



**OFFICE OF EXTERNAL AFFAIRS**

---

**DATE:** August 17, 2007

**TO:** All Medicare Advantage, Cost, Demonstration, and Medicare Prescription Drug Plan Organizations

**FROM:** Nancy B. O'Connor  
Acting Director, Office of External Affairs

**SUBJECT:** 2008 Medicare & You Handbook – Plan Data Preview

As in past years, CMS is offering your organization an opportunity to preview how your plan data will appear in the upcoming Medicare & You Handbook. This year, the preview period will be **Monday, September 10<sup>th</sup> through Wednesday, September 12<sup>th</sup>**. (Specific times will be provided in a future notification.) Please review your data as early as possible during the preview period to ensure these updates are reflected timely in the various materials and tools available to Medicare beneficiaries.

It is critical that you preview your data for accuracy. This data is

- printed in the Medicare & You handbook,
- used in numerous notices mailed to LIS eligible beneficiaries,
- used in other materials and resources.

You should check your

- organization marketing name,
- plan names,
- plan geographic or segment geographic names,
- customer service phone numbers.

Incorrect data is confusing to beneficiaries and time consuming to customer service representatives.

Here is an advanced look at this years' Handbook data to ensure this preview period is conducted efficiently. **Please review the following information carefully** in preparation of your preview.

For each “cluster” handbook, there will be four sections of plan data. All organizations and plans are listed alphabetically.

- Medicare Prescription Drug Plans
- Medicare Health Plans

- Medicare Special Needs Plans
- Medicare Savings Accounts

### **Medicare Prescription Drug Plans**

In the “Medicare Prescription Drug Plans” section, you will see the following information about your organizations/plans:

- Organization Marketing Name (as you describe it in HPMS)
- Plan Name (as you describe it in HPMS)
- Prospective Member Customer Service Phone Number – Part D (as you enter it in HPMS)
- Plan Service Area (as you describe it in the plan geographic name field in HPMS)
- One CAHPS measure, if available
- Monthly Premium (your Part D premium, considering de minimis – highlighted blue if the plan is an auto-assign plan or in black if the plan is not an auto-assign plan )
- Yearly Deductible for Drug Coverage (as you defined it in the PBP)
- Amount You Pay for Each Prescription (this cost-sharing range includes copays/coinsurances for a one month supply of all types and locations of drugs ONLY during the Pre-ICL period)
- Any Coverage in the Gap (as you defined it in the PBP). The language will read either:
  - “All formulary drugs”
  - “Some (call plan for details)”
  - “None”

### **Medicare Health Plans**

In the “Medicare Health Plans” section, you will see the same information about your organizations/plans as described above, with the following differences:

- Plan Type (as defined in HPMS)
- Prospective Member Customer Service Phone Number (as you enter it in HPMS)
- Monthly Premium (a combination of your Part C & D premiums)
- Primary Care Copay (as you defined it in your PBP)
- Any Coverage in the Gap (as you defined it in the PBP). The language will read either:
  - “All formulary drugs”
  - “Some (call plan for details)”
  - “Drugs Not Covered”
  - “None”

### **Medicare Special Needs Plans**

In the “Medicare Special Needs Plans” section, you will see the following information about your special needs plans offered by your organization:

- Organization Marketing Name (as you describe it in HPMS)
- Plan Name (as you describe it in HPMS)
- Plan Type (as defined in HPMS)
- Prospective Member Customer Service Phone Number (as you enter it in HPMS)
- Plan Service Area (as you describe it in the plan geographic name field in HPMS)

- Special Rules for Enrolling (as defined by your plan SNP type). The language will read either:
  - “Must have Medicare and Medicaid” (if Dual Eligible SNP)
  - “Must live in an institution (like a nursing home) or require nursing care at home. Call plan for details.” (if Institutional SNP)
  - “Must have certain chronic or disabling conditions” (if Chronic or Disabling Condition SNP)

**Medicare Medical Savings Account Plans**

In the “Medicare Medical Savings Account Plans” section, you will see the following information about your organizations/plans:

- Organization Marketing Name (as you describe it in HPMS)
- Plan Type (as defined in HPMS)
- Plan Name (as you describe it in HPMS)
- Prospective Member Customer Service Phone Number (as you enter it in HPMS)
- Plan Service Area (as you describe it in the plan geographic name field in HPMS)
- Yearly Deductible (as you defined it in the PBP)
- Yearly Deposit (as you defined it in the PBP)
- Cost-Sharing After Deductible (For “regular” MSA plans, this will always be \$0. For MSA demo plans, this cost-sharing range includes all copays/coinsurances)
- Out-of-Pocket Maximum (For “non-network” MSAs, as you defined it in the PBP. For “network” MSAs, it will read “Call Plan for Details”)

During the preview period, to visit the Handbook Preview site, please use the following navigation path: Plan Bids > Bene Education Data Previews > Handbook Preview > CY2008. You must provide “Concurrence” with the data as presented or choose “Non-Concur” and provide comments.

Please use the following navigation path to update your **Organization Marketing Name**: Contract Management > Basic Contract Management > Select Contract Number > Org. Marketing Data (under the General Information header).

Please use the following navigation path to update your **Plan Names and Plan/Segment Geographic Names**: Plan Bids > Bid Submission > CY2008 > Manage Plans > Edit Marketing Data.

Please use the following navigation path to update your **Plans’ Customer Service Phone Numbers**: Plan Bids > Bid Submission > CY2008 > Manage Plans > Edit Contact Data.

Again, please review your data as early as possible during the preview period. Making changes early in the process will help ensure these updates are reflected timely in the various materials and tools available to Medicare beneficiaries.

If you require technical assistance, please contact the HPMS Help Desk at either 1-800-220-2028 or [hpms@cms.hhs.gov](mailto:hpms@cms.hhs.gov). You may also contact Ana Nunez-Poole at [ana.nunez-poole@cms.hhs.gov](mailto:ana.nunez-poole@cms.hhs.gov) or Sara Walters at [sara.walters@cms.hhs.gov](mailto:sara.walters@cms.hhs.gov).

Thank you for your participation.