



CMS 2011 MEDICARE ADVANTAGE AND PRESCRIPTION DRUG PLAN
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Sara Silver: Good afternoon, everyone. Thank you again for coming. We are going to go through – Don Freeburger and I – some of the basic HPMS items you might be interested in. I'm mainly going to focus on the bid submission process. For some of you, this may be just some general reminders. But we're also going to go over some of the changes that have occurred in HPMS's upcoming year for the bid submission process.

So here's just our agenda, overview, and key dates. I'm just going to show you that slide quickly, mainly because I think some of these dates you've seen multiple times in the presentations – just trying to drill into your heads some of these key dates coming up, some of the different plan creations, plan management, and general reminders about what you will be doing to create your plans for this upcoming year. The upload requirement which, as many of you know, is more than just uploading your benefit package. There are a lot of additional steps you have to take in HPMS. Reports – we do have some new reports, and we have some updates to some existing reports, which I think a lot of you will find helpful. HPMS access, which Don will be speaking about, and just a general list of contacts. And you guys are more than welcome to contact us at any time if you have technical questions on the formulary and bid submission.

Okay, the key dates -- I think you've seen all of these. This upcoming Monday is your deadline for formularies and your transition policies. I'm sure you all have been working very hard at getting these together for this upcoming year. June 13th is the deadline for the submission of your supplemental formulary files. Some people have asked why this date is different than the other date, and that's really related to the benefits that you're indicating in the PBP software. So all the supplemental files are due, depending on what you're offering, on that June 13th deadline.

April 8th – This has already passed. But in case anyone has not gone into HPMS and the Bid Submission module, we strongly encourage you to go there now. You can download the Bid Pricing tools, the Plan Benefit Package software, and all the different technical instructions are posted there. We encourage you to go there now. There's a ton of material available to you. All the SB sentences are posted there, the list of changes for this upcoming year – there's a lot of material that we think you would find very helpful.

And the ability to start creating your 2012 Plan Structures in HPMS -- that was also released this past Friday. A memo did go out about that, so hopefully everybody has seen that. And anyone who was in the program in 2011 or earlier, your plans will have been carried forward from the previous year; but you still need to go in and verify that all of your information is accurate.

May 13th -- That's when you can start uploading your bids. So this is still a couple of weeks away; but in the interim, you should be creating your plans in HPMS, downloading that to the PBP software, and working on that material. But you can begin uploading your bids May 13th through June 6th, the bid submission deadline, which is 11:59 p.m. Pacific Time; so it's really 3:00 a.m. Hopefully, we're not all up at that time working on our bids.

I would like to also encourage people – I know I said this multiple times before, but upload early and upload often. If you upload a bid prior to the June 6th deadline, CMS is only going to be reviewing the last bid that you submit by that June 6th

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deadline. So if you want to do some practice uploads – if you're newer to the process – please feel free to do that. It's not going to harm you, and you can upload another bid after that which will write over that previous version.

October 1st – That's the deadline for plan corrections in HPMS. After that date, you're no longer going to have access to that module.

Okay. So Plan Creation – setting up the plans. So as I said, you can create new plans or you can modify or delete your existing plans. For new plans, you can create new individual market plans, new employer plans, new SNP plans. It all is dependent on what your organization has applied to offer for the upcoming year that you'll be able to create.

Modifying and Deleting Plans – This is a big reminder because we get lots of questions about this near the end of the contract year about deleting plans. You should only terminate a plan if you're going to consolidate it with another plan or if you're truly terminating that plan for this upcoming year. And by termination, all of your beneficiaries are going to get disenrolled into fee for service. So you need to, you know, be careful that you're only terminating what you intend to terminate.

This is also when – and I have already started to get some questions about this – where you can change your plan owner or the super user for the plan. So the super user has certain functions. They're the only person who can define and modify the plan in HPMS. They're the ones who can set up the data entry users in the PBP software. So if you need to change your plan owner for this upcoming year, the first person who touches the plan for the next year for this year will be that plan owner. If you ever need to change that at any time, it's not a problem; just call the HPMS Help Desk, and they can help you with that.

We've also provided you the navigation link to access the plan creation and set up of your plans in case you're not familiar with where you need to go for that.

Okay, so you are creating a lot of information in Plan Creation; and this is all going to impact the additional benefits that you're going to be able to offer. You can select your plan level service area; and this is going to be a subset, or it could be the full contract service area. So you'll have a pick list of counties or regions, depending on your plan type, to select from. You can indicate your plan type. The only organizations that really have this ability are the HMO / HMO-POS Plan types. Please note if you indicate you're an HMO-POS, you have to offer the POS benefit; the PBP software is going to require that.

Plan Name – You can enter whatever you'd like, but we continue to append the end of your plan name with your plan type. So you can say, "I'm Gold Plan," and then we're going to append it with "HMO." So that's already going to be added there. Previously some people used to put their plan type in the plan name; you don't need to do that anymore. We're already appending that for you.

Spanish Name – a couple of additional characteristics. Your SNP characteristics – again, this is dependent on what you submitted an application for in HPMS. All of those applications were due back in February, but you're going to be restricted from selecting just from the subset of what you have an application for.

Something that is new for this year is the Provider-Specific Plan Indicator. We have actually fine-tuned that area, and we have specified the question with a little more information. So you can indicate if you're offering your provider-specific plan. If you're doing that, there are additional upload requirements for you.

So two additional new things this upcoming year – Attestation for organizations that indicate co-brand partnerships. So you will see if you enter a co-brand partnership or if you have any that are being carried forward from 2011 that you're attesting that CMS has approved that co-branding partnership and that you are adhering with the Medicare Marketing Guidelines. So there is something you have to attest before you can hit "Submit," so please make sure you're in compliance with those requirements.

We've also added a new question in Plan Creation, and it's only going to be asked of those plans that have identified themselves as Dual Eligible SNPs. We're asking if you're a fully integrated, dual eligible – sometimes referred to as FIDE SNP. And additional requirements about the FIDE SNP are outlined in the Call Letter, and it outlines the requirements for the frailty adjustment payments in the Call Letter.

Okay. So Upload Requirements – Most of the upload requirements will be available to you on May 13th, but there is something that will be available to you earlier; and that's the Service Area Verification. We always release this a little bit earlier than the rest of the bid upload requirements because of the complexity around it. If you need to modify your service area, if you think you have counties assigned that you shouldn't have assigned – this all needs to be fixed before that bid submission deadline. This will hold you up from your bid being written off to desk review, so essentially that

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means CMS cannot review your bid until your service area is accurate and you've completed the verification. And the verification is on your individual market service area, your employer service area, and your SNP service area, so there are a lot of different areas you are verifying.

There's also the crosswalk of formulary submissions to plans, so it's only required for those plans that are offering the prescription drug benefit and have submitted a formulary. You're going to be limited to assigning plans to formulary IDs based on the formulary ID in contract associations you made in the Formulary Submission module. So please make sure you have selected all the applicable contracts in the formulary submission that you need to associate with your plans. Please note it cannot be modified after the bid deadline. So we really expect this to be accurate by that June 6th deadline. If you have to make modifications after that, please contact CMS. You can contact me directly even, and we can get you in touch with the right people to make sure that the updates are made.

So Uploading of Bids and Benefit Packages – something really important to note here is you can upload more than one plan at a time. The upload is really a zip file. We zip together your benefits and the pricing of your benefits into one zip file package, and it's uploaded in HPMS. And again, we recommend you upload early because there's no restriction on the number of times you upload before the deadline. And something else worth noting is the closer you get to that June 6th deadline, the harder it is for you to get all your validations in the system because there is so many other plans being processed at the same time.

In addition, with the upload is the requirement to complete the substantiation. And that's also required for the June 6th deadline and upon request by bidder viewers. This is an actuarial requirement. This is thoroughly outlined in Appendix B of the Bid Pricing Tool Manual, which is posted in HPMS; and it even has a cover sheet with all the different checklist items that you need to submit under the substantiation upload.

Plan Crosswalk – This is probably what I get the most questions about. It's only for renewing organizations. So if you're a brand new contract for 2012, you don't need to worry about this; but you do need to worry about this if you have been in existence from 2011 or earlier. And this is new this year. You cannot modify your plan crosswalk after the bid submission deadline. So please make sure that is accurate. Before you could modify it a little bit later into the year; but we have to lock it down now because of processing exceptions crosswalks and additional modifications that we need to do for processing. We are going to continue to prepopulate the crosswalk for 2012 when there is only one crosswalk option available. So if you have Plan I that existed in 2011, Plan I continues to exist for 2012. We'll automatically complete that association for you in HPMS.

And again, another reminder that do not leave plans with the crosswalk status of "terminated" if you're not going – or wait, you should only have the crosswalk status of "terminated" if you're not going to offer that plan for 2012 or if you have a pending exceptions crosswalk.

Some additional rules that have been in place for a couple of years, SNPs are limited to crosswalking to SNPs of the same type. So a dual eligible SNP can only be crosswalked to a dual eligible SNP. New this year is cost plans may not have a plan crosswalk status of "terminated," and that's because we are trying to accommodate the structure of cost contracts using the plan model; and all of the plans are really just different sets of optional supplemental benefit offerings. So if you choose not to offer that optional supplemental offering, you're going to be required to crosswalk it to another benefit offering that you have under that contract. And if there are any cost plans in the room, I'm happy to talk to you about these requirements and what this means for your plan set up.

Renewal plans must retain the same plan ID from year to year, so you cannot crosswalk Plan I to Plan III and consider that a renewal. The system will not permit you to do that. And consolidated plans under the same contract must retain one of their 2011 plan IDs.

Okay. The Exceptions Crosswalk – We've outlined in the Call Letter the permissible exception crosswalks that will be allowed for the 2012 contract year, and I've done a very high-level outline of them here; but I strongly suggest you go to the Call Letter for additional details of what is a permitted exceptions crosswalk. So we'll continue to allow the exceptions crosswalk of crosswalking from a private fee-for-service plan to a more networked private fee-for-service plan. So if you have a non-network private fee-for-service that you would like to crosswalk to a full network private fee-for service, that is an exceptions crosswalk that we would permit. Consolidation of PDPs across contracts as a result of mergers or novations, and then select transitions of D-SNPs. And I believe there are three different transitions of D-SNPs that are permitted, such as if you have a D-SNP in a multistate service area and you would like to break apart those D-SNPs into each individual state for state contracting purposes, that would be something that we would permit.

So I strongly suggest you go to the Call Letter to review what's permissible. Additional exceptions crosswalk guidance will be coming out in the near future. We're working on providing that guidance. We will be collecting crosswalks in HPMS this year. So please make sure that you guys are prepared to send that in HPMS. We will outline that in the Memo. Last

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year I got e-mails of exceptions crosswalks. So you can imagine how crazy my e-mail box was for part of the bid submission process. And if you do have questions on these crosswalks, please contact myself or Heather Kilbourne; and we're happy to answer some additional questions for you.

All right. Another step is the Verification of the Bid Submission process. You need to verify that all of the steps have been taken. Some people still assume that all you have to do is upload your bid; and it's very much not the case, but there are a lot of different steps that need to be taken. And some organizations have multiple contracts, multiple plans; and we provide actually a chart for you that you can access to see all of the different steps. And it'll show you if it's been completed or not completed, so you can see what you still have to do for a complete bid submission.

We've also updated this report, for those of you who are familiar with it; so you can download it to Excel or PDF the document. So if there are additional people that you need to share this information with, please feel free to if they're potentially responsible for one of the steps that hasn't been completed yet.

Okay. So we talked about all the requirements that are due with the bid submission on June 6th. But you're not done submitting things in HPMS related to your bid. You still have to complete your actuarial certification, and the Office of the Actuary always supplies additional guidance about this. And it is also outlined in the BPT User Manual.

There is also a separate Access Letter which was sent out via HPMS on March 3rd, if you have consulting certifying actuaries. So please ensure that those people are set up with the appropriate access levels and that you have the appropriate people with access to your contracts in the system. Because we are working with a lot of users, please send that in as soon as possible.

There is also the Supplemental Formulary Upload, which I think Kady went into great detail about; and that's required based on what you've answered in the PDP. Again, that's due June 13th

And then the submission of Provider Specific HSDs -- This is new this year. Last year you would e-mail your account manager if you had a provider-specific plan and submit those HSD tables to your account manager. This year we're collecting them via an upload in HPMS. It's due June 17th. So people at CMS get e-mails about who's indicated that they have provider-specific plans. So we are well who's answered these questions, and we'll be in contact if we don't have the necessary HSD tables for review this summer.

Okay, and just a quick overview of some reports. We have a ton of reports in HPMS, so I really want to highlight some of the key ones that are available to you. The Bid Status History Report is a report that's helpful to you throughout the entire summer and even into the fall. It has all of the crucial steps that are happening throughout the bid submission process -- so has your bid been uploaded, do you have bid approval, do you have contract approval. These are all very important steps that you're going to want to know. So you can look at multiple contracts, multiple plans at the same time; and again, this is just to verify that you have all of the information complete, that everything is approved and signed off in HPMS.

And the Bid Submission Status Report -- It displays all of the errors associated with uploads. It also provides you confirmation numbers of your uploads. So if you're having issues with an upload and you're not sure what the errors are or what the issues are, you can access this report. The person who submits the bid gets an e-mail about this information, but here's another place that you can access it, and it's a concise, consolidated list.

PBP and BPT Reports -- Just another verification that you've uploaded the correct benefit design. The latest version of your bid that you submitted will be available in these reports. And something I want to point out is that the Part D Benefits Report -- many thanks to the hard work with the Part D Benefits Team. We've made it in a more user-friendly format, and I think we're going to continue to make updates to the format of some of these reports so they're a little more user-friendly and a little bit easier to print.

And then the Plan Crosswalk Report -- That's actually in the Contract Management Report section of HPMS, and I strongly encourage everyone to access this report if you've not done so in the past. It tells you the status of your crosswalks, the number of beneficiaries that will be either rolled over due to a consolidation or potentially terminated because your plan is marked as terminated or that plan has a service area reduction. Some people are surprised that this report is there. It's been there for years. It's very important that you access this because based on the data in this report, your rollovers will be shown there so you'll know which rollovers HPMS will automatically do for your plans. If you also have exceptions crosswalks, this is another way that you can verify that your crosswalk has been effectuated by CMS, because if we are crosswalking a plan on your behalf, it will show up in this Plan Crosswalk Report. So I'd strongly encourage you to continue to view that.

Some high-level modifications to some reports as well. The Gap Coverage Description report, it will be available in the July/August timeframe. We've made some updates to the way your Gap tier labels will display. We're also showing you a

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more finite level of detail; we're showing you your Gap coverage at the tier label, so you'll be able to see that information there. Please note these Gap tier displays are going to be in the Summary of Benefits Medicare new handbook and Medicare plan finders. So it's good to know that you've verified that the data is correct based on your bid submissions.

We're also creating a brand new Resubmission Request Report. This is actually via "Lessons Learned" comments, that we received that you can see which bids are in resubmission status. So you can also see which bid review component opened the gates, how much longer you have to open the gates, additional e-mail text information. We've received this request from several organizations, and here's one concise location where you can access all of this information together.

And lastly, before I turn it over to Don, we've also created a new reference link for reports. Since we have so many reports, we're creating a high-level, user-friendly, what exactly is the data that's in this report. So if you're not sure what each report has, the type of data it has, you can access these reference links. One will be available via the Bid Reports; another will be available via the Contract Management Reports; and you'll be able to kind of have a better understanding of the type of data under each of the reports.

With that, I'll turn it over to Don.

Don Freeburger: Thanks, Sara. Hi, everybody. I'm Don Freeburger, and we wanted to talk to you about some HPMS access features that if you're aware of them and you keep them in mind, they're going to make your HPMS experience that much more enjoyable.

Before I start, is there anybody out there that does not have access to HPMS? Okay, it looks like we've covered everybody. So everybody knows it's web-enabled, it's available over the Internet, and you do need a CMS user ID; and if you have any questions, an e-mail address you want to keep in mind is HPMS – and it's actually underscore – hpms_access@cms.hhs.gov.

What we've seen over the last couple of years is the emergence of a new type of user, which is the plan consultant users; and these are formulary consultants, big consultants and, as Sara was talking about, the actuarial certification consultants. These people are third party, and they're not employed by the plan. In order to gain access to your data, they will need a letter from the plan, on your plan letterhead, authorizing them access and specifying the role that they're going to play in the system as your representative.

One thing you need to keep in mind is that you can have one consultant serving multiple companies. So they will have access to other plans' data in addition to your own. So given that, it's going to be more important for you to keep in mind and monitor HPMS access for your data. And what we've done is, we've made it available in the system for certain members of your organization to keep an eye and track who has access to your contracts and the data in there. And we've given this access to the compliance officers and other select users.

There's three reports that are available to these individuals to keep an eye on who has access to your data. They are the – there's a User Access Report. You can identify which users are assigned to your contract numbers in the system and which users are assigned to particular modules – like who has the formulary consultant role, who's the actuarial certifier for your contract – various reports like that. So that's something you want to be aware of and keep an eye on that as you go through the annual cycle.

One of the things that we've had a problem with with these user IDs is this ID certification. It's done on an annual basis on the anniversary of the date the ID was issued. Basically what it is, is it's a requirement that you come into the system and say, "I still want my access. This is my ID; I still want to maintain my access," and it's done on an annual basis. So the way this process works is that as you approach your due date, you're going to receive an e-mail forty-five days prior to the date it's due. And at any point after that, you can certify your ID. And you do that by going to the website and clicking on "Certifying" and you just follow the instructions. And you'll see that once you click on the "Certify" pad, it'll say "System Access" and there'll be a yellow button there, and it'll say "Due." And if you follow the instructions and complete your certification, it'll say "Pending." And then we'll get a notification to approve it, and then you'll be all set for another year.

One of the problems we've run into is sometimes your local Internet or your local LAN would tend to see this notification e-mail as a spam, and it'll block it. So you have to be aware of that. And one of the things we encourage you to do is be aware of when your ID was issued and when your certification is due each year, and that'll help you be prepared for this. Fifteen days prior to the actual due date you're going to get a daily e-mail – assuming that your network's going to let it through.

Okay, one other thing that makes this so important this year is last year we added a new feature into the system where we had the executives of each of the plans and organizations gain access to the system with their own ID so that they can do electronic contract signature and attestations. And it was at this time last year that we started issuing these IDs. So, in

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the next couple of weeks and months, each of these CEOs is going to be due for his or her certification. Only, let's be honest here, they've probably got a lot bigger fish to fry than worrying about certifying their ID; so maybe it would look good if somebody could say, "Hey, I think your ID is due for certification. It's something you need to be aware of. Let me help you out, and that way you can keep your access through the summer and you won't have any problem when you have to sign a contract in September."

Because if you fail to certify, you'll have to start the whole process again – sending in the form and getting a whole new ID and making sure it works and all that. And given the fact that there's a lot of other people trying to get IDs, you'll just get in the queue. So if you can make them aware of that and circumvent the process and prevent a problem, it's probably going to help you; and it's certainly going to help us.

One other thing that we've run into a problem with – especially with these new type of consultant users – is when somebody needs to have their access terminated from HPMS. The way you do this is, if you identify an individual that no longer works for the company or that no longer has HPMS in their job duties, you can just send this e-mail to `hpms_access` and tell us the name of the individual and their user ID and that you want them terminated.

Now, you have to be real careful here, especially with these consultant users, because there's a difference between deleting HPMS access from the ID and terminating the ID. If you just delete HPMS access, and you find out later that you've made a mistake or that they want it back because you've made changes, we can recover the access. If we terminate the ID altogether, we can't make any kind of recovery; they'll have to apply for a new ID. So if you're looking at the reports and you see a consultant user or some other user that has access to your contracts and you want to make a change and remove them from that, if you send the e-mail and say, "Remove this user from access to this contract," that will guarantee you that we won't make any mistakes on our end and terminate the access. And it's kind of important for the consultant user because you don't want to delete their ID totally, and they still need access in order to perform their duties for another plan. So that's just something you need to be aware of, and we urge you to use caution when trying to delete the access.

These are the technical contacts for HPMS, and if you have any questions at all, just feel free to give us a call. Thanks for your time.