

Summary of HPMS Releases
For the week ending April 11, 2008

Title: Announcement of Calendar Year (CY) 2009 Medicare Advantage Capitation Rates and Medicare Advantage and Part D Payment Policies

Date: 4/7/08

Summary: Announcement of Calendar Year (CY) 2009 Medicare Advantage Capitation Rates and Medicare Advantage and Part D Payment Policies.

Title: Week-at-a-Glance April 6th through April 13th

Date: 4/8/08

Summary: The Week-at-a-Glance memo describes the cleanups that CMS is preparing to transmit along with Plan-submitted transactions to Plans over the next two weeks.

Title: File & Use Certification

Date: 4/9/08

Summary: Marketing guidelines require organizations to submit at least 90 percent of the materials that qualify for File & Use under the File & Use Certification process. Plans may request no more than 10 percent for manual review. A number of plans are submitting more than 10 percent limit for manual review.

Title: Audit Guide Availability

Date: 4/9/08

Summary: Audit guides for Part C, Part D, Cost plans and PACE organizations can be accessed via HPMS under the corresponding audit modules.

Title: Update on 2009 Part D Application Reviews

Date: 4/9/08

Summary: This memo is to notify all 2009 Part D Applicants that CMS has sent email notifications to your organization's CEO and Part D Application contacts regarding the status of your application. If neither contact has received the email notification, it is incumbent that someone from your organization sends an email to marla.rothouse@cms.hhs.gov to have the notification resent as the window to make corrections in HPMS will open at 9 a.m. EDT on April 15, 2008 and close at 8 p.m. EDT on April 16, 2008.

Title: Security Violations - INFORMATION

Date: 4/10/08

Summary: Reminds plans of what their obligations are regarding access to the CMS systems and the security of data for their members.

Title: Payment Reconciliation System (PRS) Part D Payment Reconciliation Reports Updates

Date: 4/10/08

Summary: This memo provides guidance explaining updates to the PRS Inputs Report to Plans and the PRS Reconciliation Results Report to Plans in order to include fields for reporting in a re-opened reconciliation and to account for Prescription Drug Event (PDE) and Part D payment reconciliation operational changes.

Title: 2007 Risk Adjustment Attestation

Date: 4/10/08

Summary: CMS requires Medicare Advantage Organizations to submit a risk adjustment attestation annually.

Title: 2009 Employer Group Waiver – Modification of the 2008 Service Area Extension Waiver Granted to Certain MA Local Coordinated Care Plans

Date: 4/10/08

Summary: CMS is issuing a modification of the 2008 employer group waiver policy, dated November 13, 2006 (“Elimination of the ‘Nexus Test’ for PDPs, Non-Network PFFS and MSA MA plans and Service Area Extension for Certain MA Local Coordinated Care Plans”). Beginning with the 2009 contract year, an MAO offering local coordinated care plans (i.e., HMOs and local PPOs) will be afforded limited flexibility, as outlined in the waiver, in a portion of an expanded “800 series” local coordinated care plan service area outside a State where it is unable to secure contracts with an adequate number of network providers to satisfy CMS’ MA coordinated care network adequacy requirements that otherwise would apply. Please note that CMS is not waiving or modifying any Part D network adequacy requirements. As a condition of providing this waiver, the MAO must meet each of the requirements outlined in the waiver, including that the MAO must be able to meet CMS’ MA coordinated care network adequacy requirements for at least the majority of a particular employer or union group’s beneficiaries enrolled in the “800 series” local coordinated care plan.

Title: Supplemental Drug File Submission, Drugs Subject to Limited Distribution and Prior Authorization for Excluded Drugs

Date: 4/11/08

Summary: This memo addresses a number of technical issues related to both the CY2008 and CY2009 formulary and supplemental drug file submissions.

Title: Quality Assurance Checks for Data Submitted for Posting on the Medicare Prescription Drug Plan Finder Tool

Date: 4/11/08

Summary: CMS conducts targeted prescription drug plan quality assurance (QA) and pricing analyses on data that are submitted for display on the Medicare Prescription Drug Plan Finder (MPDPF). The submission of accurate data are critically important to ensure that Medicare beneficiaries obtain correct and complete information from Part D Sponsors in order to make the most informed choices. The majority of Part D Sponsors perform QA checks on data submitted for display on MDDPF. To ensure that the information posted on the medicare.gov website continues to be accurate and consistent; CMS expects that additional quality assurance checks be performed. To assist Part D Sponsors, CMS is providing a detailed list of the QA checks that are performed on data submitted for posting on the MPDPF. There may be additions or changes to this QA check list as issues are brought to CMS' attention.

Title: Update on the 2008 Model Explanation of Benefits

Date: 4/11/08

Summary: In this memorandum, we are clarifying a number of issues sponsors have raised regarding the new EOB implementation timeline, the enrollee cover letter, and the EOB model since the release of our February 1, 2008 memorandum. Attached is a revised EOB model for sponsors' use that addresses some of the major concerns or issues that have been identified as sponsors have begun their programming for mid-2008 implementation of the new EOB format. The bulk of these changes are either: (1) clarifications of the original plan instructions; or (2) additions of optional language. Also attached is an example of how to populate an EOB for a beneficiary currently in catastrophic coverage.

Title: Release of the 2009 Plan Benefit Package and Bid Pricing Tool Software

Date: 4/11/08

Summary: CMS is pleased to announce the release of the Contract Year (CY) 2009 Plan Benefit Package (PBP) and Bid Pricing Tool (BPT) software and plan creation functionality in the Health Plan Management System (HPMS).

Title: Updated Guidance on Creditable Coverage Period Determinations and the Late Enrollment Penalty

Date: 4/11/08

Summary: The purpose of this communication is to update our guidance on creditable coverage determinations and related late enrollment penalty issues. This memo clarifies our policy in a number of areas based on our experience implementing this guidance, and in response to questions received through our central mailbox since the guidance was issued.