



## **PLAN OVERSIGHT & ACCOUNTABILITY GROUP**

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**DATE:** May 16, 2008

**TO:** All Current and Prospective Medicare Advantage (MA), Prescription Drug Plan (PDP), PACE, 1876 Cost Plan Sponsors and Demonstration Organizations

**FROM:** Cynthia E. Moreno, Director

**SUBJECT:** Release of CY 2009 Bid Upload Functionality in HPMS

The Health Plan Management System (HPMS) Contract Year (CY) 2009 Bid Upload functionality is now available in the Bid Submission module. Organizations should now begin completing the upload requirements that accompany the physical upload of the bid submission. To access the CY 2009 Bid Upload functionality, plan users should use the following navigation path in HPMS: HPMS Homepage > Plan Bids > Bid Submission > Contract Year 2009 > Upload. As has occurred in past years, if any of the required upload components are not completed by the June 2, 2008 bid submission deadline, the bid submission will not be sent forward to the desk review process.

The following is a complete listing of the 2009 upload requirements:

- Service Area Verification
- Plan Crosswalk
- Formulary Crosswalk
- Substantiation
- Two-Year Lookback Spreadsheet
- Bid Submission

Following the submission of your Bid, organizations are also required to submit the following:

- Actuarial Certification
- Attestation of Pricing Approach
- Supplemental Formulary uploads

The sections below describe each upload requirement in greater detail. Please pay special attention to which organizations/plans are bound by each upload requirement because some requirements are not required for every organization/plan.

## **SERVICE AREA VERIFICATION**

The Service Area Verification (SAV) functionality was released on May 9, 2008, and this is to alert ALL organizations to review their entire service area and applicable attributes (e.g. employer-only/pending/partial counties or regions) and provide concurrence or non-concurrence. Organizations that non-concur must provide an explanation as to what is incorrect with their contract service area, such as a county or region that is not listed or one that is erroneously listed. For counties that are erroneously listed or that you plan to withdraw from your service area, you should NOT assign these counties to any of your plans. If an organization non-concurs with any portion of the contract service area, each noted discrepancy must be resolved with CMS as soon as possible. Service area issues may result in serious delays of the CMS bid desk review process. Once resolution is met with CMS, you must re-verify the contract service area and concur in HPMS as quickly as possible.

The SAV module lists the counties/regions assigned to a contract, whether it is an employer-only county/region, if it is a pending county/region, if it is a partial county, the number of individual plans that contain that county/region, and the number of employer plans that contain that county/region. If the Partial County displays a “Yes,” you can select the “Yes” link to see the list of zip codes for that partial county. By selecting the “Number of Individual Plans or Number of Employer Plans” link, you can see the plan ID(s) that contain that county/region.

If an organization identifies issues with its contract service area, including the presence of a county or region that should not be a part of its contract service area, please contact the appropriate person(s) as noted below:

### MAO Service Area Issues:

- Leticia Ramsey at [Leticia.Ramsey@cms.hhs.gov](mailto:Leticia.Ramsey@cms.hhs.gov) or 410-786-5262
- Ann Moses at [Ann.Moses@cms.hhs.gov](mailto:Ann.Moses@cms.hhs.gov) or 410-786-1167

### PDP Service Area Issues:

- Marla Rothouse at [Marla.Rothouse@cms.hhs.gov](mailto:Marla.Rothouse@cms.hhs.gov) or 410-786-8063

### Employer Group Service Area Issues:

- Usree Bandyopadhyay at [Usree.Bandyopadhyay@cms.hhs.gov](mailto:Usree.Bandyopadhyay@cms.hhs.gov) or 410-786-6650

## **PLAN CROSSWALK**

ALL RETURNING ORGANIZATIONS (i.e., organizations that existed in CY 2008) must complete a plan crosswalk. Organizations will use this crosswalk to identify the relationships between their CY 2008 plans and CY 2009 plans. Please note that you will be required to complete the crosswalk for all Contract Numbers for which you own plans. CMS uses the plan crosswalk to identify whether plan enrollees need to be moved to another plan for the upcoming contract year due to a plan reconfiguration and to identify the beneficiary notification requirements.

Once all of the bids under a contract are approved, the Plan Crosswalk cannot be changed. The last version of the plan crosswalk present in HPMS at the time of the bid approval will become the official crosswalk. If any validation edits fail, you will need to correct the crosswalk or select a different type of plan relationship.

For information regarding system enrollment activities, enrollment procedures, and beneficiary notification, refer to the CY 2009 Call Letter available at:

<http://www.cms.hhs.gov/PrescriptionDrugCovContra/Downloads/CallLetter.pdf>

### **FORMULARY CROSSWALK**

The Formulary Crosswalk is required for ALL CONTRACTS THAT SUBMITTED A FORMULARY to HPMS. In order for this requirement to be considered complete, all Part D plans under the contract that submitted the formulary must be assigned a Formulary ID AND all Formularies submitted for an organization must be assigned to at least one plan. One Formulary ID may be mapped to one or more plans. Once the Part D National Average is released in August, the Formulary Crosswalk for that plan cannot be changed.

After reviewing the Formulary Crosswalk Requirements associated with your CY 2009 plans, you are ready to complete the Formulary Crosswalk.

### **SUBSTANTIATION**

For CY 2009, the BPT substantiation categories have been consolidated. Please refer to Appendix B of the MA BPT Instructions, Part D BPT Instructions and/or MSA BPT Instructions for details on which pieces of Substantiation the Office of the Actuary (OACT) is expecting to receive as part of your Bid Submission. These documents are available in HPMS at Plan Bids > Bid Submission > CY 2009 > Documentation. After a plan/segment bid has been approved, HPMS will not accept any substantiation for that plan/segment.

After reviewing the Pre-Upload Substantiation Requirements associated with your CY 2009 plans, you are ready to begin uploading your substantiation(s).

### **2-YEAR LOOKBACK SPREADSHEET**

The Two-Year Lookback spreadsheet is an upload requirement for CERTAIN MA RENEWAL CONTRACTS. Organizations should confirm if the Two-Year Lookback spreadsheet upload is required for their organization by reviewing the Upload 2-Year Lookback status screen in the HPMS at Plan Bids > Bid Submission > Contract Year 2009 > Upload > 2-Year Lookback. If the contract number/name is listed in the grid, then a Two-Year Lookback spreadsheet is required.

This upload is at the Contract level and is separate from the Bid Submission. However, this upload needs to be completed before the Bids for this contract are sent forward for CMS review/approval.

Once all plans under the contract have been approved, a 2-Year Lookback spreadsheet for that contract can no longer be uploaded. After reviewing the 2-Year Lookback Spreadsheet Requirements associated with your CY 2009 plans, you are ready to begin uploading your 2-Year Lookback spreadsheet(s).

### **BID SUBMISSION**

The Bid Submission step is an upload requirement for ALL organizations/plans. Organizations are required to upload the completed Bid Submission, which is comprised of the applicable BPT(s) and PBP for each plan being submitted. Organizations should ensure that all patches have been applied to the BPT and PBP prior to upload.

Throughout the bid submission process, organizations should review the status of the various components of the Bid Submission Upload to ensure completion. This status can be viewed in HPMS at Plan Bids > Bid Submission > Contract Year 2009 > Upload > Review Upload Status.

After Bid Submission, you may be required to submit additional information to CMS. Please pay special attention to see if you are required to submit this additional material.

### **ACTUARIAL CERTIFICATION**

An Actuarial Certification is required for each SUBMITTED MA BPT, PART D BPT, AND MSA BPT. Certifying actuaries must now complete a certification in HPMS after the Bids have been submitted. If the Actuarial Certification is not completed in HPMS, then the Bid will not be sent forward for CMS review/approval.

Please refer to Appendix A of the MA BPT Instructions, Part D BPT Instructions and/or MSA BPT Instructions for further requirements concerning the Actuarial Certifications. These documents are available in HPMS at Plan Bids > Bid Submission > CY 2009 > Documentation. You should also refer to the HPMS memo "CY 2009 Actuarial Certification Process" from February 14, 2008.

### **ATTESTATION OF PRICING APPROACH**

The Attestation of Pricing Approach is a requirement for CONTRACTS OFFERING PART D for individual and employer/ union-only group waiver plans (EGWPs). Part D sponsors that offer Part D EGWPs are required to submit a different attestation of pricing approach for EGWPs for both contract years 2008 and 2009. The Attestation of Pricing Approach must be completed in HPMS after the bids have been submitted. If the Attestation of Pricing Approach is not completed in HPMS, then the Bid will not be sent forward for CMS review/approval.

For each CY 2009 Part D plan, organizations will indicate whether you contracted with a PBM and if so, what type of pricing approach was selected (i.e., pass-through or lock-in). Definitions for these terms are available in HPMS at HPMS Homepage > Plan Bids > Bid Submission > Contract Year 2009 > Upload > Attestation of Pricing Approach.

The Attestation of Pricing Approach will be made available to plans on June 9, 2008. All contracts offering Part D must complete the Attestation of Pricing Approach no later than August 1, 2008.

#### **SUPPLEMENTAL FORMULARY FILES**

For those organizations who indicated in the PBP that they are covering Partial Gap Coverage, Free First Fill, Home Infusions Drugs bundled under Medicare Part C, Over the Counter (OTC) Medications, and/or Excluded drugs, supplemental formulary files must be submitted to HPMS following the submission of your bid. If the Supplemental Formulary File submission is not completed in HPMS, then the Bid will not be sent forward for CMS review/approval. All supplemental files should be submitted by **11:59 PM PDT on June 9, 2008**. Please note that the supplemental formulary file upload functionality will not be available until your Bid submission is uploaded and unloaded to Desk Review. For further information on these submissions and the file record layouts, please reference the CY 2009 Formulary Technical Manual.

If you require technical assistance with the Bid Upload functionality, please contact the HPMS Help Desk at either 1-800-220-2028 or [hpms@cms.hhs.gov](mailto:hpms@cms.hhs.gov). Thank you.