

CY 2011 HPMS: From a Compliance Perspective

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Agenda

- Key Dates for Contracting Submissions
- 2011 Bid Submission
- Module Changes & New Modules
- Reports
- User Access
- HPMS Contacts

2011 HPMS Contracting Submission Dates

Key HPMS Submission Dates

- **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)
- **June 7, 2010** – Voluntary Non-Renewal/Service Area Reduction notification due to CMS

Key HPMS Submission Dates (Cont' d)

- **June 7, 2010** – Actuarial Certification Module is released
- **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
 - Home Infusion file

Key HPMS Submission Dates (Cont' d)

- **June 30, 2010** – 2009 DIR submission due to CMS
- **August 2, 2010** – Deadline to submit agent/broker compensation schedules in HPMS
- **Late August/Early September** – Completion of contracting materials and final actuarial certification

Key HPMS Submission Dates (Cont' d)

- **October 1, 2010** – Plans may begin CY 2011 marketing activities
- **October 1, 2010** – Deadline for submitting CY 2011 PBP plan correction requests in HPMS (Note: Contract must be approved prior to requesting a plan correction)

2011 Bid Submission

Bid Upload

- To complete the bid upload process, users must perform the following functions in HPMS, as applicable:
 - Service Area Verification
 - Became available on May 7, 2010
 - 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 - Continued

- 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 or if you have been approved for an exception
 - The benes will be disenrolled to FFS Medicare

Bid Upload – Plan Crosswalk (Cont' d)

- 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 (not applicable to contract consolidations)

Exceptions Crosswalk

- CMS will only consider the following exceptions for 2011 (these actions cannot be completed by the Plan user in HPMS):
 - Crosswalking beneficiaries in PFFS Plans to more networked PFFS plans
 - Consolidation of PDPs across contracts as a result of a merger or novation
 - Submission of MARx transactions to move a subset of members in a D-SNP to a new Medicaid Subset D-SNP
- Please contact Sara Silver (sara.silver@cms.hhs.gov) if you would like to request one of the above exceptions

Module Changes & New Modules

Agent Broker Compensation

- Agent Broker Compensation (ABC) data will be collected in HPMS
- The new link will become available on July 9, 2010
- All organizations must complete this data entry, even if you do not have independent agents/brokers
- Separate attestation access type

Electronic Contracting Module

- The benefit attestation and hard copy submission of contracts/addenda will be replaced by the Electronic Contracting Module (ECM)
- Organizations will sign contracting documents, addenda, and benefit attestations online
 - Limited users will have signature authority

Electronic Contracting Module (Cont' d)

- CMS will countersign documents online
 - Organizations will receive an email once CMS has countersigned the documents
 - Users will receive the link to the Medicare Mark in this contract approval email
- Organizations will be able to print and save these countersigned documents from HPMS

E-Signature & Attestation Requirements

- E-signature for the ECM and attestation access for the ABC module will be limited to:
 - CEO
 - CFO
 - COO (new contact field)
- Must have active HPMS access in order to sign/attest
- Sharing HPMS IDs is **prohibited**

Summary of Benefits Hard Copy Changes

- Summary of Benefits (SB) Hard Copy Changes (HCC) Module will be released at the beginning of August
- Once released, all SB I and SB II requests must be submitted through the module
 - Organizations may send SB I changes to the SB mailbox from June 14 until the module release

Summary of Benefits Hard Copy Changes (Cont' d)

- Will be able to request SB hard copy changes online
 - Each change requires a separate SB HCC request
 - Users may request multiple SB changes for a Plan
- Automated emails providing disposition of individual requests
- Reports available on HPMS to view the disposition of your requests and global SB hard copy changes

Marketing

- June Release: New Marketing Checklist Functionality
 - Allows user to indicate compliance with applicable marketing material
 - Not all marketing materials have checklist functionality
 - Refer to Marketing User Guide for more details

Marketing (Cont' d)

- Fall Release: You will be able to access approved SB hard copy changes from the Marketing Module
- CMS will continue to conduct quarterly File & Use Retrospective Reviews of Marketing

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

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

- Compliance Officers are strongly encouraged to monitor HPMS access within their organization using three access reports
 - Access also given to 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

HPMS Contacts

HPMS Contacts

Module	Contact	Contact Information
Bid Submission/ SB Hard Copy Changes	Sara Silver	410-786-3330 or sara.silver@cms.hhs.gov
Marketing (incl. Agent Broker Compensation)	Tim Hoogerwerf	410-786-9962 or timothy.hoogerwerf@cms.hhs.gov
Electronic Contracting	Greg Buglio	410-786-6562 or gregory.buglio@cms.hhs.gov
Technical Help Desk	HPMS Helpdesk	800-220-2028 or hpms@cms.hhs.gov
Access and Connectivity Issues	HPMS Access Helpdesk	hpms_access@cms.hhs.gov
Password Reset	CMS IT Helpdesk	800-562-1963