

Summary of HPMS Releases
For the week ending July 6, 2007

Title: Revision to Draft Updated Explanation of Benefits (EOB)

Date: 7/2/07

Summary: The Centers for Medicare & Medicaid Services (CMS) has become aware that the draft updated explanation of benefits (EOB) recently made available for public comment includes a component that is inconsistent with the National Council for Prescription Drug Programs (NCPDP) proposed Financial Information Reporting (FIR) Transaction Standard with regard to reporting true out-of-pocket (TrOOP) and gross covered drug costs from prior Part D coverage occurring during the same coverage year.

Title: New PFFS Organization Terms and Conditions of Payment Contact and Website Fields in HPMS

Date: 7/2/07

Summary: This memo informs all PFFS organizations that CMS has created new fields in HPMS to allow these organizations to directly provide CMS with their plan terms and conditions of payment provider contact and website information.

Title: Special TRR Communication – Premium Profile Cleanup

Date: 7/3/07

Summary: CMS executed several MARx system cleanups in June 2007 that affect the 2006 and 2007 premium profile for some Medicare beneficiaries. The cleanup reviewed all rows in the beneficiary premium profile table and updated the appropriate fields. This cleanup only updated beneficiary premium profile data. Enrollment data was not impacted. As a result, Plans may see beneficiaries for whom the Low Income Percentage and or Premium Amount is changed but may not see the corresponding change in the Low Income Co-Pay Category. Changes that impact 2006 premium payments for beneficiaries in premium withhold will be addressed during the 2006 Premium Payment Reconciliation. Changes that impact 2007 premium payments for beneficiaries in premium withhold will be handled within current processing schedules.

Title: Plan Directory Contact in HPMS

Date: 7/5/07

Summary: CMS has added a new contact field in HPMS for PDP and Employer Direct PDP sponsors: “Plan Directory Contact for Public Web Site.”

Title: Generic Drug Adjudication for Copayments Fixed by Statute

Date: 7/ 6/07

Summary: The purpose of this memorandum is to clarify the follow-up actions that Part D sponsors must still adjudicate a generic drug at the LIS generic cost-share when a generic drug is either a single source drug or is placed into a tier other than the generic tier on a sponsor’s formulary.

Title: Coordinating with Patient Assistance Programs (PAPs)

Date: 7/6/07

Summary: This memorandum serves both to remind Part D sponsors about CMS requirements for coordinating with patient assistance programs (PAPs) operating outside the Part D benefit, as well as to provide new information about how to better effectuate such coordination.

Title: Medicaid Obligations for Cost-Sharing in Medicare Part C Plans

Date: 7/6/07

Summary: These documents are to be used as reference materials by States, MA plans, and providers to determine appropriate categorization and cost-sharing charges for dual eligible Medicare beneficiaries enrolled in MA plans.

Title: Modified Benefit Attestation for Contract Year 2008

Date: 7/6/07

Summary: This notice informs plans that the benefit attestation language for Contract Year 2008 has been modified.