

**Summary of HPMS Releases**  
For the week ending July 27, 2007

**Title: 2008 Part D Marketing Model Material Updates**

**Date: 7/21/07**

**Summary:** We are releasing updates to several Part D marketing model materials for contract year 2008. These materials are final and reflect updates based on industry feedback and clarifications previously issued.

**Title: 2008 Plan Year Pricing Data Requirements – Reference Pricing File**

**Date: 7/23/07**

**Summary:** If your organization submitted a Plan Benefit Package (PBP) for the 2008 plan year which indicates that your contract uses reference pricing, a Reference Pricing file that is consistent with 2008 Data Requirements must be submitted along with your pricing and pharmacy data files. The 2008 test windows that are part of the data submission requirements are to assist your organization to ensure that your data is available with other plans when released publicly in October. These tests also help ensure that your organization is prepared to meet its contractual obligation to provide accurate plan and pricing information to CMS for its use in educating beneficiaries about their Part D plan options this fall.

**Title: Clarification of June 1, 2007 “Mid-Year Formulary Reference File Proxy NDC Changes” Memorandum**

**Date: 7/23/07**

**Summary:** Following issuance of the June 1<sup>st</sup> memorandum, CMS has received a number of requests to clarify the specific national drug codes (NDCs) correlating with the March update proxy deletions for which CMS will establish prescription drug event (PDE) edits to reject PDE submissions with dates of service after May 31, 2007.

**Title: Sunset of the Medicare Advantage Limited Continuous Open Enrollment Period**

**Date: 7/23/07**

**Summary:** This memo announces the end of the Medicare Advantage Limited Continuous Open Enrollment Period as of July 31, 2007.

**Title: Sponsor Activities Performed Outside of the United States (Offshore Subcontracting)**

**Date: 7/23/07**

**Summary:** As promised in the 2008 Call Letter (see pages 36 and 84), CMS is now issuing guidance on Medicare Advantage organization (MAO) and prescription drug plan (PDP) sponsor activities performed outside of the United States. CMS is concerned about these organizations accountability for beneficiary personally identifiable information handled outside of the United States. Given the unique risks associated with the use of contractors operating outside the jurisdiction of the United States, CMS encourages sponsors using offshore subcontractors to take extraordinary measures to ensure that offshore arrangements protect beneficiary privacy.

**Title: 2009 Employer Group Waiver Policy – Permitting Employer/Union Sponsors to Enroll Beneficiaries in Both an “800 Series” MA-Only Coordinated Care Plan and an “800 Series” Standalone PDP**

**Date: 7/23/07**

**Summary:** Beginning with the 2009 contract year, all employer and union group plan sponsors will be allowed to enroll their members in both an “800 series” coordinated care MA-Only plan (i.e., HMO, HMO/POS, local PPO, Regional PPO) and an “800 series” standalone PDP. As a condition of this expanded waiver, CMS will require the separate medical and prescription drug vendors to work closely together with the employer sponsor to provide coordinated care and disease management services between the MA and PD portions of the benefit. CMS is issuing this waiver to afford entities and employer/union sponsors with sufficient advance notice and time to prepare to take advantage of these options for the 2009 contracting cycle.

**Title: Employer Group Waiver Policy – Clarifying the Low-Income Premium Subsidy Pass Through Requirements and Affording Part D Sponsors the Ability to Refund These Amounts**

**Date: 7/23/07**

**Summary:** This notice clarifies the existing policy regarding low-income premium subsidy payments made to employer/union-only group waiver plans. As a condition of receiving the EGWP waiver, CMS requires all sponsors of EGWP plans to ensure that any low-income premium subsidy amount paid to the sponsor on behalf of a LIS-eligible beneficiary is passed through to the beneficiary. In accordance with 42 CFR 423.800, where the Part D sponsor directly bills beneficiaries for their premium contributions, the Part D sponsor is required to reduce up-front the premiums charged LIS beneficiaries to reflect the low-income premium subsidy payments paid to the sponsor by CMS on behalf of these individuals. If, however, the Part D sponsor or employer does not or cannot directly bill an employer group’s beneficiaries, CMS permits the Part D sponsor or the employer to directly refund the amount of the low-income premium subsidy to the LIS-eligible beneficiary.

**Title: Update on the 2006 Premium Withholding Reconciliation (PWR) - including file layouts for new ad-hoc member level report**

**Date: 7/23/07**

**Summary:** On May 4, 2007, CMS issued the memorandum “Status of 2006 Premium Withholding Reconciliation”. In this document we alerted you to CMS’ intentions with respect to reconciling remaining 2006 premium withholding issues.

**Title: Week-at-a-Glance July 21<sup>st</sup> through July 28<sup>th</sup>**

**Date: 7/23/07**

**Summary:** The week-at-a-glance memo describes the cleanups that CMS is preparing to transmit along with Plan-submitted transactions to Plans on the next two weekly TRRs.

**Title: Release of Medicare Health Outcomes Survey 2006 Cohort 9 Baseline Reports and 2004-2006 Cohort 7 Performance Measurement Reports in HPMS**

**Date: 7/23/07**

**Summary:** On an annual basis, plan-specific baseline and two-year performance measurement summary reports are developed for each participating Medicare Advantage Organization (MAO) after the completion of each Medicare Health Outcomes Survey (HOS) fielding. Annual reports are made available to MAOs through the Health Plan Management System (HPMS). The HPMS is also used as the primary vehicle for announcing the availability of HOS reports to MAOs. An electronic HPMS bulletin has been developed to announce the availability of Medicare HOS 2006 Cohort 9 Baseline and 2004-2006 Cohort 7 Performance Measurement Reports. NOTE: This memo was resent on August 1, 2007.

**Title: 60 Day Public Comment Period for 2009 Part D Applications**

**Date: 7/24/07**

**Summary:** In accordance with the Paperwork Reduction Act of 1995, the draft 2009 Part D applications have been posted for a 60 day public comment period. The draft 2009 Part D applications include specific solicitations for PDPs, MA-PDs, Cost Plans, PACE plans, Employer/Union-Only Group Waiver Plans, and those seeking to expand Service Areas. To be assured consideration, comments and recommendations must be received no later than 5 p.m. on September 11, 2007.

**Title: Issuance of Final 2008 Model Annual Notices of Change (ANOC)**

**Date: 7/26/07**

**Summary:** On June 13, 2007, we released for comment a draft of the 2008 combined model Annual Notice of Change (ANOC) and Evidence of Coverage (EOC) for HMOs, PPOs, PFFS plans, MSAs, Medicare cost plans, and Prescription Drug Plans. In that memorandum, we outlined two options for using the model ANOC and EOC – one allowing for use of a combined ANOC/EOC document, and a second allowing for the issuance of stand-alone ANOC and EOC documents.