DEPARTMENT OF HEALTH & HUMAN SERVICES
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CMS/
CENTERS for MEDICARE & MEDICAID SERVICES

PLAN OVERSIGHT & ACCOUNTABILITY GROUP

DATE: May 19, 2006

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

FROM: Cynthia E. Moreno
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SUBJECT: CY 2007 Bid Upload Requirements

The Health Plan Management System (HPMS) Contract Year (CY) 2007 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. As has occurred in past years, if any of the required upload components are
not completed by the June 5, 2006 bid submission deadline, the bid submission will not be
sent forward to the desk review process.

The following is a complete listing of the 2007 upload requirements:
   - Service Area Verification (new for CY 2007)
   - Plan Crosswalk
   - Formulary Crosswalk
   - Actuarial Certification
   - Two-Year Lookback Spreadsheet
   - Bid Submission

Note: Some steps may not be required for every organization/plan.

The sections below describe each upload requirement in greater detail. Please pay special
attention to which organizations/plans are bound by each upload requirement.

Service Area Verification

The Service Area Verification step is an upload requirement for <u>all</u> organizations/plans that
must be complete by COB Tuesday, May 30, 2006. This will allow CMS to correct the
service are as needed prior to the Bid submission deadline.

The Service Area Verification function requires organizations to review their entire
contract service area and applicable attributes (e.g. employer-only/pending/partial counties
or regions) and provide concurrence or non-concurrence. As long as organizations concur

OR non-concur, the service area verification requirement will be considered complete for the purposes of the upload process. However, organizations that non-concur must provide an explanation as to what is incorrect in HPMS and then resolve the differences with CMS in a prompt and timely fashion. Once resolution is met with CMS, organizations must re-verify the service area and ultimately concur.

For organizations with pending CY 2007 applications, the Service Area Verification step is not to be used to add additional counties that were not part of the application provided on March 20, 2006. Furthermore, if no application was provided in March 20, 2006, then no counties may be added during the verification process. In early June, CMS intends to issue conditional approval letters and/or intent to deny letters to pending CY 2007 applicants based on CMS review. These letters will not reflect any changes made during the service area verification process because of the timing of the verification. To the extent the application review results are affected by changes made during the verification process, then the CMS finding of conditional approval or intent to deny could change.

Plan Crosswalk

The Plan Crosswalk step is an upload requirement for <u>Renewal Contracts</u> (i.e. contracts that existed in CY 2006).

The Plan Crosswalk function requires organizations to identify the relationships between their approved CY 2006 plans and proposed CY 2007 plans. CMS uses the plan crosswalk to identify whether plan rollovers are required for the upcoming contract year due to a plan reconfiguration as well as to identify beneficiary notification requirements.

Formulary Crosswalk

The Formulary Crosswalk step is an upload requirement for <u>all contracts that submitted a formulary</u> to HPMS.

The Formulary Crosswalk function requires organizations to map each Part D plan to a formulary. One formulary may be mapped to one or more plans. In order for this requirement to be considered complete, all plans offering Part D under the contract number that submitted the formulary must be associated with a formulary ID AND all formularies submitted by an organization must be assigned to a plan.

Actuarial Certification

The Actuarial Certification step is an upload requirement for <u>all contracts submitting an MA BPT, Part D (Rx) BPT, or MSA BPT</u> to HPMS.

Organizations are required to upload an initial Actuarial Certification to certify the BPT submission. For 2007, the Actuarial Certification upload functionality is now part of the Substantiation upload. One Actuarial Certification may be submitted for one or more contracts/plan/segments. Additionally, one Actuarial Certification may be submitted for

the MA BPT and Part D (Rx) BPT for Medicare Advantage organizations offering Part D. Filenames should be in the following format: filename_date.ext. The Actuarial Certification upload file may include the following formats: ZIP, TXT, DOC, XLS, JPG, GIF, and PDF.

Two-Year Lookback Spreadsheet

The Two-Year Lookback spreadsheet is an upload requirement for <u>certain MA Renewal Contracts</u>. Organizations will be able to determine whether the Two-Year Lookback spreadsheet upload is required for their organization by reviewing the Upload 2-Year Lookback status screen in the HPMS by going to Plan Bids > Bid Submission > Contract Year 2007 > Upload > 2-Year Lookback. If the contract number/name is listed in the grid, then a Two-Year Lookback spreadsheet is required.

Organizations are required to upload the completed Two-Year Lookback spreadsheet. This upload is at the contract level and is separate from the bid submission.

Bid Submission

The Bid Submission step is an upload requirement for <u>all</u> 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 can be viewed by going to HPMS and selecting Plan Bids > Bid Submission > Contract Year 2007 > Upload > Review Upload Status.

For questions about this process, please contact the HPMS Help Desk at either 1-800-220-2028 or HPMS@cms.hhs.gov or Kristin Finch at either 410-786-2873 or Kristin.Finch@cms.hhs.gov. Thank you.