



CMS 2010 MEDICARE ADVANTAGE & PRESCRIPTION DRUG PLAN SPRING CONFERENCE

Sheraton Baltimore City Hotel, April 20-21, 2010

Verbatim Transcript

CY 2011 Key Bid Submissions Issues

Part 1

WE'RE GOING TO GO THROUGH

SEVERAL OF
THE KEY BID SUBMISSION ISSUES.

THIS ISN'T MEANT TO BE
COMPLETELY ALL INCLUSIVE

OF ALL THE ITEMS THAT YOU'RE
GOING TO BE WORKING ON

FOR THE BID SUBMISSION, BUT I AM
GOING TO TOUCH ON

SOME OF THE KEY CHANGES THAT IS
GOING TO BE MOST VISIBLE TO YOU

AND YOUR ORGANIZATION.

SO THE AGENDA FOR MY
PRESENTATION IS WE'RE GOING

TO GO THROUGH THE OVERVIEW
AND SOME OF THE KEY DATES.

THESE ARE SIMILAR DATES THAT
YOU'RE USED TO SEEING EVERY YEAR

BUT, AGAIN, THEY'VE CHANGED

BASED ON THE YEAR
WE'RE LOOKING AT.

SOME OF THE CHANGES FOR YOUR
PLAN MANAGEMENT,

THERE'S KEY VISIBLE CHANGES
YOU'RE GOING TO BE SEEING.

THERE ARE BID UPLOAD
REQUIREMENTS.

GOING THROUGH SOME OF
THE REPORTS--I'M NOT SURE

IF EVERYONE IS FAMILIAR WITH
ALL THE REPORTS THAT ARE

AVAILABLE TO YOU IN HPMS.

HPMS ACCESS. AND WHEN I SAY
"ACCESS," I DON'T JUST MEAN

YOUR USER ACCESS, BUT ENSURING
THAT THE RIGHT PEOPLE

HAVE ACCESS TO YOUR CONTRACTS.

AND WE HAVE SOME TECHNICAL
CONTACTS AT THE END

OF THE PRESENTATION.

ALL RIGHT.
SO KEY SUBMISSION DATES.

THE FIRST ONE WAS YESTERDAY.

SO, HOPEFULLY, EVERYBODY MET
THIS DATE.

IT WAS YOUR FORMULARY
SUBMISSION.

AND WHEN I SAY "FORMULARY
SUBMISSION,"

I'M ALSO TALKING ABOUT
THE TRANSITION POLICY

THAT WAS ALL DUE TO CMS
YESTERDAY.

SO HOPEFULLY, EVERYONE GOT THAT
MATERIAL IN IN A TIMELY MANNER.

THE SECOND FORMULARY DATE--
AND I'M NOT GOING TO GO INTO

TOO MUCH DETAIL ON THE
FORMULARY--IS THE SUBMISSION

OF YOUR 2011 SUPPLEMENTAL
FORMULARY FILES.

YOU'LL NOTICE THAT THAT'S A LOT

LATER IN THE YEAR

THAN YOUR ORIGINAL FORMULARY IS
SUBMITTED.

THE REASON FOR THAT IS WE HAVE

TO FIRST GET IN YOUR PLAN
BENEFIT PACKAGE

FOR THE UPCOMING YEAR TO
DETERMINE WHICH FILES ARE

APPLICABLE TO YOUR ORGANIZATION.

SO, YOU KNOW, PLEASE BE
PREPARED, THOUGH, THAT IF YOU

ARE OFFERING THESE BENEFITS,
YOU ARE GOING TO BE SUBMITTING

THESE SUPPLEMENTAL FORMULARY
FILES.

THESE TWO DATES ARE ALSO
IN THE PAST,

BUT I WANT TO BRING THEM UP

IN THE EVENT YOU ARE NOT AWARE

THAT ALL THIS IS AVAILABLE
TO YOU CURRENTLY.

THE PBP PACKAGE, THE BPT,
AND THE ABILITY TO START

CREATING AND MODIFYING YOUR
PLANS FOR 2011 IS AVAILABLE

IN HPMS.

A MEMO WENT OUT ABOUT THIS ON
APRIL 9th,

IDENTIFYING THESE DATES. AND I
HAVE RECEIVED A LOT OF E-MAILS,

SO I KNOW SOME OF YOU ARE AT
LEAST IN THERE LOOKING

AT THE CHANGES AND HOW YOU WANT
TO UPDATE YOUR PLAN

FOR THE UPCOMING YEAR.

I ALSO WANT TO MAKE SURE YOU
KNOW THAT THERE ARE A LOT

OF RESOURCES AVAILABLE TO YOU
ON-LINE.

THERE IS THE BID USER'S MANUAL.

THERE'S INSTRUCTIONS FOR BOTH
THE PBP AND THE BPT.

AND WE HAVE ALL THE SUMMARY
BENEFIT SENTENCES POSTED

THAT WE'LL BE GENERATING THIS
YEAR, INCLUDING

ALL THE ORIGINAL MEDICARE
SENTENCES.

THERE HAVE BEEN SOME CHANGES IN
THE SENTENCES THIS YEAR.

SO I RECOMMEND YOU LOOK AT
THAT DOCUMENTATION.

ADDITIONAL KEY DATES--

MAY 14th IS WHEN WE'RE GOING
TO START ACCEPTING

YOUR BID SUBMISSIONS.

I THINK THERE WAS A LITTLE BIT
OF CONFUSION

FROM THE CALL LETTER DATES.

SO I WANTED TO VERIFY THAT IT IS
INDEED MAY 14th.

SO ALL OF YOUR BID UPLOAD
FUNCTIONALITY IS GOING TO BE

AVAILABLE STARTING ON MAY 14th,
INCLUDING

THE SERVICE AREA VERIFICATION,
WHICH IS ACTUALLY GOING TO BE

RELEASED A LITTLE BIT EARLIER
BECAUSE IF WE HAVE TO VERIFY

THE SERVICE AREA, AND THERE ARE
ISSUES THAT SOMETIMES CAN TAKE

A LITTLE BIT OF WORK, AND A LOT
OF PEOPLE INVOLVED

TO GET THAT RESOLVED.

ON JUNE 7th--THIS IS YOUR BID
SUBMISSION DEADLINE.

11:59 P.M. PACIFIC TIME.

HOPEFULLY WE'RE NOT ALL UP AT
THAT TIME, SUBMITTING BIDS.

BUT--AND RELATED TO THIS,
I WOULD RECOMMEND,

PLEASE TRY TO UPLOAD EARLY
AND UPLOAD OFTEN.

WE ONLY TAKE THE LAST BID THAT
YOU'VE UPLOADED--

OR WE'RE GOING TO REVIEW
THE LAST BID THAT YOU UPLOADED

BEFORE THE DEADLINE.

SO IF YOU'RE NEW TO
THE ORGANIZATION--OR WHOEVER IS

DOING THIS PROCESS IS DOING IT
FOR THE FIRST TIME THIS YEAR,

THEY CAN SUBMIT A PRACTICE BID.

IT'S NOT GOING TO HURT YOUR
ORGANIZATION.

AND IN THAT WAY, YOU CAN KIND OF
SEE HOW THE PROCESS WORKS.

AND YOU ARE GOING TO FEEL MORE
COMFORTABLE WHEN YOU ARE

SUBMITTING YOUR FINAL BID.

AND THEN THERE'S ALSO
THE OCTOBER 1st DEADLINE.

WE'VE BEEN IMPOSING

THIS DEADLINE

FOR THE PAST COUPLE OF YEARS
FOR PLAN CORRECTIONS.

I'M NOT GOING TO GO INTO
TOO MUCH DETAIL HERE.

BUT PLEASE NOTE IT'S A VERY
LIMITED WINDOW.

AND CMS DOES NOT EXPECT TO SEE
MANY PLAN CORRECTIONS.

YOU ALSO CANNOT SUBMIT
A PLAN CORRECTION--

THIS IS A QUESTION I GET ASKED
OFTEN--UNTIL YOUR CONTRACT

HAS BEEN APPROVED IN HPMS.

SO JUST BECAUSE YOU'RE DONE
SUBMITTING YOUR BIDS,

YOU CAN'T AUTOMATICALLY REQUEST
A PLAN CORRECTION

AT THE END OF AUGUST, BECAUSE
CMS HAS HAD TO TAKE

THE NEXT ACTION OF APPROVING
YOUR CONTRACT IN HPMS.

IF YOU WANT TO CHECK

ON THE STATUS OF YOUR
CONTRACT APPROVAL,

YOU CAN DO THAT LOOKING AT
THE BID REPORTS

THAT ARE ACCESSIBLE TO YOU.

IT'S THE BID STATUS HISTORY
REPORT THAT HAS

ALL THE STATUSES OF YOUR BID
THROUGHOUT THE ENTIRE PROCESS.

SO THAT IS A HELPFUL
REPORT TO LOOK AT

IF YOU WANT TO DETERMINE

IF YOUR PLANS HAVE BEEN APPROVED

AND WHEN YOUR CONTRACT APPROVAL
HAS BEEN GRANTED.

I'M GOING TO GO OVER SOME
OF THE CHANGES

AND SOME OF THE REMINDERS FOR
SETTING UP YOUR PLANS IN HPMS.

A LOT OF STUFF IS DONE IN
THE PLAN CREATION SECTION.

FORTUNATELY, FOR THOSE OF YOU
THAT ARE RENEWING ORGANIZATIONS,

WE FEED YOUR PLANS
FROM LAST YEAR,

SO A LOT OF THIS INFORMATION
IS GOING TO CARRY OVER.

IF YOU WANT TO CHANGE ANY OF
THAT INFORMATION,

YOU CERTAINLY CAN DO SO
AT THIS TIME.

SO YOU HAVE THE ABILITY TO CREATE
NEW PLANS IF YOU NEED TO

AND MODIFY AND DELETE EXISTING
PLANS--

THOSE THAT YOU ARE CURRENTLY
OFFERING

FOR THE 2010 BENEFIT YEAR.

YOU'RE GOING TO SEE SEVERAL
REMINDERS THROUGHOUT MY SLIDES,

AS WELL, ABOUT PLAN TERMINATION.

I REALLY WANT TO BRING TO
THE ATTENTION THAT THIS IS--

YOU NEED TO CONSIDER WHAT
YOU'RE DOING WHEN YOU ARE

TERMINATING A PLAN.

THE ONLY TIME YOU SHOULD

TERMINATE A PLAN IS IF YOU

ARE TERMINATING FOR THOSE
BENEFICIARIES TO BE ENROLLED

BACK INTO FEE-FOR-SERVICE

OR IF YOU ARE CONSOLIDATING
THAT PLAN

WITH ANOTHER EXISTING PLAN.

SO PLEASE BE AWARE THAT,
YOU KNOW,

YOU SHOULDN'T JUST TERMINATE
A PLAN

IF YOU'RE NOT TRULY INTENDING
TO TAKE ONE OF THOSE ACTIONS.

WE DO HAVE SOME REMINDERS IN
THE SYSTEM ABOUT THIS AS WELL.

YOU ALSO HAVE THE ABILITY TO
CREATE EMPLOYER PLANS.

IT'S ONLY AVAILABLE TO THOSE
ORGANIZATIONS

THAT HAVE SUBMITTED THE PROPER
EMPLOYER APPLICATION

AND DOCUMENTATION.

AND YOU CAN ALSO CHANGE
PLAN OWNERS.

SO IF SOMEBODY DID YOUR
BID SUBMISSION LAST YEAR

AND YOU'RE HAVING A NEW PERSON
DO SOME OR ALL OF YOUR BIDS

THIS YEAR, THE FIRST PERSON
WHO GOES IN AND TOUCHES

THE PLAN FOR THIS UPCOMING YEAR
WILL RECEIVE A WARNING MESSAGE

SAYING, "ARE YOU OK WITH
ASSUMING

THIS PLAN OWNERSHIP ROLE?"

IF THAT PERSON'S NOT INTERESTED
IN DOING THAT AND THEY JUST WANT

TO LOOK AT THE PLAN'S SPECIFIC
INFORMATION, THAT'S NOT THE PATH

THAT THEY SHOULD BE USING
TO LOOK AT THAT.

I'VE PROVIDED THE NAVIGATION
PATH IN THE EVENT YOU

ARE NOT SURE OF WHERE TO GO
TO START THIS PROCESS.

BUT SINCE SOME OF YOU HAVE
SO MANY PLANS,

I STRONGLY SUGGEST STARTING
THIS NOW

IF YOU HAVEN'T DONE SO ALREADY.

IN PLAN CREATION, YOU ARE
GOING TO DEFINE

THE FOLLOWING ITEMS: YOUR PLAN
LEVEL SERVICE AREA.

SO THIS IS GOING TO BE A SUBSET

OF YOUR CONTRACT-LEVEL
SERVICE AREA.

THERE ARE ALSO SOME RESTRICTIONS
ON THIS DEPENDING ON WHAT'S

YOUR EMPLOYER'S
SERVICE AREA VERSUS

YOUR INDIVIDUAL MARKET PLAN
SERVICE AREA.

YOU'RE ALSO GOING TO INDICATE
YOUR PLAN TYPE.

AND UNLESS YOU'RE
AN HMO/HMOPOS PLAN TYPE,

YOU REALLY ONLY HAVE ONE OPTION
IN HPMS.

CONTINUING WITH THE LABELS THAT

WE STARTED GENERATING IN 2010,

WE'RE GOING TO CONTINUE TO DO
THAT.

SO AT THE END OF YOUR PLAN NAME,

IF YOU ARE "THE POSITIVE PLAN--"

OR WHATEVER YOU WANT TO CALL
YOURSELF--WE'RE GOING TO APPEND

AT THE END YOUR PLAN TYPE.

SO IF YOU'RE AN HMO, WE'RE GOING
TO SAY THAT.

OR IF YOU'RE A PPO, WE'RE
GOING TO SAY THAT.

YOU DO NOT NEED TO REPEAT
THAT IN YOUR PLAN NAME.

THIS IS SOMETHING AUTOMATICALLY
IN HPMS WE'RE APPENDING

TO YOUR PLAN NAME.

SOMETHING NEW FOR THIS YEAR--
AND WE DID GET A LOT OF REQUESTS

FROM INDUSTRY--IS TO ALSO
INDICATE WHICH PLANS ARE

SNP PLANS.

SO YOU'RE GOING TO SEE THAT IF
YOU ARE A SNP PLAN,

THAT WILL ALSO BE INCLUDED.

SO IF YOU'RE AN HMO AND YOU'RE
OFFERING A SNP,

THE LABEL AT THE END WILL
BE HMOSNP.

SO IT'S GOING TO BE VERY CLEAR
IN THAT DOCUMENTATION.

YOU ALSO HAVE THE OPTION OF
ENTERING A SPANISH NAME

JUST AS AN OPTIONAL FIELD.

Part 2

THE PLAN GEOGRAPHIC NAME--

THIS IS JUST TO KIND OF
GIVE A GENERAL SUMMARY

OF WHAT YOUR GEOGRAPHIC AREA IS.

PLEASE TRY TO BE CAREFUL
WHEN YOU ENTER THIS.

THIS INFORMATION DOES GO
INTO DIFFERENT

BENEFICIARY COMMUNICATIONS

SUCH AS THE MEDICARE
NEW HANDBOOK.

SO WE HAVE SEEN NAMES
IN THE PAST THAT SOMETIMES

ARE NOT DESCRIPTIVE
OF THE ACTUAL SERVICE AREA.

YOUR DIFFERENT
SNP CHARACTERISTICS

ARE GONNA BE DEFINED HERE,

SO IF YOU'RE DUAL ELIGIBLE
OR INSTITUTIONAL

OR CHRONIC CARE SNP,

ALL THOSE LOWER LEVEL
CHARACTERISTICS

WILL BE DEFINED.

YOU'LL BE ABLE TO INDICATE
IF YOU'RE OFFERING

THE PART "D" BENEFIT OR NOT
FOR THE GIVEN PLAN.

IF YOU'RE SEGMENTING PLANS
AND IF YOU ARE AN EMPLOYER PLAN,

YOU CAN INDICATE IF YOU'RE
OFFERING A CALENDAR YEAR

OR NON-CALENDAR YEAR PLAN.

SO A LOT OF INFORMATION
IS GETTING ENTERED

IN THIS MANAGED PLANS AREA,

BUT THIS IS IMPORTANT
SO WE CAN CREATE THE SHELL

OF YOUR PLAN AND THEN
YOU CAN START ENTERING

THE APPROPRIATE BENEFITS FOR
THAT PLAN IN THE PBP SOFTWARE.

SOMETHING NEW THIS YEAR IS

THE SNP SERVICE AREA.

SO FOR THOSE OF YOU THAT
ARE OFFERING SNPs,

WE'VE IDENTIFIED
YOUR SNP SERVICE AREA.

IT'S GOING TO BE OUTLINED
IN PLAN CREATION.

SO ANYBODY WHO HAD SNPs
FROM 2010,

WE'RE KIND OF GRANDFATHERING IN
THAT SERVICE AREA,

AND ANYONE WHO'S APPLIED FOR NEW
OR SERVICE AREA EXPANSIONS,

TWO-YEAR SNPs, WE WILL HAVE THAT
SERVICE AREA MARKED, AS WELL.

YOU SHOULD ONLY BE ATTACHING
THOSE AREAS THAT ARE MARKED

AS A SNP SERVICE AREA
TO YOUR PLANS.

IF THERE'S A COUNTY THAT
YOU THINK SHOULD BE INCLUDED

WITH YOUR SNP SERVICE AREA
AND FOR SOME REASON

THE LABEL DOESN'T APPEAR RIGHT,

YOU NEED TO GET IN TOUCH
WITH CMS.

YOU CAN GET IN TOUCH WITH ME,

AND WE'RE GONNA WORK TOGETHER
TO RESOLVE THAT ISSUE.

SOMETHING ELSE THAT I'VE GOTTEN
SEVERAL QUESTIONS ON--

JUST BECAUSE YOUR SERVICE AREA
IS MARKED AS SNP

DOES NOT MEAN IT IS RESTRICTED
TO SNP PLANS ONLY.

SO IT CAN ALSO BE ATTACHED
TO YOUR INDIVIDUAL MARKET PLANS.

WE'RE JUST TRYING TO GIVE YOU
A WAY TO IDENTIFY

THOSE SUBSET OF COUNTIES
THAT ARE SNP SERVICE AREAS.

WE ALSO HAVE TWO NEW QUESTIONS
IN PLAN CREATION.

THE FIRST ONE IS JUST ASKED
OF EMPLOYER PLANS,

ASKING IF YOU'RE
SUBSIDIZING THE PREMIUM

FOR SPECIFIC EMPLOYER MEMBERS
AND ENROLLEES,

AND THE SECOND ONE IS ASKING
IF YOU ARE PLANNING TO USE

A SUBSET OF YOUR CMS-APPROVED
PROVIDER NETWORK

UNDER YOUR CONTRACT WITH CMS.

THIS IS A NEW QUESTION.

IF YOU'RE DOING THE SORT OF
SUBSET OR PROVIDER SPLIT,

YOU MUST ANSWER YES TO THIS.

YOU ARE REQUIRED TO SUBMIT

YOUR HSD TABLES

TO YOUR REGIONAL OFFICE
ACCOUNT MANAGER.

SO IF THIS IS YOUR PLAN--
WE HAVE ON-SCREEN NOTES

AND A LOT OF INSTRUCTIONS
DESCRIBING THIS,

BUT THIS IS A NEW REQUIREMENT
AND THERE IS SOME

ADDITIONAL WORK
THAT MUST BE DONE

BEYOND JUST ANSWERING
THIS QUESTION.

ALSO, WE--BASED
ON THE NEW LEGISLATION,

WE'RE PROHIBITING
NEW OR CONTINUED

NON-NETWORK 800-SERIES
PRIVATE FEE FOR SERVICE

EMPLOYER PLANS.

THIS DOES NOT APPLY
TO EMPLOYER DIRECT

PRIVATE FEE FOR SERVICE.

NOT SURE IF ANY OF THOSE
PLAN TYPES ARE IN THE ROOM,

BUT IF YOU'VE GONE
INTO THE PLAN CREATION

AND YOU ARE A NON-NETWORK
PRIVATE FEE FOR SERVICE,

YOU WILL SEE THAT YOUR
800-SERIES PLAN I.D.s

ARE NO LONGER AVAILABLE TO YOU.

THERE ARE NO NEW ALL DUAL,
FULL DUAL,

OR \$0 COST SHARE PLANS.

HOWEVER, YOU ARE ALLOWED TO
EXPAND YOUR SERVICE AREA

AND PER A RECENTLY RELEASED
HPMS MEMO,

IF YOU ARE EXPANDING
YOUR SERVICE AREA,

YOU NEED TO MAKE SURE
YOU HAVE THE APPROPRIATE

MEDICAID STATE CONTRACTS
IN PLACE TO DO THAT.

AND IF YOU REQUESTED
A SNP CONVERSION,

ALL THAT'S ALREADY
REFLECTED IN HPMS.

WE DID THE SNP CONVERSIONS.

I THINK WE HAVE A COUPLE MORE
THAT CAME IN EARLY THIS WEEK,

AND I'M WORKING
THROUGH THOSE, AS WELL,

BUT IF YOU REQUESTED THAT,

THAT'S ALREADY
REFLECTED IN HPMS.

ADDITIONALLY, THE TTY NUMBER CAN
NOW BE 3 OR 10 DIGITS.

SOME OF YOU HAVE
THE 711 RELAY NUMBER,

AND IN THE PAST,
YOU'VE HAD TO ENTER

A LOT OF EXTRA ZEROS TO FILL OUT
THE 10-DIGIT REQUIREMENT.

IF YOU'RE IN THE SITUATION
OF HAVING THE 711 RELAY NUMBERS,

PLEASE GO AHEAD AND YOU CAN
REMOVE THOSE ZEROS

SO YOUR MARKETING MATERIAL

IS UPDATED PROPERLY.

AND WE'VE ADDED A LOT OF NEW
WARNING MESSAGES ON THE SCREEN,

IF YOU'RE DELETING A PLAN,
IF YOU'RE ADDING ALL

OR REMOVING ALL OF YOUR
PLAN SERVICE AREA,

AND THERE'S
A NEW ON-SCREEN MESSAGE

FOR HMO/POS
LICENSURE REQUIREMENTS.

SOME STATES REQUIRE
ADDITIONAL MATERIALS

IF YOU'RE OFFERING
THE POS BENEFIT.

PLEASE BE SURE IF YOU ARE
AN HMOPOS PLAN TYPE

THAT THE APPROPRIATE
DOCUMENTATION IS

ON FILE WITH CMS.

YOU'LL NEED TO REACH OUT
TO YOUR ACCOUNT MANAGER.

SO SOME OF THE BID UPLOAD
REQUIREMENTS.

A LOT OF TIMES, I THINK PEOPLE
THINK WHEN WE SAY BID UPLOAD,

THEY'RE ONLY THINKING
ABOUT THE UPLOAD RELATED

TO THE PBP AND BPT,

AND THERE'S A LOT MORE
IN THE PROCESS

THAN JUST THOSE
TWO REQUIREMENTS.

FIRST ONE IS
THE SERVICE AREA VERIFICATION.

THAT'S GONNA BE AVAILABLE
IN THE BEGINNING OF MAY.

I BELIEVE WE'RE PLANNING
ON DOING THAT ON MAY 7.

THERE WILL BE AN HPMS MEMO
COMMUNICATING THIS.

THIS IS YOUR OPPORTUNITY
TO ENSURE THAT

YOUR SERVICE AREA IS CORRECT
FOR THE UPCOMING YEAR.

SINCE WE'RE NOW IDENTIFYING
THE SNP SERVICE AREA SEPARATELY,

YOU ARE GONNA SEE SOME CHANGES
IN THE SERVICE AREA VERIFICATION

ALSO BREAKING OUT YOUR
SNP SERVICE AREA.

WE ALSO HAVE THE CROSSWALK
FORMULARY SUBMISSIONS TO PLANS.

SO EACH PLAN THAT'S OFFERING
THE PART "D" BENEFIT,

YOU WILL HAVE TO CROSSWALK
AT THE PLAN LEVEL

THE FORMULARY THAT IS ASSOCIATED
WITH THAT PLAN.

IT'S ONLY FOR PLANS THAT
ARE OFFERING PART "D,"

AND YOU HAVE TO BE OFFERING--

OF YOUR HAVE TO HAVE
A FORMULARY.

THIS IS GETTING LOCKED DOWN
TO ORGANIZATIONS

ON THE BID SUBMISSION DEADLINE,

SO PLEASE MAKE SURE YOU'VE
DOUBLE-CHECKED AND VERIFIED

THAT YOU HAVE THE RIGHT
CROSSWALK SETUP

FOR YOUR FORMULARY CROSSWALK
BY THAT JUNE 7 DEADLINE.

THEN THERE IS WHAT I THINK
MOST PEOPLE THINK OF,

THE UPLOADING OF BIDS
AND BENEFIT PACKAGES.

YOU MAY UPLOAD MORE THAN ONE
PLAN AT A TIME,

AND AS I PREVIOUSLY SAID,
PLEASE UPLOAD EARLY.

IF YOU RUN INTO ISSUES,
IT WILL BE MUCH EASIER

TO CONTACT US ON MAY
THAN ON JUNE 6 OR JUNE 7.

SO AS EARLY AS YOU GUYS
ARE READY TO DO THAT UPLOAD,

I'D SUGGEST TRYING THAT OUT.

YOU'RE ALSO REQUIRED TO SUBMIT
THE SUBSTANTIATION.

IT'S REQUIRED
FOR YOUR JUNE 7 DEADLINE

AND UPON REQUEST
BY BID REVIEWERS.

THIS IS REALLY A BID PRICING
TOOL REQUIREMENT,

SO IF YOU'D LIKE ADDITIONAL
INFORMATION ON THAT,

PLEASE REFER TO APPENDIX "B"
OF THE BPT INSTRUCTIONS.

SOMETHING NEW FOR 2011--

USERS ARE NO LONGER SUBMITTING
TO YOUR LOOKBACK SPREADSHEETS.

SO ANY ORGANIZATION
THAT IN THE PAST YOU HAD TO--

IF YOU WERE RENEWING

AN M.A. ORGANIZATION

THAT HAD BEEN IN EXISTENCE
FOR OVER TWO YEARS,

YOU WERE REQUIRED TO DO
THE SPREADSHEET.

SO GOOD NEWS.
ONE LESS THING REQUIRED

DURING THE UPLOAD.

AND THEN PLAN CROSSWALK.

I AM SURE YOU HAVE ALL
SEEN THE GUIDANCE

THAT WENT OUT ON FRIDAY,
APRIL 16.

IF YOU HAVEN'T,
I WOULD STRONGLY RECOMMEND

YOU REVIEW THAT SEVERAL TIMES.

A LOT OF ENERGY AND HARD WORK
WENT INTO MAKING SURE

THAT WAS PROPER,

AND A LOT OF CROSS COMPONENTS
WORKED TOGETHER

TO MAKE SURE THAT WAS
UPDATED PROPERLY.

SO FOR THE PLAN CROSSWALK,
IT'S ONLY

FOR RENEWING ORGANIZATIONS.

SO IF YOU HAVE A NEW CONTRACT
THAT'S EFFECTIVE 1/1/2011,

YOU'RE NOT GONNA COMPLETE THIS.

SOMETHING NEW THAT WE'RE DOING
FOR 2011 IS WE ARE PREPOPULATING

YOUR CROSSWALK FOR YOU
WHEN YOU REALLY ONLY HAVE

ONE CROSSWALK OPTION AVAILABLE.

THIS WILL BE HELPFUL
FOR YOUR ORGANIZATION,

SOME OF YOU THAT HAVE
HUNDREDS OF PLANS,

TO ALREADY DO SOME
OF THE BACK-END WORK FOR YOU.

AND YOU SHOULD ONLY HAVE,
AS I PREVIOUSLY SAID,

THE CROSSWALK STATUS
OF TERMINATED

IF YOU'LL NOT OFFER
THE PLAN FOR 2011.

SO YOU NEED TO BE SURE
THAT YOU'VE UPDATED

YOUR CROSSWALK PROPERLY,

OR THOSE MEMBERS ARE
GETTING DISENROLLED

TO FEE FOR SERVICE MEDICARE.

Part 3

SOME ADDITIONAL REQUIREMENTS
ABOUT THE CROSSWALK--

WHICH YOU'LL NOTICE ON MAY 14th,
IF YOU WANTED TO ACCESS--

SNPs ARE LIMITED TO CROSSWALKING
TO OTHER SNPs.

AND IT HAS TO BE
THE SAME SNP TYPE.

SO IF YOU'RE OFFERING
A DUAL-ELIGIBLE SNP,

YOU CAN ONLY CROSSWALK TO
DUAL-ELIGIBLE SNPs.

YOU WON'T BE ABLE TO
CROSSWALK TO REGULAR MA PLANS.

YOU WON'T BE ABLE TO CROSSWALK
TO A CHRONIC SNP.

YOU'RE RESTRICTED IN THAT WAY.

WE'VE ALSO REMOVED THE CROSSWALK
OPTION OF RENEWAL PLAN

BASED ON PROVIDER SPLIT
FROM THE CROSSWALK.

ALSO, THE CROSSWALK CANNOT BE
MODIFIED AFTER PLAN APPROVAL.

PLANS ARE TYPICALLY APPROVED IN
AUGUST.

SO IF YOU THINK YOU MAY NEED
TO MAKE UPDATES

TO YOUR PLAN CROSSWALKS

AFTER THAT INITIAL BID
SUBMISSION DEADLINE,

PLEASE BE SURE YOU DO THAT
BEFORE THE AUGUST DEADLINE.

SOMETHING ELSE THAT IS ALSO
REQUIRED IS THAT RENEWAL PLANS

MUST RETAIN THE SAME PLAN I.D.

I BELIEVE MOST ORGANIZATIONS
ARE CURRENTLY DOING THIS.

BUT PLEASE DON'T TRY
TO CROSSWALK PLAN 1 TO PLAN 3

NEXT YEAR IF IT'S A STRAIGHT
RENEWAL PLAN.

YOU NEED TO RETAIN THOSE
PLAN I.D.s.

AND THE SAME IS ALSO TRUE

WITH CONSOLIDATED PLANS.

IF YOU'RE CONSOLIDATING PLANS
1 AND 2, YOU NEED TO RETAIN

EITHER PLAN I.D. 1
OR PLAN I.D. 2

FOR THE 2011 CONTRACT YEAR.

IN THE MEMO, WE ALSO OUTLINE
THE EXCEPTIONS THAT ARE

PERMISSIBLE THIS YEAR.

SOME OF THESE EXCEPTIONS ARE
REQUIRED TO BE DONE MANUALLY

BY CMS.

THERE IS A REVIEW PROCESS
REQUIRED.

SO YOU NEED TO MANUALLY REQUEST
THOSE.

AND IF APPROVED, WE WILL DO
THE CROSSWALK FOR YOU

AND YOU WILL SEE THE UPDATES
REFLECTED

IN YOUR CROSSWALK REPORTS.

SO THESE ARE THE SITUATIONS
WHERE YOU CAN REQUEST

THESE CROSSWALK EXCEPTIONS.

IN THE MEMO, WE HAVE CHARTS
FOR EACH OF THESE.

THEY'RE NOT
THE EXACT SAME CHARTS.

WE NEED DIFFERENT INFORMATION
DEPENDENDING

ON THE TYPE OF CROSSWALK YOU'RE
DOING.

IF YOU BELIEVE YOU'RE IN ONE
OF THESE SITUATIONS WHERE YOU'RE

CURRENTLY CROSSWALKING YOUR
PRIVATE FEE-FOR-SERVICE PLANS

TO A MORE NETWORKED PRIVATE
FEE-FOR-SERVICE PLAN,

FOR EXAMPLE, YOU'RE CROSSWALKING
NON-NETWORK

TO A FULL NETWORK PRIVATE
FEE-FOR-SERVICE, THAT'S

SOMETHING YOU'RE GOING TO HAVE
TO REQUEST MANUALLY THROUGH CMS.

WE PROVIDE GUIDANCE.

YOU NEED TO SEND ME AN E-MAIL.

MY CONTACT INFORMATION IS
IN THE MEMO.

THERE'S MY E-MAIL ADDRESS.

YOU CAN SEND MORE THAN ONE PLAN
AT A TIME

IN YOUR E-MAIL REQUEST.

AND I NEED TO RECEIVE ALL OF
THOSE BY

THE BID SUBMISSION DEADLINE,
JUNE 7th.

AND THIS SAYS "SEPARATE GUIDANCE IS
FORTHCOMING," BUT IT CAME

ON FRIDAY, SO YOU
CAN REFER TO THAT.

AND THEN VERIFICATION
OF THE BID SUBMISSIONS.

SINCE THERE ARE SO MANY STEPS
AND THERE ARE A LOT OF PLANS

THAT YOU HAVE AND EACH PLAN
HAS THEIR OWN REQUIREMENTS,

WE HAVE THIS REVIEW UPLOAD STATUS
REPORT AVAILABLE TO YOU.

AND IT SHOWS WHAT'S COMPLETE,
WHAT'S NOT COMPLETED,

AND WHAT'S NOT APPLICABLE BY
EACH PLAN.

SO IF YOU'RE CONFUSED AS TO
WHAT'S COMPLETE,

WHAT NEEDS TO STILL BE
COMPLETED,

PLEASE ACCESS THIS REPORT.

IT'S A VERY HELPFUL TRACKING
TOOL FOR YOU TO UNDERSTAND

WHAT BID SUBMISSION REQUIREMENTS
YOU'VE COMPLETED

AND WHAT'S APPLICABLE TO YOUR
ORGANIZATION.

AND I'VE ALSO PROVIDED
THE NAVIGATION PATH

TO ACCESS THIS REPORT.

JUST BECAUSE YOU'VE REACHED
THE JUNE 7th DATE

AND YOU'RE STILL ALL ALIVE AFTER
YOUR BID SUBMISSION,

THERE ARE STILL SOME
REQUIREMENTS AFTER

THAT YOU'RE GOING TO BE REQUIRED
TO DO.

THERE IS THE ACTUARIAL
CERTIFICATION.

ADDITIONAL GUIDANCE WILL BE
COMING OUT ABOUT THAT.

BUT IT MUST BE SUBMITTED FOR
EVERY BID PRICING TOOL

UPLOADED INTO HPMS.

THE INITIAL ACTUARIAL
CERTIFICATION IS DUE IN JUNE.

AND THERE ARE TECHNICAL
ACTUARIAL USER GROUP CALLS.

AND THERE IS AN HPMS MEMO
OUTLINING THAT.

I BELIEVE THOSE HAPPEN EVERY
THURSDAY.

AND THERE IS SPECIAL USER
ACCESS REQUIRED

FOR THE ACTUARIAL CERTIFICATION.

EVERY ORGANIZATION HAS TO HAVE
SOMEBODY WITH THIS ACCESS

OR YOU CANNOT COMPLETE
THE CERTIFICATION.

THERE WAS A MEMO RELEASED
ON MARCH 3, 2010, FOR THIS.

I PROCESS THOSE ACTUARIAL ACCESS
APPLICATIONS.

SO IF YOU HAVE QUESTIONS ON
THAT, PLEASE FEEL FREE

TO GET IN TOUCH WITH ME.

WE'VE OUTLINED SEVERAL OF
THE SCENARIOS,

ESPECIALLY IF YOUR ACTUARY IS
EMPLOYED INTERNALLY

AT YOUR ORGANIZATION OR IF THEY
ARE A CONSULTANT.

AND THEN THERE IS THE
SUPPLEMENTAL FORMULARY UPLOAD,

WHICH WE DISCUSSED EARLIER,
WHICH IS REQUIRED BASED ON

HOW YOU'VE ANSWERED
THE QUESTIONS

IN THE PLAN BENEFIT PACKAGE
TOOL.

SOME REPORTS THAT I JUST WANTED
TO VERIFY YOU HAVE ACCESS TO

AND THAT YOU, YOU KNOW, ARE
AWARE ARE OUT THERE,

BECAUSE SOMETIMES YOU MAY NOT
BE AWARE OF ALL THE REPORTS

ACCESSIBLE TO YOU.

THE BID STATUS HISTORY REPORT
I PREVIOUSLY MENTIONED.

THIS WILL GIVE YOU INFORMATION
ON YOUR ENTIRE BID

THROUGHOUT THE BID CYCLE.

SO HAS IT BEEN UPLOADED? HAS IT
BEEN UNLOADED

SO CMS CAN REVIEW YOUR BID?

HAS YOUR PLAN BEEN APPROVED?
HAS YOUR CONTRACT BEEN APPROVED?

YOU COULD LOOK AT MULTIPLE
CONTRACTS AT THE SAME TIME.

SO IF YOUR ORGANIZATION HAS
SEVERAL CONTRACTS,

YOU CAN ACCESS THIS FOR ALL
THOSE PLANS AT THE SAME TIME.

THERE'S ALSO THE BID SUBMISSION
STATUS REPORT, WHICH, AGAIN,

YOU CAN LOOK AT MULTIPLE PLANS
AT ONE TIME.

AND IT ALSO DISPLAYS ANY ERRORS
THAT YOU HAD WITH YOUR UPLOAD.

SO IF YOU'RE NOT SURE WHICH BIDS
YOU NEED TO RE-UPLOAD,

BECAUSE THERE WAS AN ERROR,
A VALIDATION ERROR,

YOU CAN GO TO THIS REPORT.

IT'LL HAVE ALL THE INFORMATION
FOR YOU IN A NICE SUMMARY,

WHERE YOU CAN ACCESS THAT
AND RE-UPLOAD YOUR BIDS

AS SOON AS YOU REMEDY
THOSE ISSUES.

AND THEN THERE ARE THE PBP
AND BPT REPORTS AVAILABLE

AFTER YOU'VE UPLOADED YOUR BIDS.

SO YOU CAN SEE, "AM I OFFERING
THE RIGHT BENEFIT DESIGN?"

"IS THIS THE RIGHT ONE THAT I
INTENDED TO UPLOAD AS

MY FINAL BID?," AND BID PRICING
TOOLS TO CMS.

SOME NEW AND MODIFIED REPORTS ARE
ALSO GOING TO BE AVAILABLE

TO YOU THIS YEAR.

A NEW GAP COVERAGE
DESCRIPTION REPORT IS

GOING TO BE AVAILABLE STARTING
IN JULY.

THIS YEAR, AS I BELIEVE KADY
MENTIONED,

THE GAP COVERAGE, YOU'RE NOT
GOING TO BE DESCRIBING

ALL GENERICS OR MANY GENERICS
OR ALL BRANDS OR MANY BRANDS.

WE'RE GOING TO GET THAT

BASED ON YOUR SUPPLEMENTAL
FORMULARY FILE UPLOADS.

SO YOU NEED TO ACCESS THIS
REPORT SO YOU CAN SEE

HOW YOUR GAP TIER LABELS ARE
GOING TO APPEAR

IN THE SUMMARY BENEFITS.

THE "MEDICARE & YOU" HANDBOOK
AND "MEDICARE OPTIONS COMPARE."

SO PLEASE ACCESS THIS REPORT.

IT WILL MAKE SURE THERE ARE
NO SURPRISES WHEN YOU DO SEE

THIS CMS COMMUNICATION MATERIAL
AVAILABLE.

WE'RE ALSO UPDATING
THE PLAN CROSSWALK REPORT.

WE'RE ADDING A NEW COLUMN
TO IT TO INDICATE

IF YOU'RE REQUIRED TO SUBMIT
MARx ENROLLMENT TRANSACTIONS.

SO IF YOU'RE DOING
A RENEWAL PLAN

WITH A SERVICE AREA REDUCTION
AND YOU'RE REQUIRED TO SUBMIT

MARx DISENROLLMENT TRANSACTIONS
FOR MEMBERS LIVING

IN THAT REDUCED SERVICE AREA,
IT WILL INDICATE SO

ON THE REPORT.

THIS LINES UP WITH THE GUIDANCE
THAT WAS PROVIDED

IN THE APRIL 16th MEMO.

BUT THIS IS JUST AN EASIER WAY

FOR YOU TO ACCESS

THIS INFORMATION AT ONE TIME.

AND THERE IS GOING TO BE A NEW
PLAN COMPARISON REPORT

FOR ORGANIZATIONS

SO YOU CAN COMPARE PLANS IN
A SINGLE YEAR OR ACROSS YEARS.

WE RECEIVED THIS REQUEST DURING
OUR ANNUAL COMMENT PERIOD

THAT WE TAKE FOR THE UPCOMING
YEAR.

SO IF YOU WANT TO SEE HOW YOUR
BENEFIT IS, COMPARING ONE YEAR

TO THE NEXT, YOU'LL BE
ABLE TO DO THIS

IN THE HPMS BID REPORT SECTION.

AND SOMETHING I'M NOT GOING TO
TALK TOO MUCH ABOUT

BUT PLEASE BE AWARE THAT THERE
IS GOING TO BE A NEW

SB HARD COPY CHANGES REPORT
COMING.

WE'RE WORKING ON A SB HARD COPY
CHANGES MODULE.

MORE GUIDANCE IS FORTHCOMING
ON THAT.

THAT HAS NOT BEEN RELEASED YET,
BUT WE ARE WORKING INTERNALLY

TO GET THAT TO YOU.

AND THIS WAY, YOU'RE GOING TO
BE ABLE TO SEE

WHAT THE GLOBAL HARD COPY
CHANGES ARE

FOR YOUR SUMMARY OF BENEFITS
IMMEDIATELY BY ACCESSING

THIS REPORT. IN PRIOR YEARS,
YOU HAD TO REFER TO A MEMO

THAT WAS RELEASED IN--I GUESS
A JULY TIME FRAME.

USER ACCESS. I WILL GO OVER
THIS PRETTY QUICKLY.

MOST OF YOU HAVE USER ACCESS.

IF YOU DON'T, YOU PROBABLY
WANT TO GET IT.

YOU'RE REQUIRED TO HAVE A VALID
CMS USER I.D. AND PASSWORD.

EVERY YEAR, YOU HAVE TO
RECERTIFY YOUR USER I.D.

IF YOU HAVE QUESTIONS ON THIS
PROCESS,

HERE'S THE HPMS ACCESS MAILBOX.

PLEASE NOTE THERE IS
AN UNDERSCORE BETWEEN "HPMS"

AND "ACCESS."

PLEASE SEND AN E-MAIL TO THIS
MAILBOX.

OUR MAIL STOP HAS CHANGED, SO IF
YOU WANT TO MAKE SURE

YOUR USER ACCESS FORMS GET TO
US, WE CAN GIVE YOU

THAT UPDATED INFORMATION.

THE PART THAT I THINK IS
A LITTLE MORE IMPORTANT

FOR THIS AUDIENCE IS MONITORING

WHO HAS ACCESS TO YOUR
CONTRACTS.

SEVERAL OF YOU HAVE
FORMULARY CONSULTANTS,

ACTUARIAL CONSULTANTS.

AND YOU MAY HAVE PEOPLE WHO HAVE
RECENTLY JOINED

YOUR ORGANIZATION

OR PEOPLE WHO HAVE RECENTLY LEFT
YOUR ORGANIZATION.

WE'VE GIVEN ACCESS TO YOUR
MEDICARE COMPLIANCE OFFICERS

AND YOUR USER ACCESS CONTACTS
TO ACCESS ADDITIONAL REPORTS.

SO YOU CAN SEE WHAT USERS
HAVE ACCESS TO, WHAT USERS ARE

ASSIGNED TO WHICH CONTRACT
NUMBERS,

AND WHICH USERS ARE ASSIGNED TO
A MODULE.

SO IF YOU HAVE PEOPLE IN YOUR
ORGANIZATION THAT NO LONGER WORK

THERE, YOU PROBABLY DON'T WANT
THEM STILL ACCESSING YOUR DATA

IN HPMS.

YOU CAN SEND US AN E-MAIL AT
THAT HPMS ACCESS E-MAIL BOX,

AND WE CAN ADDRESS ANY CONCERNS
YOU HAVE ABOUT USER ACCESS

AND WHO'S ACCESSING YOUR
CONTRACTS.

AND, LASTLY, SOME OF
THE TECHNICAL CONTACTS.

IF YOU HAVE HPMS-RELATED
QUESTIONS,

HERE'S OUR CONTACT INFORMATION
ON HERE.

JULIA HEETER IF YOU HAVE

FORMULARY SUBMISSION-TYPE
QUESTIONS.

I'M THE CONTACT IF YOU HAVE
BID SUBMISSION

OR PBP-TYPE QUESTIONS.

AND THEN WE HAVE OUR TECHNICAL
HELP DESK

AND CONNECTIVITY AND HPMS ACCESS
ISSUES.

SO PLEASE FEEL FREE
TO CONTACT US.

WE'RE MORE THAN HAPPY
TO HELP YOU ADDRESS ANY CONCERNS

THAT YOU HAVE TO MAKE SURE
THAT YOUR BENEFITS AND YOUR BID

FOR THIS UPCOMING YEAR ARE
ACCURATE.

AND I THINK I'M DONE.