



CENTER FOR MEDICARE

DATE: May 15, 2013

TO: All Current and Prospective Medicare Advantage, Prescription Drug Plan, Medicare-Medicaid Plan, and Cost Organizations

FROM: Danielle R. Moon, J.D., M.P.A., Director
Medicare Drug & Health Plan Contract Administration Group

Cynthia G. Tudor, Ph.D., Director
Medicare Drug Benefit and C & D Data Group

SUBJECT: Process for Requesting an HPMS Crosswalk Exception for Contract Year (CY) 2014

This memorandum provides guidance regarding the HPMS crosswalk exceptions process available to Medicare Advantage Organizations (MAO), Prescription Drug Plan (PDP) sponsors, and section 1876 cost contractors for CY 2014.

As outlined in the April 1, 2013 “Announcement of Calendar Year (CY) 2014 Medicare Advantage Capitation Rates and Medicare Advantage and Part D Payment Policies and Final Call Letter” and the Medicare Managed Care Manual, organizations are permitted to request the following crosswalk exceptions:

- 1) Non-Network and Partial Network PFFS Plans Transitioning to Partial or Full Network PFFS Plans (Section 160 of Chapter 16a of the Medicare Managed Care Manual)
- 2) MAO with a Renewing D-SNP that also Creates a New Medicaid Subset D-SNP and Transitions Eligible Enrollees into the New Medicaid Subset D-SNP (Section 60.3 of Chapter 16b of the Medicare Managed Care Manual)
- 3) Renewing D-SNP in a Multi-State Service Area with a SAR to Accommodate State Contracting Efforts in Portions of that Service Area (Section 60.3 of Chapter 16b of the Medicare Managed Care Manual)
- 4) D-SNP that Transitions Current Enrollees to a New D-SNP with a Different Designation and Less Restrictive Eligibility Requirements (Section 60.3 of Chapter 16b of the Medicare Managed Care Manual)
- 5) D-SNP that Transitions Some Current Enrollees to a New D-SNP with a Different Designation and More Restrictive Eligibility Requirements Consistent with the New D-SNP’s State Contract (Section 60.3 of Chapter 16b of the Medicare Managed Care Manual)
- 6) Consolidated Plans under a Parent Organization (Scenario 6 in Appendices A-1 and A-2 of the Final Call Letter)

- 7) Non-segmented plan crosswalking to a segmented plan and vice versa (Under Section II of the 2014 Final Call Letter, “Part C Crosswalks: Segmentation”)

Please note that guidance on transitions of enrollees between an organization’s current plans and any Medicare-Medicaid Plan (MMP) it may offer in 2014 will be provided separately.

Organizations will be able to submit crosswalk exception requests through HPMS from **Monday, June 10, 2013 through Friday June 14, 2013 at 5:00 p.m. EDT.** CMS will not accept crosswalk exception requests submitted by any other means than HPMS. CMS anticipates a second round of crosswalk exceptions in July, and additional guidance regarding that round will be provided separately.

To access the crosswalk exception functionality, HPMS users should use the following navigation path: HPMS > Plan Bids > Bid Submission > Contract Year 2014 > Upload > Plan Crosswalk Exceptions.

Users will be presented with a page that looks similar to the standard HPMS plan crosswalk functionality. While organizations will be able to indicate the CY 2013 to CY 2014 crosswalk relationships, they will also have expanded functionality to associate one 2013 plan to one or more 2014 plans and to request plan crosswalks across contracts. Each crosswalk exception request must be tied to one of the permitted crosswalk exceptions as outlined above, in either the Final Call Letter or the Medicare Managed Care Manual. If a renewal or non-renewal scenario is not listed above or outlined in the Final Call Letter, it is not a permissible renewal option.

Note: Organizations must **NOT** submit crosswalks via the exceptions process if the crosswalk was already submitted through the standard plan crosswalk process during bid submission.

After the crosswalk exception request deadline, CMS will review the submitted requests and determine on an individual basis if the request is permissible. Organizations that submit one or more crosswalk exception requests will be notified once the crosswalks have been reviewed and processed in HPMS. Organizations will then be instructed to view the HPMS Plan Crosswalk Report, which is located at: HPMS > Contract Management > Contract Reports > 2014 > Plan Crosswalk Report.

If the requested crosswalk exception is approved, users will receive one of two possible approval types for each exception request.

1. CMS completes the plan crosswalk on behalf of the organization.
 - o Where possible, CMS will effectuate the crosswalk on behalf of an organization. Organizations that receive this type of crosswalk approval will see that their requested crosswalk exception is included in the plan crosswalk report, with the date that the crosswalk was processed by CMS.
2. Permitted to submit MARx enrollment transactions.

- If it is not possible for CMS to effectuate the crosswalk on behalf of an organization, the organization will be permitted to submit MARx enrollment transactions to move the impacted beneficiaries to the appropriate plan. Plans that have received approval to submit MARx enrollment transactions will see a new table at the bottom of the plan crosswalk report, identifying which plans can submit MARx transactions to move their beneficiaries to the appropriate CY 2014 plan.

For questions regarding this memo, please send an e-mail to HPMSCrosswalkexceptions@cms.hhs.gov.

For HPMS technical issues, please contact the HPMS Help Desk at either 1-800-220-2028 or hpms@cms.hhs.gov.