



**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  
DEPENDING

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.