

**Summary of HPMS Releases**  
For the week ending September 7, 2007

**Title: 2008 MA Model Annual Notice of Change**

**Date: 9/1/07**

**Summary:** The model MA Provider Directory is intended for use by all MA Organizations, 1876 Cost Plans and Health Plan Demonstration to explain how to receive care and provide a listing of doctors, specialists, hospitals and pharmacies. While use of the model is optional, organizations are strongly encouraged to use the model language without modification and will receive a 10-day review.

**Title: Reminder – Risk Adjustment Processing System (RAPS) Submitters**

**Date: 9/4/07**

**Summary:** Annual timelines for submission of risk adjustment data.

**Title: Date for Issuance of the Part D Low-income Subsidy (LIS) Rider – Clarification**

**Date: 9/4/07**

**Summary:** The attached memo is a reminder to plans that the handbook preview is coming up soon.

**Title: 2008 Part D Readiness Checklist**

**Date: 9/4/07**

**Summary:** With the Annual Enrollment Period (AEP) fast approaching, we want to remind Part D sponsors of established requirements critical to ensuring a plan's enrollees receive effective drug coverage in 2008. CMS has summarized key operational requirements in the 2008 Readiness Checklist, found in Attachment A. Plans should review this checklist carefully and take all necessary measures to ensure that these key requirements are in place for CY 2008 open enrollment.

**Title: Medicare Advantage Prescription Drug System (MARx) September Payment – INFORMATION**

**Date: 9/4/07**

**Summary:** This letter provides information to the September 2007 payment which will be received on August 31, 2007.

**Title: 2008 Model Medicare Advantage Provider Directory**

**Date: 9/4/07**

**Summary:** The model MA Provider Directory is intended for use by all MA Organizations, 1876 Cost Plans and Health Plan Demonstrations to explain how to receive care and provide a listing of doctors, specialists, hospitals and pharmacies. While use of the model is optional, organizations are strongly encouraged to use the model language without modification, which will be reviewed within a 10-day period.

**Title: REVISED – Impact of Change of Ownership on Re-Assignment of Low Income Subsidy Eligible Beneficiaries for Contract Year 2008**

**Date: 9/5/07**

**Summary:** CMS is withdrawing the September 4, 2007 HPMS memo entitled “Impact of Change of Ownership on Re-Assignment of Low Income Subsidy Eligible Beneficiaries for Contract Year 2008”.

However note that PDP sponsors that received automatic enrollments in 2007 and that are now pursuing the sale of their PDP line of business to another sponsor that is qualified for LIS beneficiaries in 2008 (including meeting the critical requirements for sponsors receiving auto enrollments) must have the transaction reviewed and approved by CMS according to the change of ownership requirements of Subpart L of the Part D regulation.

Sponsors contemplating the sale of their PDP business must notify CMS on or before September 10, 2007 of their intention to complete such a transaction.

**Title: Re-Determination of Part D Low Income Subsidy (LIS) Eligibility for 2008**

**Date: 9/6/07**

**Summary:** The purpose of this memo is to provide Part D Plan Sponsors with information about: (1) the process used by the CMS and SSA to re-determine Medicare beneficiaries’ low-income subsidy eligibility; (2) the SEP for individuals who lose their low-income subsidy eligibility; (3) CMS’ expectations of Part D plan sponsors for conducting outreach to members who no longer automatically qualify and steps sponsors may take to ease their members’ transition; and (4) a one time file CMS will send to all Part D sponsors identifying individuals who CMS has notified about their loss of LIS.

**Title: Final Submission Window for the 2007 Medicare Prescription Drug Plan Finder Required Pricing Files**

**Date: 9/6/07**

**Summary:** This is a reminder that the FINAL 2007 Medicare Prescription Drug Plan Finder required file submission window is Monday, September 10, 2007 – Tuesday, September 11, 2007.

**Title: Complaints Tracking Module (CTM) Enhancements and User Access Changes**

**Date: 9/7/07**

**Summary:** On September 7, 2007, CMS will implement some important enhancements to the Health Plan Management System (HPMS) Complaints Tracking Module (CTM).

**Title: Contract Year 2009 Plan Benefit Package Alpha Testing**

**Date: 9/7/07**

**Summary:** The attached memo is inviting plans to participate in the PBP 2009 alpha testing process. This process will begin on Monday, September 10 and end on Friday, September 14.

**Title: FINAL Reminder - Invitation to Provide Feedback on the CY 2008 Bid Submission Process in HPMS and the CY 2008 Bid Pricing (Actuarial) Requirements**

**Date: 9/7/07**

**Summary:** CMS invites all Medicare Advantage (MA), demonstration, 1876 cost, PACE, and Prescription Drug Plan (PDP) organizations and certifying actuaries to provide feedback on the Contract Year (CY) 2008 bid submission process in the Health Insurance Plan Management System (HPMS). CMS is also soliciting feedback on the CY 2008 actuarial bid requirements.

**Title: Direct billing when a beneficiary is in premium withholding status**

**Date: 9/7/07**

**Summary:** While this practice has been discouraged by CMS, some plans have directed billed beneficiaries during periods when the beneficiary was in premium withholding status, but the plan did not get paid in full. Plans will receive unpaid withheld amounts as part of the 2006 premium reconciliation. Once the appropriate plan level premium payment reconciliation has taken place the plan will be in an overpayment of premiums condition for that beneficiary. In other words, their member will be entitled to a refund for the direct billed amounts the plan has now been paid via premium withholdings. CMS urges plans to carefully review the refund rule at 42 CFR § 422.270.

**Title: 2008 Marketing Guidance for Regional Preferred Provider Organizations**

**Date: 9/7/07**

**Summary:** This document provides marketing guidance to RPPOs on proper disclosure of provisions for how members can receive services from out of network providers in cases where network providers are not available in the member's service area.

**Title: Plan Preview Dates for 2008 Medicare Options Compare**

**Date: 9/8/07**

**Summary:** This memo details the operational considerations for the upcoming CY 2008 Medicare Options Compare Plan Data preview for MA and Cost Plans. During the preview dates (the first set of preview dates is September 14-18), MA and Cost plans are given the opportunity to review their CY 2008 benefits as they will be displayed on the MOC beginning October 11<sup>th</sup>. The memo explains how Plans can access their benefits on the HPMS and how they can either “concur” or “non-concur” with how they are currently being displayed. CMS stresses the importance of the Plans conducting preview and the need to do it during the first preview window. Additionally the memo describes how Plans can review their estimated Out-of-Pocket Cost data.

**Title: THIRD NOTICE – 2008 Medicare & You Handbook – Plan Data Preview**

**Date: 9/8/07**

**Summary:** The attached memo is a reminder to plans that the handbook preview is coming up soon.