

CY 2011 Key Bid Submission Issues

Agenda

- Overview & Key Dates
- Plan Management Changes & Reminders
- Bid Upload Requirements
- Reports
- HPMS Access
- HPMS Formulary & Bid Submission Contacts

Key 2011 Submission Dates

Key Formulary Dates

- **April 19, 2010** – Deadline for submission of CY 2011 formularies in HPMS
- **June 14, 2010** – Submission of CY 2011 supplemental formulary file uploads available
 - Free First Fill file,
 - Partial Gap file,
 - Excluded Drug file,
 - Over the Counter (OTC) drug file, and
 - Home Infusion file

Key Bid Dates

- **April 9, 2010** – CY 2011 Bid Pricing Tool (BPT), Plan Benefit Package (PBP), and technical instructions are available on HPMS
 - BPT – Documents pricing for each plan/segment
 - PBP – Describes each plan/segment benefit offering
- **April 9, 2010** – MA and PDP organizations may begin creating 2011 plan structures in HPMS

Key Bid Dates (Con' t)

- **May 14, 2010** — HPMS begins accepting CY 2011 bid submissions
- **June 7, 2010** – Deadline for submitting CY 2011 bids in HPMS (11:59 p.m. PDT)
- **October 1, 2010** – Deadline for submitting CY 2011 PBP Plan Correction Requests in HPMS (Note: Contract must be approved prior to Plan Correction Request)

Plan Management Changes And Reminders

Plan Creation – Set-up Plans

- In the Set-up Plans section, users will:
 - Create new plans
 - Modify/delete existing plans (previously approved 2010 plans)
 - REMINDER: You should only terminate a plan if you intend to consolidate it with another plan or if you are not offering the plan in the upcoming contract year
 - Create employer plans
 - Modify/delete existing employer plans (previously approved 2010 plans)
 - Change plan owners
- Navigation (Plan Bids > Bid Submission > CY 2011 > Manage Plans)

Plan Creation – Managing Your Plans

In plan creation, you will define the following:

- Your plan level service area
- Your plan type
 - Except for HMO/HMOPOS, all contracts have only one plan type option
- Plan Name
 - Auto-generated plan type label in the plan name
 - **New 2011:** Now includes SNP indicator
- Spanish Name (Optional)

Plan Creation – Managing Your Plans (Con' t)

In plan creation, you will also define the following:

- Plan Geographic Name
- SNP characteristics
 - (if SNP plan type)
- Part D indication
- Segmented Plan indication
- Calendar Year/Non-Calendar Year indication
 - (Employer plans only)

Plan Creation – New for CY 2011

employer members/enrollees?”

- New Question: “Does this plan use a part or a subset of the CMS approved provider network that it has established under its contract with CMS?”
- New Question: Employer plans will be asked “Does this plan subsidize the premium for specific employer members/enrollees?”
- New Question: “Does this plan use a part or a subset of the CMS approved provider network that it has established under its contract with CMS?”

Plan Creation – New for CY 2011 (Con' t)

- Prohibit new or continuation of Non-Network 800-series PFFS employer plans
 - Does not apply to Employer Direct PFFS
- No new All Dual, Full Dual, \$0 Cost Share Plans
 - Service area expansions are allowed
 - If a SNP conversion was requested, this will be reflected in plan creation
- TTY numbers can be 3 or 10 digits
- Various new warning messages and on-screen
 - Warning message when plan deletion initiated
 - HMOPOS licensure requirements
 - New plan service area messages

Bid Upload Requirements

Bid Upload

To complete the bid upload process, users must perform the following functions in HPMS, as applicable:

- Service Area Verification
 - Will be available in the beginning of May
- Crosswalk formulary submissions to plans
 - Only for plans that offer the Rx benefit AND have a formulary
 - Cannot be modified after bid deadline

Bid Upload (Con' t)

- Upload bids/benefit packages
 - May upload more than one plan at a time
 - Upload early – you may upload as many times as you want before the deadline
- Substantiation
 - Required for June 7th deadline and upon request by bid reviewers (Appendix B – BPT instructions)
- **New for 2011:** Users will no longer submit the two-year lookback spreadsheet

Bid Upload – Plan Crosswalk

- Plan Crosswalk
 - Only for renewing organizations
 - Plan crosswalks will be pre-populated for 2011 when there is only one crosswalk option available (i.e., renewals)
 - Plans should **ONLY** have the crosswalk status of “terminated” if you will not offer the plan for CY 2011
 - The benes will be disenrolled to FFS Medicare

Bid Upload – Plan Crosswalk (Con' t)

- Plan Crosswalk
 - SNPs are limited to crosswalking to SNPs of the same SNP type
 - Crosswalk option “renewal plan based on provider split” has been removed
 - The crosswalk cannot be modified after plan approval
 - Renewal plans **MUST** retain the same plan ID (not applicable to contract consolidations)
 - Consolidated plans **MUST** retain one of the 2010 plan IDs

Exceptions Crosswalk

- CMS will only consider the following exceptions for 2011 (these actions cannot be completed in HPMS):
 - Crosswalking beneficiaries in PFFS plans to more networked PFFS plans
 - Consolidation of PDPs across contracts as a result of merger or novation
 - Submission of MARx transactions to move a subset of members in a D-SNP to a new Medicaid Subset D-SNP
- Separate guidance on the process to request an exception is forthcoming
- Please contact Sara Silver (sara.silver@cms.hhs.gov) with questions

Verification of Bid Submission

- To verify that all necessary steps have been taken for the bid submission, users should access the Review Upload Status Report
 - This report shows what is completed, not completed, and not applicable
- If all steps have not been completed, CMS cannot begin to review your bid
- Navigation (Plan Bids > Bid Submission > CY 2011 > Upload)

Post-Bid Submission Requirements

- Actuarial Certification
 - Must be submitted for every Bid Pricing Tool uploaded to HPMS
 - Special HPMS user access required (refer to March 3, 2010 HPMS memo)
- Supplemental Formulary Upload
 - Required based on answers in PBP

Reports

Important Bid Reports

- Bid Status History Report
 - To check on where your bids are in the review and approval process
- Bid Submission Status Report
 - Displays each upload and any errors associated with the upload
- PBP and BPT Reports
 - To ensure you have uploaded the right benefit design

Modifications/New Reports Available

- A new Gap Coverage Description report will be available in July
 - This will display how your Gap tier labels will appear in the SB, M&Y Handbook and MOC
- Plan crosswalk report has been updated to indicate when MARx enrollment transactions are required
- New plan comparison report allowing organizations to compare plans in a single year or across years
- A new SB hard copy changes report will be available in August
 - Guidance forthcoming

User Access

HPMS Access

- HPMS is a web-enabled Extranet application that resides within the Medicare Data Communications Network (MDCN)
- HPMS requires a valid CMS user ID/password
- If you do not have HPMS access, please send an email to hpms_access@cms.hhs.gov to request instructions on the process

Monitoring HPMS Access

- Select plan users can monitor HPMS access within their organization through three access reports
 - Access given to Medicare Compliance Officers & Primary and Backup User Access Contacts
 - Three reports available in HPMS > User Resources > User Administration Reports:
 1. User Access Report
 2. Users Assigned to a Contract Number
 3. Users Assigned to a Module

Technical HPMS Formulary & Bid Contacts

HPMS Technical Contacts

HPMS Formulary Submission & BPT Analyst:

- Julia Heeter 410-786-6198
julia.heeter@cms.hhs.gov

HPMS Bid Submission & PBP Analyst:

- Sara Silver 410-786-3330
sara.silver@cms.hhs.gov

HPMS/PBP/BPT Technical Help Desk

- 800-220-2028 hpms@cms.hhs.gov

Connectivity / HPMS Access

- HPMS_access@cms.hhs.gov

Password Resets - CMS Technical Help Desk

- 800-562-1963 or 410-786-2580