



**OFFICE OF EXTERNAL AFFAIRS**

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**DATE:** August 15, 2008

**TO:** All Medicare Advantage, Cost, Demonstration, and Medicare Prescription Drug Plan Organizations

**FROM:** Robin R. King  
Director, Office of External Affairs

**SUBJECT:** 2009 “Medicare & You” Handbook – Plan Data Preview

As in past years, CMS is offering your organization an opportunity to preview how your plan data will appear in the upcoming “Medicare & You” handbook. This year, the preview period will be **Monday, September 8 through Wednesday, September 10**. Specific times will be provided in future notices. Please review your data as early as possible during the preview period to ensure these updates are reflected in a timely manner in the various materials and tools available to Medicare beneficiaries.

It is critical that you preview your data for accuracy. This data will appear in the following places:

- The “Medicare & You” handbook
- Numerous letters and notices mailed to LIS eligible beneficiaries
- A variety of other materials and resources

You should carefully check all of the following:

- Organization marketing name
- Plan names
- Plan geographic or segment geographic names
- Customer service phone numbers

Incorrect data is confusing to beneficiaries and time consuming for customer service representatives.

Here is an advance look at this year’s handbook data to ensure this preview period is conducted efficiently. **Please review the following information carefully** in preparation for your preview.

For each “cluster” handbook, there will be four sections of plan data. All organizations and plans are listed alphabetically.

- Medicare Prescription Drug Plans

- Medicare Health Plans
- Medicare Special Needs Plans
- Medicare Savings Accounts

### **Medicare Prescription Drug Plans**

In the “Medicare Prescription Drug Plans” section, you will see the following information about your organizations/plans:

- Organization Marketing Name (as you describe it in HPMS)
- Plan Name (as you describe it in HPMS)
- Prospective Member Customer Service Phone Number – Part D (as you enter it in HPMS)
- One CAHPS measure rating, if available, presented as 1-5 stars
- Monthly Premium (highlighted blue if the plan is an auto-assign plan or in black if the plan is not an auto-assign plan )
- Annual Part D Deductible (as you defined it in the PBP)
  - Will also display either “all drugs” or “brand only drugs”
- Amount You Pay for Each Prescription (this cost-sharing range includes copays/coinsurances for a one month supply of all types and locations of drugs ONLY during the Pre-ICL period)
- Is there Coverage in the Gap (as you defined it in the PBP). The language will read either:
  - “All formulary drugs” - all drugs on the formulary are covered through the gap
  - “Many Drugs – Call plan for details” – 65% - less than 100% of all formulary drugs are covered through the gap
  - “Some Drugs – Call plan for details” - 10% - 64.9 % of all formulary drugs are covered through the gap
  - “Few Drugs – Call plan for details” - Less than 10% of all formulary drugs are covered through the gap
  - “None” – no gap coverage is offered.

### **Medicare Health Plans**

In the “Medicare Health Plans” section, you will see the same information about your organizations/plans as described above, with the following differences:

- Plan Type (as defined in HPMS)
- Plan Service Area (as you describe it in the plan geographic name field in HPMS). **Please add spaces between geographic names and abbreviations to ensure proper formatting. Without these spaces, words may be cut in half when the text wraps around to the next line.**
- Prospective Member Customer Service Phone Number (as you enter it in HPMS)
- Monthly Premium (a combination of your Part C & D premiums)
- Out of Pocket Limit (Yes/No)
- Primary Care Visit (a range of copay/coinsurance amounts, one for in-network and one for out-of-network, or one combined with no distinction)
- Specialist Visit (a range of copay/coinsurance amounts, one for in-network and one for out-of-network, or one combined with no distinction)
- Routine Physical (a range of copay/coinsurance amounts, or No)
- Part B Chemo/Other Drugs (a range of copay/coinsurance amounts)

- Ambulance Services (a range of copay/coinsurance amounts)
- Home Health Care (a range of copay/coinsurance amounts)
- DME Item (a range of copay/coinsurance amounts)

### **Medicare Special Needs Plans**

In the “Medicare Special Needs Plans” section, you will see the following information about your special needs plans offered by your organization:

- Organization Marketing Name (as you describe it in HPMS)
- Plan Name (as you describe it in HPMS)
- Prospective Member Customer Service Phone Number (as you enter it in HPMS)
- Plan Service Area (as you describe it in the plan geographic name field in HPMS). **Please add spaces between geographic names and abbreviations to ensure proper formatting. Without these spaces, words may be cut in half when the text wraps around to the next line.**
- One CAHPS measure rating, if available, presented as 1-5 stars
- Special Rules for Enrolling (as defined by your plan SNP type). The language will read either:
  - “Must have Medicare and Medicaid” (if Dual Eligible SNP)
  - “Must live in an institution (like a nursing home) or require nursing care at home. Call plan for details.” (if Institutional SNP)
  - “Must have certain chronic or disabling conditions” (if Chronic or Disabling Condition SNP)

### **Medicare Medical Savings Account Plans**

In the “Medicare Medical Savings Account Plans” section, you will see the following information about your organizations/plans:

- Organization Marketing Name (as you describe it in HPMS)
- Plan Name (as you describe it in HPMS)
- Prospective Member Customer Service Phone Number (as you enter it in HPMS)
- Plan Service Area (as you describe it in the plan geographic name field in HPMS). **Please add spaces between geographic names and abbreviations to ensure proper formatting. Without these spaces, words may be cut in half when the text wraps around to the next line.**
- One CAHPS measure rating, if available, presented as 1-5 stars
- Annual Deductible (as you defined it in the PBP)
- Annual Deposit (as you defined it in the PBP)
- Cost-Sharing After Deductible (For “regular” MSA plans, this will always be \$0. For MSA demo plans, this cost-sharing range includes all copays/coinsurances)
- Out-of-Pocket Maximum (For “non-network” MSAs, as you defined it in the PBP. For “network” MSAs, it will read “Call Plan for Details”)

During the preview period, to visit the Handbook Preview site, please use the following navigation path: Plan Bids > Bene Education Data Previews > Handbook Preview > CY2009. You must provide “Concurrence” with the data as presented or choose “Non-Concur” and provide comments.

Please use the following navigation path to update your **Organization Marketing Name**: Contract Management > Basic Contract Management > Select Contract Number > Org. Marketing Data (under the General Information header).

Please use the following navigation path to update your **Plan Names and Plan/Segment Geographic Names**: Plan Bids > Bid Submission > CY2009 > Manage Plans > Edit Marketing Data.

Please use the following navigation path to update your **Plans' Customer Service Phone Numbers**: Plan Bids > Bid Submission > CY2009 > Manage Plans > Edit Contact Data.

Again, please review your data as early as possible during the preview period. Making changes early in the process will help ensure these updates are reflected in a timely manner in the various materials and tools available to Medicare beneficiaries. Please note, any updates you make in HPMS after the plan preview has begun will **NOT** be reflected in the HPMS Handbook Preview screens. These updates will be reflected in the "Medicare & You" handbook.

If you require technical assistance, please contact the HPMS Help Desk at either 1-800-220-2028 or [hpms@cms.hhs.gov](mailto:hpms@cms.hhs.gov). You may also contact Sara Walters at [sara.walters@cms.hhs.gov](mailto:sara.walters@cms.hhs.gov) or Ana Nunez-Poole at [ana.nunez-poole@cms.hhs.gov](mailto:ana.nunez-poole@cms.hhs.gov).

Thank you for your participation.