



CENTER FOR DRUG and HEALTH PLAN CHOICE

DATE: December 1, 2009

TO: All Medicare Advantage Organizations and Prescription Drug Sponsors, except PACE organizations, Employer-Direct/Employer-Only Contracts

FROM: Cynthia Tudor, Ph.D., Director, Medicare Drug Benefit and C & D Data Group
Danielle R. Moon, J.D., M.P.A., Acting Director, Medicare Drug & Health Plan Contract Administration Group

SUBJECT: CY 2010 Medicare Advantage and Prescription Drug Readiness Assessment Request

Background

On September 15, 2009 CMS released the CY 2010 Medicare Advantage and Prescription Drug Readiness Checklist. The annual readiness checklist reminds Part C and Part D organizations of established requirements critical to ensuring a plan's enrollees receive effective medical and/or drug coverage in 2010. We asked that Part C and Part D organizations review the checklist and take all necessary measures to ensure that these key requirements are in place for the 2010 annual enrollment period and to ensure a smooth transition to the 2010 contract year.

Last year, Part C and Part D organizations completed separate readiness assessments. This year, we are releasing one readiness assessment and asking each Part C and Part D compliance officer to complete a single readiness assessment, representing the results of the readiness activities for all contracts within his/her purview (excluding PACE and employer-direct/employer-only contracts). Per the instructions below, please access the electronic version of the CY 2010 Medicare Advantage and Prescription Drug Readiness Assessment to report the current status of your preparations for 2010 by close of business December 11, 2009.

Please note that this assessment contains three updates to the September 15th checklist: (1) You will be required to complete and submit a new attestation (see page 21 of the assessment) regarding the truthfulness/accuracy of the responses, (2) There are some additional questions concerning the Annual Notice of Change (ANOC) issuance process, and (3) The LIS match process description was updated per the November 23, 2009 HPMS memo. For your convenience, a hard copy of the readiness assessment is attached to this memo; however, with the exception of the attestation, we will only accept electronic submissions via the URL listed below. Note: The September 15th readiness checklist includes the resource documents and references for the key requirements.

Readiness Assessment Purpose

CMS will use the responses provided in the readiness assessment to monitor the operations of the Part C and Part D programs in general and to evaluate your organization's compliance with Medicare Part C and Part D program requirements in particular. CMS reminds sponsors that they, not their subcontractors or other related entities, bear the sole responsibility for the accuracy of their readiness assessment responses. Therefore, CMS advises individuals authorized by their organizations to complete this assessment to take all steps reasonably necessary to confirm the accuracy of the information upon which your responses are based prior to submitting the assessment to CMS.

For example, in Section E. when responding to the detailed marketing questions about the timeliness and accuracy of ANOC/EOC materials, we would expect the respondent to have proactively verified mailing dates with your print vendors, ensured the completeness of your mail files with your IT department, and to have conducted pre- and post-mailing quality reviews of the accuracy of the materials, at a minimum. It would be insufficient to reply that your materials were accurate and on-time simply because you have not received complaints or otherwise been made aware of a problem.

Additionally, in the specific case of ANOC/EOC material distribution, CMS will be collecting more detailed information about mailing dates and inaccuracies in January 2010. We expect to collect this information at the plan benefit package (PBP) level and will provide detailed instructions and templates for reporting this information during the coming month.

In the event that you later learn one or more of your original responses was not, in fact, correct, you must immediately contact your Account Manager to update your readiness assessment responses and explain the reason for changing your response.

Accessing the Online Assessment

Simultaneously with the release of this memo, CMS is sending an email from DrugBenefitImpl@cms.hhs.gov to each compliance officer with the link to the CY 2010 Medicare Advantage and Prescription Drug Readiness Assessment. Please click on the link in that email to complete and submit the tool electronically to CMS.

We are aware that some organizations will not receive the email due to firewall constraints. If your organization's compliance officer did not receive the email notification, or if it is more convenient for you, click or paste the following link into your web browser to access the assessment:

<https://vovici.com/wsb.dll/s/11dc4g41a82>

Please note that the compliance officer's Unique ID for accessing the assessment is his/her email address as it appears in HPMS, and is case sensitive. For security reasons, the compliance officer must also re-enter his/her email address (as it appears in HPMS) in the password field, also case sensitive.

Additional Instructions

To improve response efficiency, this year compliance officers with more than one contract under their purview are to respond to each question in terms of all contracts' readiness status. If any contract is "not ready" for any element, the compliance officer must respond "No" and provide

the expected readiness date as applicable. Compliance officers responsible for contracts with both individual and employer-group products should answer in the context of their readiness for their individual market product line(s).

CMS strongly recommends that compliance officers print their responses prior to moving to the next page. Once you submit your responses on the last page, you will not have the opportunity to return to correct, update, or print your original responses. However, if you reenter and resubmit your complete set of responses, CMS will use the latest submission up until the deadline as your official version.

Deadline

Using the online tool as described above, please submit the CY 2010 Medicare Advantage and Prescription Drug Readiness Assessment by close of business on **December 11, 2009**. Also by this deadline you must ensure that an authorized representative has signed and returned the attestation on page 19 of the attached document. Return the signed attestation by December 11, 2009 via fax (410-786-6303) or email after scanning to Linda.Anders@cms.hhs.gov.

Thank you in advance for taking the time to complete the assessment. CMS is very pleased to continue working with the industry to provide medical and prescription drug coverage to Medicare beneficiaries. We appreciate your cooperative spirit and remain committed to working with Part C and Part D organizations to ensure that beneficiaries have continued access during the upcoming year.

CMS Contact

If you have any questions about the readiness assessment, please contact Linda Anders at Linda.Anders@cms.hhs.gov or your Account Manager.

Thank you.

CY 2010 Medicare Advantage and Prescription Drug Readiness Assessment

NOTE: For your convenience, a hard copy of the readiness assessment is below; however, with the exception of the attestation (see page 19), we will only accept electronic submissions (<https://vovici.com/wsb.dll/s/11dc4g41a82>) as described in the attached memo.

Please submit the CY 2010 Medicare Advantage and Prescription Drug Readiness Assessment AND the attestation by December 11, 2009.

CMS will use the responses provided in the readiness assessment to monitor the operations of the Part C and Part D programs in general and to evaluate your organization's compliance with Medicare Part C and Part D programs' requirements in particular. CMS reminds sponsors that they, not their subcontractors or other related entities, bear the sole responsibility for the accuracy of their readiness assessment responses. Therefore, CMS advises individuals authorized by their organizations to complete this assessment to take all steps reasonably necessary to confirm the accuracy of the information upon which your responses are based prior to submitting the assessment to CMS.

For example, in Section E. when responding to the detailed marketing questions about the timeliness and accuracy of ANOC/EOC materials, we would expect the respondent to have proactively verified mailing dates with your print vendors, ensured the completeness of your mail files with your IT department, and to have conducted pre- and post-mailing quality reviews of the accuracy of the materials, at a minimum. It would be insufficient to reply that your materials were accurate and on-time simply because you have not received complaints or otherwise been made aware of a problem.

Additionally, in the specific case of ANOC/EOC material distribution, CMS will be collecting more detailed information about mailing dates and inaccuracies in January 2010. We expect to collect this information at the plan benefit package (PBP) level and will provide detailed instructions and templates for reporting this information during the coming month.

In the event that you later learn one or more of your original responses was not, in fact, correct, you must immediately contact your Account Manager to update your readiness assessment responses and explain the reason for changing your response.

Instructions:

Compliance officers are asked to complete this assessment and respond to each readiness element once for all contracts within their purview (excluding PACE organizations, and employer-direct/employer-only contracts). Respond “No” if at least one contract warrants such a response.

You will be presented with questions specific to whether your organization is a NEW Medicare contractor for 2010, or an EXISTING Medicare contractor, whether the compliance officer completing the responses on behalf of the organization is responsible for Medicare Advantage Organization (MAO) contracts, Medicare Advantage-Prescription Drug (MA-PD) contracts, Prescription Drug Plan (PDP) contracts, or a combination (MAO, MA-PD, and/or PDP), and whether the contracts’ service areas include the U.S. territories.

Organization Status for Calendar Year (CY) 2010

- My organization is a NEW Medicare Advantage Organization (MAO), Medicare Advantage Prescription Drug (MA-PD) and/or Prescription Drug Plan (PDP). My organization does not currently participate in Part C or Part D under any other contract numbers.
- My organization is an EXISTING MAO, MA-PD and/or PDP with at least one active CY 2009 contract.

Compliance Officer’s Medicare Contract Responsibility

- I am responsible for only stand-alone Prescription Drug Plan (PDP) contracts.
- I am responsible for only Medicare Advantage Organizations (MAO) WITHOUT Part D drug benefits (e.g., PFFS with no Part D or Medical Savings Account (MSA)).
- I am responsible for contracts offering BOTH MAO and Part D (PDP and/or MA-PD) benefits.

Compliance Officer is responsible for contracts with service areas that include:

- Only the U.S. territories in the service areas.
- Some or all of the 51 United States/District of Columbia with or without some or all of the U.S. territories.

Compliance Officer is employed directly by the Medicare Advantage Organization and/or the Prescription Drug Plan sponsor, or by its parent organization:

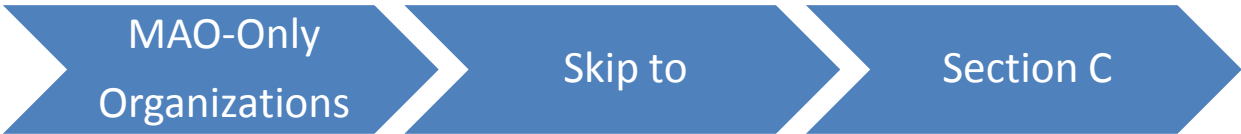
- Yes
- No – Compliance Officer is a consultant, subcontractor, or otherwise employed by an entity unrelated to the MAO or PDP sponsor.

A. Systems, Data & Connectivity

1. Are measures in place to protect the security and privacy of personally identifiable information (PII) of all beneficiary information, whether in paper or electronic format?
 - Yes
 - NoIf no, please explain and include your expected readiness date: _____
2. Has your organization fulfilled all testing requirements established by the CMS Office of Information Services as provided in the Data Exchange Preparation Procedures (DEPP) Document?
 - Yes
 - NoIf no, please explain and include your expected readiness date: _____
3. For New 2010 Organizations only: Has your organization registered appropriate staff for submitter and representative roles in Individuals Authorized Access to CMS Computer Services IACS to ensure active access to CMS user interfaces, file transfer execution to CMS systems, and MA-PD Help Desk Announcements?
 - Yes
 - NoIf no, please explain and include your expected readiness date: _____
4. For New 2010 Organizations only: Has your organization established connectivity (Gentran, Connect:Direct, or Third Party Vendor) with CMS systems for purposes of electronic file transfers?
 - Yes
 - NoIf no, please explain and include your expected readiness date: _____
5. For New 2010 Organizations only: Has your organization submitted an External Point of Contact (EPOC) Designation Letter to CMS?
 - Yes
 - NoIf no, please explain and include your expected readiness date: _____
6. Has your organization registered key staff for Health Plan Management System (HPMS) access, Plan Connectivity Data (PCD) Module within CMS, and Bi-weekly CMS Part C & D User Calls?
 - Yes
 - NoIf no, please explain and include your expected readiness date: _____
7. Is the contact information in HPMS current and procedures in place to update the contact information immediately upon the effective date of any responsibility transfer?

- Yes
- No

If no, please explain and include your expected readiness date: _____



8. Are your organization’s network pharmacies sending and accepting claim (billing) transactions with the pharmacy’s National Provider Identifier (NPI) in all cases, and a prescriber ID in all cases (which must be the prescriber’s NPI whenever known, and when not available, another non-NPI identifier such as a DEA number or State License number - as permitted under state law) in the transactions?

- Yes
- No

If no, please explain and include your expected readiness date: _____

9. Has the Prescription Drug Event (PDE) testing and certification requirements outlined at <http://csscooperations.com/> been completed?

- Yes
- No

If no, please explain and include your expected readiness date: _____

10. Are systems and processes in place to research, correct, and resubmit PDE rejections per CMS guidelines, and is your organization utilizing current PDE reject codes and subcategories?

- Yes
- No

If no, please explain and include your expected readiness date: _____

11. Are procedures in place for reconciliation of monthly reports (including Drug Data Processing System (DDPS) Cumulative Beneficiary Summary, PDE Accounting Report, P2P files, and Part D Payment Reconciliation Report) to ensure that PDE data maintained by CMS and your organization’s internal records correspond?

- Yes
- No

If no, please explain and include your expected readiness date: _____

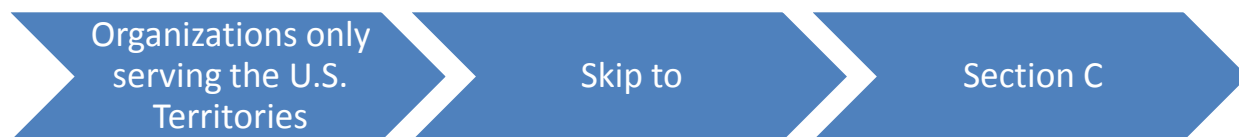
12. For Part D Sponsors with New Financial Information Reporting (FIR) processors or New 2010 Part D Sponsors, not previously certified for FIR only:

- Name of entity fulfilling FIR processor duties: _____
- Not Applicable (Existing contracts with no FIR processor changes for 2010)

13. Has your FIR processor been certified, and is your processor fully prepared to respond to TrOOP Balance Transfer (TBT) transactions for 2010 beneficiaries, beginning January 1, 2010?

- Yes
- Not Applicable (Existing contracts with no FIR processor changes for 2010)
- No

If no, please explain and include your expected readiness date: _____



14. Is your organization prepared to apply the Loss of Subsidy File (released in December each year) to your organization's systems to ensure the correct premium, deductible, and copayments are set and effective January 1, 2010, or at the end of the grace period if offered by your organization?

- Yes
- No

If no, please explain and include your expected readiness date: _____

15. Is your organization applying, or prepared to apply, correct LIS levels to enrollees by referring to the Weekly/Monthly Transaction Reply Report (TRR) to establish the correct premium, cost sharing, and deductible levels with the correct effective dates for prior, current, and prospective enrollees?

- Yes
- No

If no, please explain and include your expected readiness date: _____

16. Has your organization identified/validated up to five authorized users for the Acumen Low-Income Subsidy (LIS) Match Rate website?

- Yes
- No

If no, please explain and include your expected readiness date: _____

17. Is your organization prepared to implement the changes in the LIS matching process per the November 23, 2009 HPMS memo? Those changes include:

- a.) The "Low Income Subsidy History Report" REPLACING the "Bi-Weekly Low Income Subsidy (LIS)/ Premium Data File", and
- b.) The LIS match rates being based on "Premium Low Income Subsidy Amount" INSTEAD of "Subsidy Percentage."

- Yes
- No

If no, please explain and include your expected readiness date: _____

B. Best Available Evidence (BAE) and Low Income Subsidy (LIS)

(This section is not applicable to contracts only with services areas limited to the U.S. territories)

Is your organization prepared to:

1. Apply the correct 2010 benefit parameters (such as cost-share and deductible if applicable) based on LIS status in CMS systems or BAE (if more favorable to the beneficiary)?

- Yes
- No

If no, please explain and include your expected readiness date: _____

2. Reimburse LIS eligible individuals, or others who have paid or are holding receivables on behalf of the beneficiary, any excess premiums or cost-sharing paid by the individual? This includes refunding of cost-sharing amounts that were paid during the period of LIS retroactive coverage.

- Yes
- No

If no, please explain and include your expected readiness date: _____

3. Make reasonable attempts to notify and advise affected members of their retroactive liability for higher premiums and cost-sharing when LIS is removed?

- Yes
- No

If no, please explain and include your expected readiness date: _____

4. Implement/maintain procedures to accept BAE at point-of-sale, update systems within 48-72 hours of receipt of the documentation, and ensure correct charges of premium, deductible and cost-sharing to low-income subsidy beneficiaries?

- Yes
- No

If no, please explain and include your expected readiness date: _____

5. Meet the CMS requirements for accepting specific forms of BAE to establish a beneficiary is institutionalized and qualifies for zero cost-sharing?

- Yes
- No

If no, please explain and include your expected readiness date: _____

6. Provide beneficiaries access to covered Part D drugs at the reduced cost-sharing level as soon as one of the specific forms of BAE is presented?

- Yes
- No

If no, please explain and include your expected readiness date: _____

7. Follow the changes to the LIS deeming update request process, which includes providing specific information about the deemed beneficiary in an Excel worksheet to IntegriGuard along with the BAE documentation supporting the request to update the beneficiary's deemed status?
- Yes
 - No
- If no, please explain and include your expected readiness date: _____
8. Follow CMS' process for assisting individuals without BAE documentation in securing the necessary documentation?
- Yes
 - No
- If no, please explain and include your expected readiness date: _____
9. Do your websites have a link to the CMS website's BAE page (http://www.cms.hhs.gov/PrescriptionDrugCovContra/17_Best_Available_Evidence_Policy.asp#TopOfPage) that contains CMS policy guidance?
- Yes
 - No
- If no, please explain and include your expected readiness date: _____

C. Reporting

1. Are processes in place to submit all CY 2010 reporting requirements to CMS according to specified timelines?

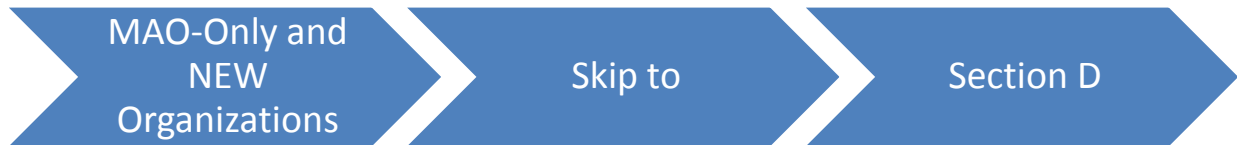
- Yes
- No

If no, please explain and include your expected readiness date: _____

2. Are users designated for the Part C/D Plan Reporting website operated by Acumen, LLC, where feedback on organizations' reporting requirements data, such as overdue and outlier notices, are provided?

- Yes
- No

If no, please explain and include your expected readiness date: _____



3. If your organization is making changes to the first tier contractor maintaining your organization's pharmacy network, have all steps been followed per the Medicare Prescription Drug Manual Chapter 5, Section 50?

- Yes
- Not Applicable – there are no changes to our organization's first tier contractor
- No

If no, please explain and include your expected readiness date: _____

4. Did you, or are you prepared to update all members' 4Rx data to reflect the new BIN and PCN PRIOR to the effective date of the first tier contract?

- Yes
- Not Applicable – there are no changes to our organization's first tier contractor
- No

If no, please explain and include your expected readiness date: _____

D. Subcontractor Provisions, Contracting, and Oversight

1. Should your organization make changes to offshore contractor arrangements are you prepared to submit via the HPMS module the offshore subcontractor information and attestation for each offshore contractor?
 - Yes
 - Not Applicable – My organization does not use offshore contractors
 - No



2. As a Medicare Advantage Organization, are your payments to non-contracted medical providers both prompt and for the correct amount? If you are a new contractor, will your systems generate prompt and correct payments to non-contracted medical providers?
 - Yes
 - NoIf no, please explain and include your expected readiness date: _____



3. Have contracts with first tier, downstream, and related entities been updated to address Part D prompt payment requirements?
 - Yes
 - NoIf no, please explain and include your expected readiness date: _____
4. Have applicable first tier, downstream, and related entities' systems and procedures been updated, as appropriate, to ensure clean claims are paid to network pharmacies within 14 days after a clean electronic claim is received, or 30 days for any other clean claim?
 - Yes
 - NoIf no, please explain and provide expected readiness date: _____

E. Marketing

1. Did all CY 2010 marketing materials undergo thorough quality control review prior to submission for CMS review and include all required information?

- Yes
- No

If no, please explain and provide expected readiness date: _____



2. Did your organization implement procedures and safeguards to ensure the CY 2010 CMS-approved formulary matches the marketed formulary, both in print and on your organization's website?

- Yes
- No

If no, please explain and provide expected readiness date: _____

3. Does your organization provide rigorous oversight of subcontractors involved in printing and/or mailing of enrollment notices, such as proof of health/drug insurance coverage, confirmation notices and ANOC/EOCs?

- Yes
- No

If no, please explain and provide expected readiness date: _____



4. Were beneficiaries with effective dates of October 1, 2009 or earlier who may not have been on your enrollment file by your annual notices' printing deadline subsequently identified to ensure receipt of the ANOC/EOC by October 31, 2009?

- Yes
- No

5. Did all enrollees with effective dates of October 1, 2009 or earlier receive the CY 2010 annual benefits notices (ANOC/EOC and formulary as applicable) by October 31, 2009?

Answer this question only with regard to the date of your initial mailing – do not take into consideration whether the materials that were issued were accurate. The accuracy of the materials is addressed in a separate question. Do not include members whose addresses were wrong or problematic, or members retroactively enrolled with an effective date of October 1, 2009.

- Yes – SKIP TO QUESTION 8
- No – CONTINUE TO QUESTION 6

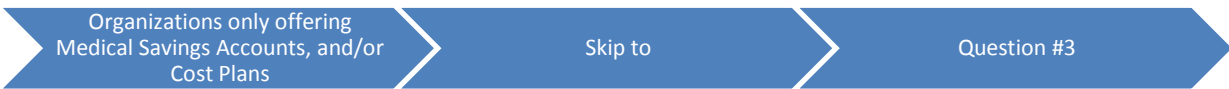
6. Which contracts and how many beneficiaries were affected?
- Contracts (If all contracts were affected, you may respond "ALL"): _____
 - Number of beneficiaries affected: _____
7. Provide the latest date the annual notices were/will be received by beneficiaries who should have received them by October 31, 2009.
- Date: _____
8. Have you sent, or are you prepared to send, accurate and correct ANOC/EOCs to all new members with enrollment dates of November 1st and December 1st 2009 within 10 days of receipt of the CMS confirmation of enrollment, or the last day of the first enrollment month, whichever occurs first?
- Yes
 - No
- If no, explain and provide expected readiness date: _____
9. Were the annual benefits notices accurate/correct the first time, requiring no subsequent mailing?
- Yes – SKIP TO SECTION F.
 - No – CONTINUE TO QUESTION 10
10. Select one or more choices from the list below that describe the nature of the inaccuracies.
- Part C benefit description contained errors (such as premiums, cost-share, covered services)
 - Part D benefit description contained errors (such as premiums, cost-share, covered drugs)
 - Part C and/or Part D notice contained typographical errors not related to the benefit description(s)
 - Other (please specify): _____
11. Which contracts and how many beneficiaries were affected by inaccuracies?
- Contracts (If all contracts were affected, you may respond "ALL"): _____
 - Number of beneficiaries affected: _____
12. Provide the date the corrected ANOC/EOCs were/will be received by affected beneficiaries.
- Date: _____

F. Enrollment/Disenrollment

1. Is an updated CY 2010 paper enrollment form available for Medicare beneficiaries to request during valid enrollment periods?

- Yes
- No

If no, please explain and provide expected readiness date: _____



2. Are processes in place to download enrollments on at least a daily basis from the Online Enrollment Center (OEC)?

- Yes
- Not Applicable – Optional requirement for Special Needs Plans (SNPs) OR my organization is prohibited from participating in the OEC (e.g., Medical Savings Accounts and Cost Plans)
- No

If no, please explain and provide expected readiness date: _____

3. Is your organization sending beneficiaries acknowledgment notices within 10 calendar days of receiving an enrollment request from that individual, as well as confirmation notices within 10 calendar days of receiving confirmation of enrollment from CMS?

- Yes
- No

If no, please explain and provide expected readiness date: _____

4. Are processes in place to transmit enrollment and disenrollment transactions to CMS within 7 calendar days of receipt of a complete enrollment request?

- Yes
- No

If no, please explain and provide expected readiness date: _____

5. If your organization receives a disenrollment request directly from a beneficiary, are processes in place to send acknowledgment notices within 10 calendar days?

- Yes
- No

If no, please explain and provide expected readiness date: _____

6. Do your enrollment processes allow for appropriate up-front plan denial or CMS rejection in accordance with CMS requirements?

- Yes
- No

If no, please explain and provide expected readiness date: _____

7. Is your organization prepared to process TRR and other MARx reports in a timely and consistent manner, and take appropriate action to resolve rejections and correct errors?

- Yes
- No

If no, please explain and provide expected readiness date: _____

8. Is your organization prepared to submit one Certification of Monthly Enrollment and Payment Data for all contracts within 45-days of the date that the monthly reports are available?

- Yes
- No

If no, please explain and provide expected readiness date: _____

9. Are systems and processes in place to ensure retro enrollment and disenrollment referrals to the CMS contractor, Reed & Associates, are made appropriately and are timely?

- Yes
- No

If no, please explain and provide expected readiness date: _____



10. Are processes in place for: a.) Sponsor-generated enrollment transactions that include active 4Rx data, and b.) CMS-generated enrollments to transmit active 4Rx data on an update transaction within 72 hours of availability of the TRR transmitting the enrollments?

- Yes
- No

If no, please explain and provide expected readiness date: _____

G. Late Enrollment Penalty (LEP) & Creditable Coverage

1. Does your organization exclude beneficiaries receiving LIS from being subjected to an LEP?

- Yes
- No

If no, please explain and provide expected readiness date: _____

2. Are systems in place to report changes to the number of uncovered months previously reported for both current and former plan members, when applicable?

- Yes
- No

If no, please explain and provide expected readiness date: _____

3. Does your organization use the model LEP attestation and model notice to remind enrollees of the need to submit a timely attestation if they have prior creditable prescription drug coverage?

- Yes
- No

If no, please explain and provide expected readiness date: _____

4. Is your organization able to accept and process State Pharmaceutical Assistance Programs (SPAP) attestations of creditable coverage on their members' behalf?

- Yes
- No

If no, please explain and provide expected readiness date: _____

5. Are processes in place to allow beneficiaries or their authorized representatives to complete the entire creditable coverage attestation over the phone (this option is available only after a plan has mailed the attestation form to the member)?

- Yes
- No

If no, please explain and provide expected readiness date: _____

H. Coordination of Benefits (COB)

1. Are systems and processes in place for at least weekly COB data report/file processing, including updating your systems with the COB data and using the Electronic Correspondence Referral System (ECRS) to send COB updates to CMS?

- Yes
- No

If no, please explain and provide expected readiness date: _____

2. Is your organization prepared to implement, or has it already implemented, the new COB notification process?

- Yes
- No

If no, please explain and provide expected readiness date: _____

3. Are systems in place to process the COB files correctly, including payer order?

- Yes
- No

If no, please explain and provide expected readiness date: _____

I. Claims Processing/Transition/Point of Sale (POS)

1. Is your organization prepared to respond to federal disasters or other public health emergency declarations according to CMS requirements?

- Yes
- No

If no, please explain and provide expected readiness date: _____

2. Is your organization adjudicating and paying claims, or prepared to do so, for vaccines per the Medicare Managed Care Manual and Medicare Prescription Drug Benefit Manual?

- Yes
- No

If no, please explain and provide expected readiness date: _____



3. Is your organization's staff trained on the prescription drug transition policy and any related information systems necessary to accommodate administration of the transition policy?

- Yes
- No

If no, please explain and provide expected readiness date: _____

4. Are systems in place to continue providing necessary drugs to an enrollee via an extension of the transition period, on a case-by-case basis, to the extent that his or her exception request or appeal has not been processed by the end of the minimum transition period?

- Yes
- No

If no, please explain and provide expected readiness date: _____

5. Are claims, including transition supply claims, able to be filed at Point of Sale for all enrollees?

- Yes
- No

If no, please explain and provide expected readiness date: _____

6. Are your systems set up to charge beneficiaries the lesser of a drug's negotiated price or applicable copayment amount?

- Yes
- No

If no, please explain and provide expected readiness date: _____

J. Appeals and Grievances

1. Does your organization include a CD with complete versions of the relevant Evidence of Coverage (EOC) and/or formulary (Part D sponsors) with any case files sent to an independent review entity (IRE) for review? If you are a new Medicare contractor, will you include a CD with the EOC and/or formulary with case files sent to an IRE?

- Yes
- No

If no, please explain and provide expected readiness date: _____

2. Does your organization have policies and procedures in place which allow a treating physician and other prescribers, upon notice to the enrollee, to request a standard coverage determination on the enrollee's behalf without having been appointed as the enrollee's representative?

- Yes
- No

If no, please explain and provide expected readiness date: _____



3. Has your organization updated the Private Fee-for-Service (PFFS) Terms and Conditions of payment, including instructions for submitting payment dispute decision requests to First Coast Service Options, Inc. (FCSO)?

- Yes
- Not applicable (My organization does not offer PFFS)
- No

If no, please explain and provide expected readiness date: _____

K. Customer Service

1. Are your organization's call center(s) able to accommodate non-English speaking beneficiaries?

- Yes
- No

If no, please explain and provide expected readiness date: _____

2. Have you ensured that beneficiary call centers are staffed appropriately to handle increased call volume during the annual enrollment period and the first 60 days of 2010 operations?

- Yes
- No

If no, please explain and provide expected readiness date: _____



3. Have you ensured that pharmacy technical call centers are staffed appropriately to handle increased call volume during the annual enrollment period and the first 60 days of 2010 operations?

- Yes
- No

If no, please explain and provide expected readiness date: _____

NOTE: This page must be PRINTED, signed, and returned to Linda Anders by fax (410-786-6303) or email after scanning to Linda.Anders@cms.hhs.gov. For your convenience, you may complete all fields, except the signature block, online prior to printing for signature and faxing/emailing.

**CY 2010 Medicare Advantage and Prescription Drug
Readiness Assessment
Attestation**

By my signature below, I attest that the responses provided on behalf of the Medicare contractor identified below to the questions in the 2010 Medicare Advantage and Prescription Drug Readiness Assessment are complete, accurate, and truthful, based on my best information, knowledge, and belief. I further attest that these responses reflect the result of the operation of effective internal controls my organization has developed and implemented to ensure accurate reporting concerning its Medicare operations, including any Medicare-related tasks for which my organization has engaged a subcontractor. Finally, I certify that I am authorized by the reporting Medicare contracting organization to attest on its behalf to the accuracy of the checklist responses.

Authorized Representative Name (printed)

Title

Authorized Representative Signature

Date (MM/DD/YY)

Legal Name of Contracting Entity

Medicare Contract Number(s)
(Continue on separate sheet as needed)

Thank you for taking time to complete the CY 2010 Medicare Advantage and Prescription Drug Readiness Assessment.

When you have completed all responses, click "Submit CY 2010 Readiness Assessment Now".

Note: Once you click the submit button below, you cannot return to edit or print this set of responses. CMS will use the latest submission as the official version when more than one submission is received from a compliance officer. This will allow you to make corrections to your submission after you click the submit button.

Contact Linda.Anders@cms.hhs.gov if you have questions.

End of

CY 2010 Medicare Advantage and Prescription Drug Readiness Assessment