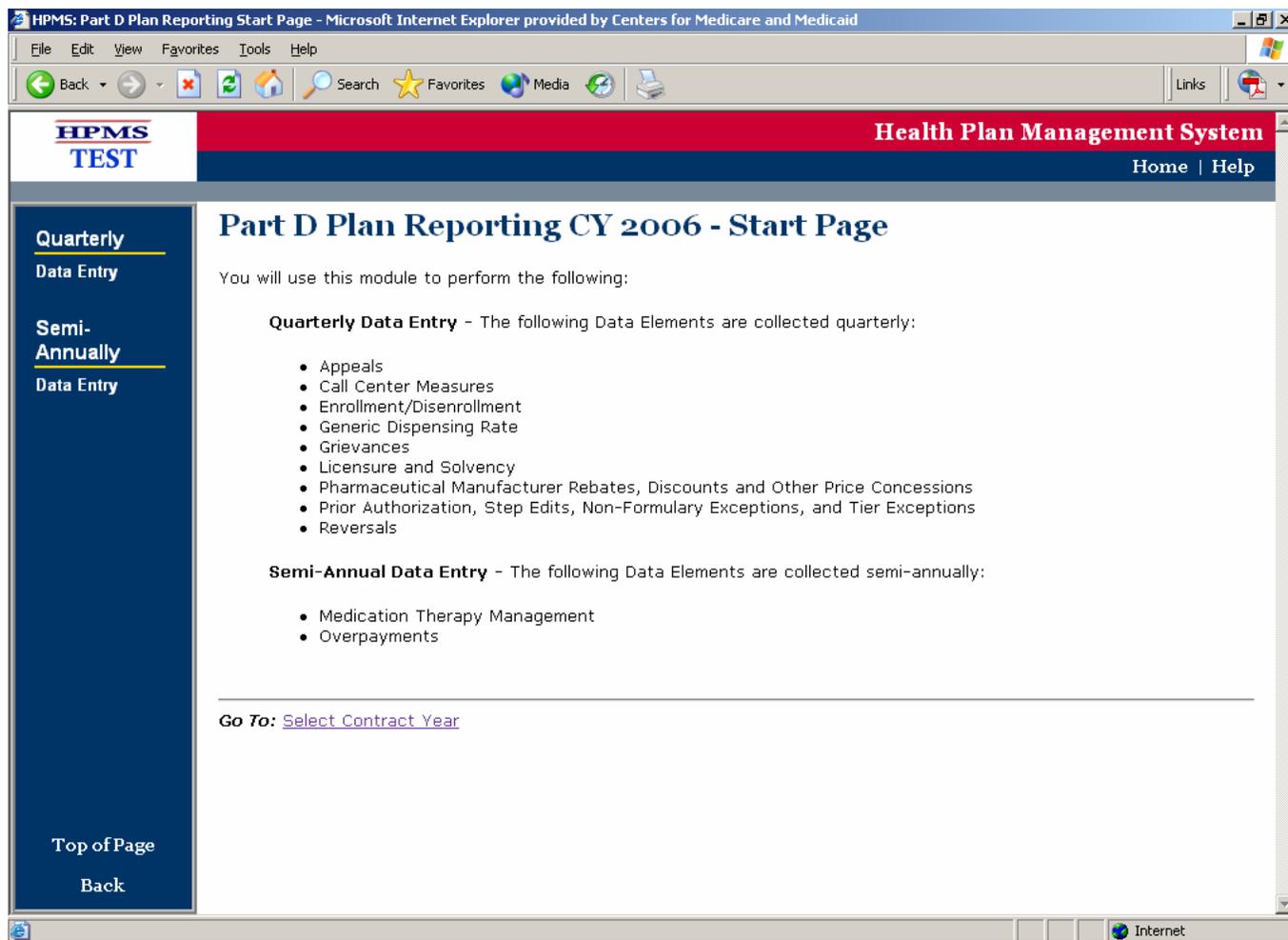
- Quarterly Data Entry – This link navigates the user to the Quarterly reported categories. These categories are described in detail below.
- Semi-Annually Data Entry – This link will navigate the user to the Semi-Annual reported categories. **THIS LINK WILL BE AVAILABLE IN THE SUMMER OF 2006. FUNCTIONALITY IS NOT COVERED IN THIS USER GUIDE.**

Once the Part D Plan Reporting Module has been accessed, the user will be required to select the appropriate Contract Year. In this case, the user should select 2006 by clicking on the CY 2006 link.
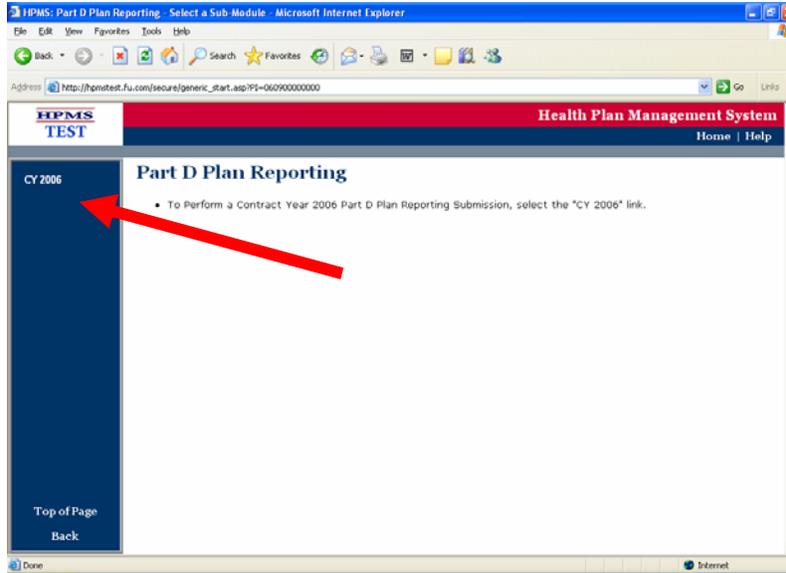
The HPMS Part D Plan Reporting start page will then be displayed.
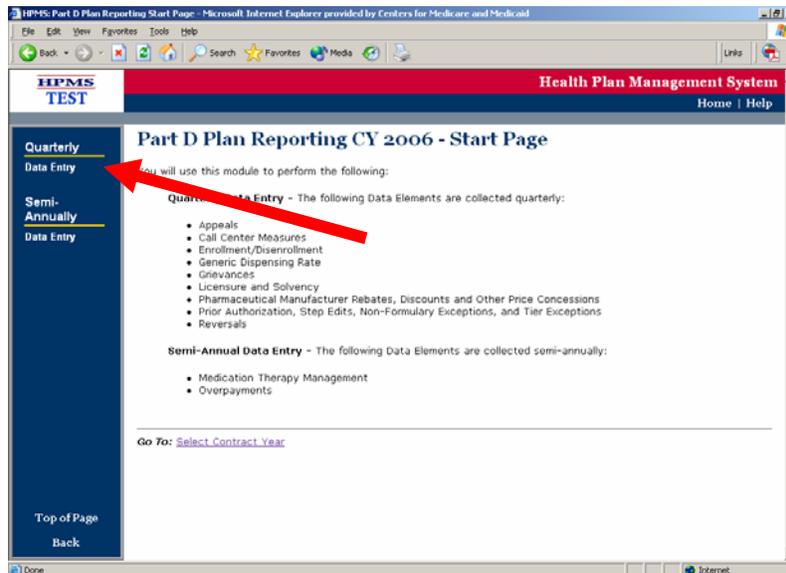
From the Part D Reporting CY2006 – Start Page, the user will access the "Data Entry" link, located under the Quarterly heading. The contract-selection screen will then display.

Click on the appropriate contract number (press and hold the CTRL button on your keyboard to select more than one contract number), and then click the NEXT button at the bottom of the screen.

The Part D Plan Reporting CY2006 – Quarterly Reporting screen will now be displayed. This screen serves as the entry-point into the various quarterly reported categories.

At the top of the page, the E-mail Notification List displays the contact information affiliated with the contract for which you are reporting. Note: The Data Entry Contact data is determined by the USER ID logged into HPMS.
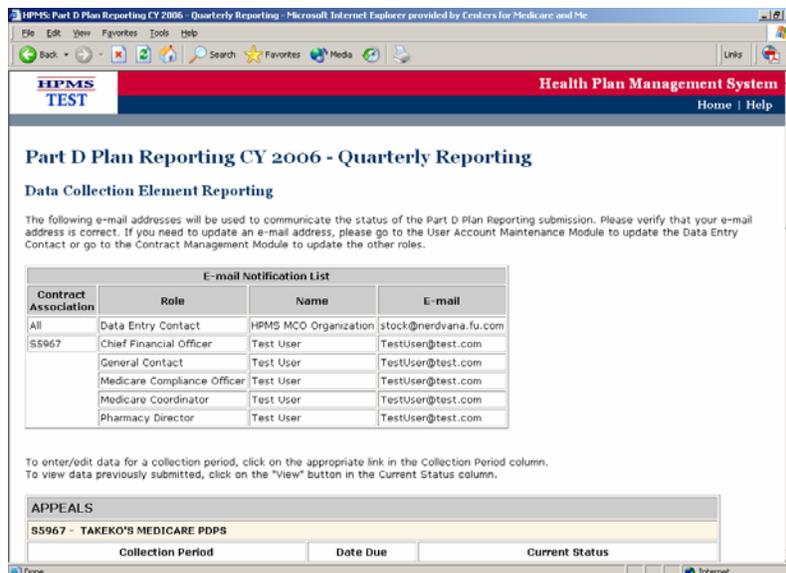
QUARTERLY REPORTING CATEGORIES

Currently, the quarterly reported sections include the following:
- Appeals
- Call Center Measures
- Enrollment/Disenrollment
- Generic Dispensing Rate
- Grievances
- Licensure and Solvency, Business Transactions and Financial Requirements
- Prior Authorization, Step Edits, Non-Formulary Exceptions, and Tier Exceptions
- Reversals

The quarterly reported section of Pharmaceutical Manufacturer Rebates, Discounts, and Other Price Concessions will be available later in 2006.

The following screen print displays a view of the selection page. By clicking on the appropriate Collection Period link, the user will be navigated to the data entry screen for that data category and quarter. The user can scroll down to access each of the categories.

ENTERING DATA INTO THE PART D PLAN REPORTING MODULE

Access each of the quarterly reporting sections from the Part D Plan Reporting CY2006 – Quarterly Reporting screen as described above.

To enter/edit data for a collection period, click on the appropriate link in the Collection Period column. To view data previously submitted, click on the "View" button in the current status column. An organization may edit data any number of times until the Date Due is reached. The last data entered into the system on the Date Due will be considered the official data reported.

For each reporting section, the collection period(s), Date Due, and Current Status columns will display. The Current Status column will indicate that data has been submitted or that CMS is waiting for submission. If a Plan has not submitted any data prior to the reporting deadline, HPMS will display the section's status as Overdue, and will allow the Plan to submit data after the reporting deadline. To make changes to data **after** the date due, please email Alice Lee-Martin Alice.Leemartin@cms.hhs.gov.

All quarterly reported sections require that organizations report data on an individual plan level, with three exceptions. Data elements for Medication Therapy Management Programs and Call Center Measures may be reported on either the plan level or the contract level, although the plan level is preferred. The Licensure and Solvency section is reported at the contract level.

Within each section, HPMS displays two options in addition to submitting data. Users may select either "No Data to Report" or "Not Ready to Report". The exception is the Licensure and Solvency, Business Transactions and Financial Requirements section, which displays only "No Data to Report".

The "No Data to Report" is a function to be used when a reporting section is not applicable to a Plan (e.g. PACE organizations' waivers as described in Appendix A). CMS will review and conduct follow-up with Plans that have incorrectly selected this option.

The "Not Ready to Report" is a function to be used by Plans when preparing data to be submitted prior to the reporting deadline. It may be especially helpful when submitting data for a reporting requirement section that requires data by Plan level. If data are available only for some but not all plans of a contract, the user is able to click "Not Ready to Report" and submit the partial data. Once a reporting requirement deadline has passed, the reporting requirement module will display the status as Overdue, however HPMS will still allow a Plan to submit data for that reporting period. Any Plan failing to submit data will be identified by CMS and may face corrective action. A Plan's documentation that they were "Not ready to report" does not extend or waive their contractual requirement to submit these data to CMS.

The following pages detail the specific data elements required for each section of the quarterly submitted Part D Plan Reporting data.

APPEALS

The following data elements are required as part of the Appeals section. Data must be reported on an individual plan level. Once you have completed data entry, click the NEXT button at the bottom of the screen. A verification page will then display. To submit your entry, click the SUBMIT button at the bottom of the verification screen. If changes are required, you may click the BACK button on the verification screen to return to the data entry screen.

Appeals data elements:
- Appeals Submitted for Redetermination
  - Standard
  - Expedited
  - Expedited Status Granted
  - Withdrawn by Enrollees
    - Standard
    - Expedited
  - Resulting in Reversal of Original Decision
- Independent Review Entity (IRE) Reconsiderations
  - Due to Inability to Meet Timeframe for
    - Coverage Determination
    - Redetermination
  - Resulting in Reversal of Original Decision
    - Standard
    - Expedited
  - Resulting in Upholding of Original Decision
    - Standard
    - Expedited

CALL CENTER MEASURES

The following data elements are required as part of the Call Center Measures section. Data may be reported on an individual plan level or at the contract level. Once you have completed data entry, click the NEXT button at the bottom of the screen. A verification page will then display. To submit your entry, click the SUBMIT button at the bottom of the verification screen. If changes are required, you may click the BACK button on the verification screen to return to the data entry screen.

Call Center Measures data elements:
- Indicate if reporting at the Plan Level or Contract Level (default is Plan level reporting)
- Indicate if reporting is based on a dedicated Part D line, or based on a line receiving a combination of Part D and non-Part D calls (default is Dedicated Part D line)
- Number of Abandoned Inbound Calls
- Total Number of Inbound Calls
- Average Speed of Answer for Inbound Calls (please format as mm:ss)
- Number of Inbound Calls Answered in 30 Seconds or less
- Average Hold Time for Inbound Calls (please format as mm:ss)

The following data elements are required as part of the Enrollment/Disenrollment section. Data must be reported on an individual plan level. Once you have completed data entry, click the NEXT button at the bottom of the screen. A verification page will then display. To submit your entry, click the SUBMIT button at the bottom of the verification screen. If changes are required, you may click the BACK button on the verification screen to return to the data entry screen.

Enrollment/Disenrollment data elements:
- Total Enrolled
- Total Disenrolled
- Total Disenrollment by Reason
    - Failure to Pay
    - Disruptive Behavior
    - False or Incomplete Information
    - Deceased
    - Moved
    - Other

GENERIC DISPENSING RATE

The following data elements are required as part of the Generic Dispensing Rate section. Data must be reported on an individual plan level. Once you have completed data entry, click the NEXT button at the bottom of the screen. A verification page will then display. To submit your entry, click the SUBMIT button at the bottom of the verification screen. If changes are required, you may click the BACK button on the verification screen to return to the data entry screen.

Generic Dispensing Rate data elements:
- Number of Paid Claims for Generic Drugs
- Total Number of Paid Claims

GRIEVANCES

The following data elements are required as part of the Grievances section. Data must be reported on an individual plan level. Once you have completed data entry, click the NEXT button at the bottom of the screen. A verification page will then display. To submit your entry, click the SUBMIT button at the bottom of the verification screen. If changes are required, you may click the BACK button on the verification screen to return to the data entry screen.

Grievances data elements:
- Total Grievances by Category
    - Fraud and Abuse
    - Enrollment/Disenrollment
    - Benefits Package
    - Pharmacy Access/Network
    - Marketing
    - Customer Service
    - Confidentiality/Privacy
    - Other

LICENSURE AND SOLVENCY, BUSINESS TRANSACTIONS AND FINANCIAL REQUIREMENTS

The following data elements are required as part of the Licensure and Solvency, Business Transactions and Financial Requirements section. Data must be reported on a contract level. Once you have completed data entry, click the NEXT button at the bottom of the screen. A verification page will then display. To submit your entry, click the SUBMIT button at the bottom of the verification screen. If changes are required, you may click the BACK button on the verification screen to return to the data entry screen.

Licensure and Solvency, Business Transactions and Financial Requirements data elements:
- The ALERT section should be read and checked. This ALERT deals with issues of confidentiality of data collected by CMS.
- Total Assets
- Total Liabilities
- Total Cash
- Total Cash Equivalents
- Total Current Assets
- Total Current Liabilities
- Total Revenue
- Total Expenses
- Total Administrative Expense
- Total Net Income
- Drug Benefit Expenses
- Drug Benefit Revenues
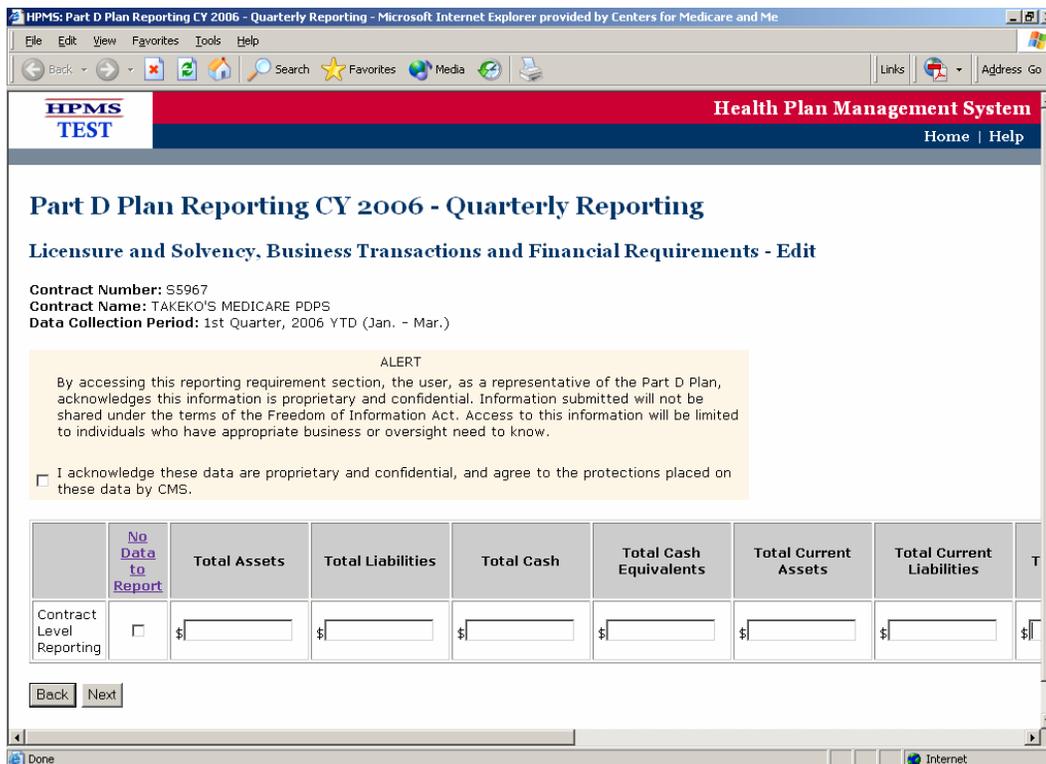
PRIOR AUTHORIZATION, STEP EDITS, NON-FORMULARY EXCEPTIONS AND TIER EXCEPTIONS

The following data elements are required as part of the Prior Authorization, Step Edits, Non-Formulary Exceptions and Tier Exceptions section. Data must be reported on an individual plan level. Once you have completed data entry, click the NEXT button at the bottom of the screen. A verification page will then display. To submit your entry, click the SUBMIT button at the bottom of the verification screen. If changes are required, you may click the BACK button on the verification screen to return to the data entry screen.

Prior Authorization, Step Edits, Non-Formulary Exceptions and Tier Exceptions data elements:
- Transactions Rejected Due To
    - Failure to Complete Step Therapy Edit Requirements
    - Need for Prior Authorization
- Total Prior Authorizations for Formulary Drugs
    - Requested
    - Approved
- Total Prior Authorizations for Non-Formulary Drugs
    - Requested
    - Approved
- Total Prior Authorizations for Tier Exceptions
    - Requested
    - Approved

REVERSALS

The following data elements are required as part of the Reversals section. Data must be reported on an individual plan level. Once you have completed data entry, click the NEXT button at the bottom of the screen. A verification page will then display. To submit your entry, click the SUBMIT button at the bottom of the verification screen. If changes are required, you may click the BACK button on the verification screen to return to the data entry screen.

Reversals data elements:
- Pharmacy Transaction Reversals
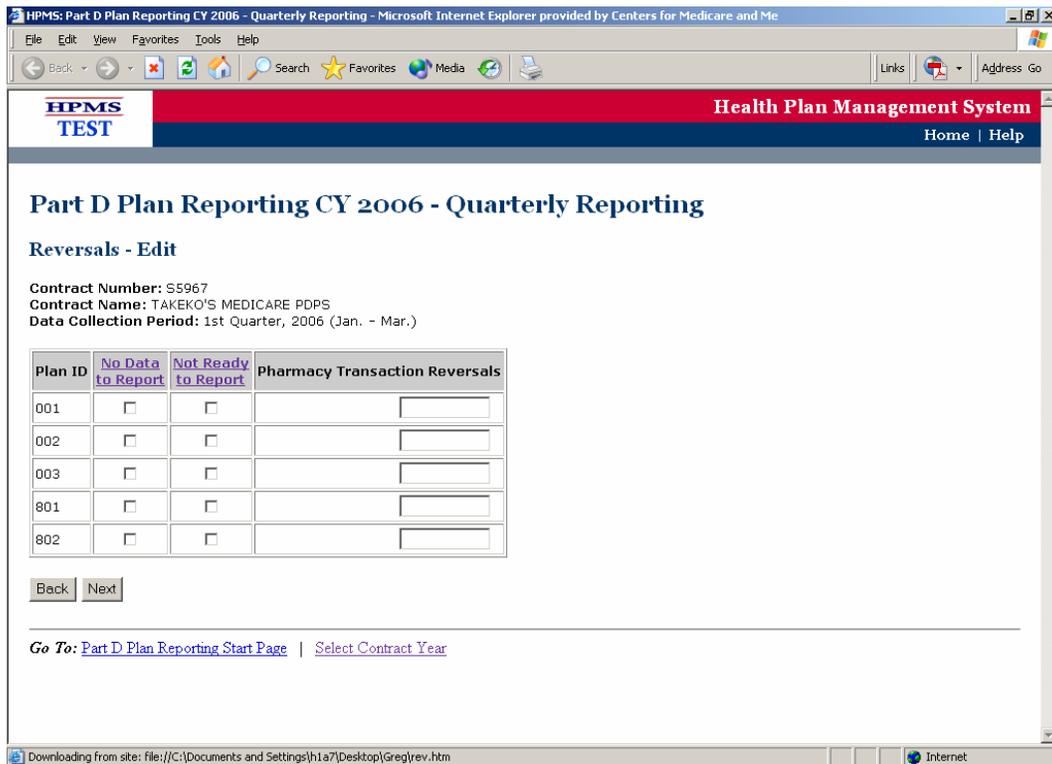
HPMS CONTACT INFORMATION

Name	Phone Number / E-Mail	Responsibilities
Greg Buglio	410-786-6562 gregory.buglio@ cms.hhs.gov	Systems Analyst
Vikki Oates	410-786-3652 vikki.oates@ cms.hhs.gov	Director, Division of Clinical and Economic Performance
Alice Lee-Martin	410-786-1103 alice.leemartin@ cms.hhs.gov	Part D Reporting Lead, Division of Clinical and Economic Performance
HPMS Help Desk	1-800-220-2028 hpms@cms.hhs.gov	General HPMS Help
Lori Robinson	410-786-1826 lori.robinson@ cms.hhs.gov	Director, DPD
Don Freeburger	410-786-4586 Donald.Freeburger@ cms.hhs.gov	HPMS user access
Neetu Jhagwani	410-786-2548 Neetu.jhagwani@ cms.hhs.gov	HPMS user access

ACRONYMS

This table contains a list of the acronyms used in this document:

CBC	Center for Beneficiary Choices
CCP	Coordinated Care Plan
CMS	Centers for Medicare & Medicaid Services
CO	CMS Central Office
CY	Contract Year
DPD	Division of Plan Data
HMO	Health Maintenance Organization
HMOPOS	Health Maintenance Organization Point of Service
HPMS	Health Plan Management System
MDCN	Medicare Data Communications Network
M+C	Medicare+Choice
MA	Medicare Advantage
MAO	Medicare Advantage Organization
MAG	Medicare Advantage Group
MA-PD	Medicare Advantage – Prescription Drug
MDBG	Medicare Drug Benefit Group
MMA	Medicare Modernization Act
MMCS	Medicare Managed Care Systems
MPAG	Medicare Plan Accountability Group
MRT	Multi Region Team
OIS	Office of Information Services
PDP	Prescription Drug Plan
PFFS	Private Fee-for-Service
PPO	Preferred Provider Organization
DCEP	Division of Clinical and Economic Performance

MEDICARE PART D REPORTING REQUIREMENTS
Updated: 01/25/06

(Double-click on icon below to open.)

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The Part D reporting requirements for CY 2006 are also available online at:

http://www.cms.hhs.gov/PrescriptionDrugCovContra/08_RxContracting_ReportingOversight.asp