



CENTER FOR DRUG AND HEALTH PLAN CHOICE

DATE: May 15, 2009

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

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

SUBJECT: Release of CY 2010 Bid Upload Functionality in HPMS

CMS is pleased to announce that the Contract Year (CY) 2010 Bid Upload functionality is available in the Bid Submission module. At this time, organizations should begin completing the upload requirements that accompany the physical upload of the bid submission. To access the CY 2010 Bid Upload functionality, plan users should use the following navigation path in HPMS: HPMS Homepage > Plan Bids > Bid Submission > Contract Year 2010 > Upload. As has occurred in past years, if any of the required upload components are not completed by the June 1, 2009 bid submission deadline, the bid submission will not be sent forward to the desk review process.

The following is a complete listing of the 2010 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
- 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 1, 2009, 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 (Individual and Employer Service Areas):

Marilyn Hunter at Marilyn.Hunter@cms.hhs.gov or 410-786-9029
Sheri Smith at Sheri.Smith@cms.hhs.gov or 410-786-1111

PDP Service Area Issues (Individual and Employer Service Areas):

Marla Rothouse at Marla.Rothouse@cms.hhs.gov or 410-786-8063

Special Needs Plan (SNP) Service Area Issues:

Marvin Glass at Marvin.Glass@cms.hhs.gov or 410-786-6845

PLAN CROSSWALK

ALL RETURNING ORGANIZATIONS (i.e., organizations that existed in CY 2009) must complete a plan crosswalk. Organizations will use this crosswalk to identify the relationships between their CY 2009 plans and CY 2010 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 a contract is approved, the plan crosswalk cannot be changed. The last version of the plan crosswalk present in HPMS 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.

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 actuarial certifications are submitted in HPMS in June, the formulary crosswalk cannot be changed.

After reviewing the formulary crosswalk requirements associated with your CY 2010 plans, you are ready to complete the formulary crosswalk.

SUBSTANTIATION

Please refer to Appendix B of the MA and MSA BPT Instructions and/or Part D 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 2010 > 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 2010 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 2010 > 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 can be sent forward for CMS review/approval.

Once a contract has 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 2010 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 (if applicable) 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 2010 > 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 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 and MSA BPT Instructions and/or Part D BPT Instructions for further requirements concerning the actuarial certifications. These documents are available in HPMS at Plan Bids > Bid Submission > CY 2010 > Documentation. You should also refer to the HPMS memo “Contract Year 2010 actuarial certification process.” from March 9, 2009.

SUPPLEMENTAL FORMULARY FILES

On June 8, 2009, the formulary supplemental submissions functionality will be released to support the submission of gap coverage, free first fill, home infusion drug, over-the-counter, and excluded drug supplemental files. Organizations must submit this supplemental information for each plan offering this coverage. If the supplemental formulary file submission is not completed in HPMS, then the bid will not be sent forward for CMS review/approval. 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 2010 Formulary Technical Manual.

If you require technical assistance with the bid submission functionality, please contact the HPMS Help Desk at either 1-800-220-2028 or hpms@cms.hhs.gov. Thank you.