



CENTER FOR MEDICARE

DATE: May 9, 2014

TO: All Current and Prospective Medicare Advantage, Prescription Drug Plan, Cost, PACE, and Medicare-Medicaid Plan Organizations and Bid Consultants

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SUBJECT: Release of the Contract Year (CY) 2015 Bid Upload Functionality in HPMS

CMS is pleased to announce the release of the Contract Year (CY) 2015 bid upload functionality in the HPMS Bid Submission Module. At this time, organizations should begin completing the upload requirements that accompany the physical upload of the bid submission.

To access the CY 2015 bid upload functionality, organizations should use the following navigation path in HPMS: HPMS Homepage > Plan Bids > Bid Submission > Contract Year 2015 > Upload. As with past years, if any of the required upload components are not complete by the June 2, 2014 bid submission deadline, the bid submission will not be sent forward to the desk review process.

The following is a complete listing of the CY 2015 bid upload requirements:

- Service Area Verification
- Plan Crosswalk
- Formulary Crosswalk
- Substantiation
- Bid Submission

After submission of the bid, organizations are also required to submit the following:

- Actuarial Certification
- Supplemental Formulary Uploads
- Provider Specific Plan Health Services Delivery (HSD) Table Uploads

The sections below describe each upload requirement in greater detail. Please

pay special attention to which organizations/plans are bound by each upload requirement as some requirements are not applicable for every organization/plan.

Note: The CY 2015 bid upload requirements apply to the Medicare-Medicaid Plan (MMP) contracts except where noted below.

SERVICE AREA VERIFICATION

CMS released the Service Area Verification (SAV) functionality on April 25, 2014.

All organizations that submit bids (i.e., a PBP and/or BPT, depending on the plan type) must review their entire contract service area and applicable attributes (e.g., employer-only/special needs plan/pending/partial counties or regions) and provide concurrence or non-concurrence. Organizations that non-concur must provide an explanation as to what is incorrect with their contract service area, such as a county or region that is not listed or one that is erroneously listed. For counties that are erroneously listed or that you plan to withdraw from your service area, organizations should not assign these counties to any of your plans.

If an organization non-concurs with any portion of the contract service area, each noted discrepancy must be resolved with CMS as soon as possible. Service area issues may result in serious delays of the CMS bid desk review process. Once resolution is met with CMS, you must re-verify the contract service area and concur in HPMS as quickly as possible.

The SAV functionality provides the following information: the counties/regions assigned to a contract; whether it is an employer-only county/region; whether it is a SNP service area; whether it is a pending county/region; whether it is a partial county; the number of individual and SNP plans that contain that county/region; and the number of employer plans that contain that county/region. If the **Partial County** displays a “Yes,” you can select the “Yes” link to view the zip codes for that partial county. If the **Number of SNP Types** displays a number, you can select that number to view the SNP type(s) associated with the county. By selecting the “Number of Individual and SNP Plans” or “Number of Employer Plans” link, you can view the plan ID(s) that contain that county/region.

If an organization identifies an issue with its contract service area, please contact the appropriate person(s) as noted below:

MAO and PACE Service Area Issues (Individual and Employer Service Areas):

- <https://dmao.lmi.org/>

PDP Service Area Issues (Individual and Employer Service Areas):

- Linda Anders at Linda.Anders@cms.hhs.gov or 410-786-0459

Special Needs Plan (SNP) Service Area Issues:

- https://dmao.lmi.org

Medicare-Medicaid Plans Service Area Issues:

- MMCOcapsmodel@cms.hhs.gov

PLAN CROSSWALK

All returning organizations (i.e., organizations that existed in CY 2014) must complete a plan crosswalk in HPMS. Organizations will use this crosswalk to identify the relationships between their CY 2014 plans and CY 2015 plans. Please note that you will be required to complete the crosswalk for all contract numbers for which you own plans. CMS uses the plan crosswalk to identify whether plan enrollees must be moved to another plan for the upcoming contract year due to a plan reconfiguration as well as to identify beneficiary notification requirements.

The plan crosswalk cannot be changed after the bid submission deadline of June 2, 2014. The last version of the plan crosswalk present in HPMS will become the official crosswalk. If any validation edits fail, you will need to correct the crosswalk or select a different type of plan relationship. For additional guidance on renewal options, please refer to the Final Contract Year (CY) 2015 Call Letter released via HPMS on April 7, 2014.

FORMULARY CROSSWALK

Formularies will not be automatically crosswalked, so Part D organizations must complete the formulary crosswalk in HPMS. Formularies are due in HPMS via the Formulary Submission Module by June 2, 2014. In order for this requirement to be considered complete, all Part D plans under that contract must be assigned a formulary ID and all formularies submitted for an organization must be assigned to at least one plan. One formulary ID may be mapped to one or more plans. The formulary crosswalk cannot be changed after the bid submission deadline of June 2, 2014.

SUBSTANTIATION

Please refer to Appendix B of the MA and MSA Bid Pricing Tool (BPT) Instructions and/or Part D BPT Instructions for guidance on the bid substantiation requirements set forth by the Office of the Actuary (OACT). These instructions are available in HPMS at Plan Bids > Bid Submission > Contract Year 2015 > Documentation. Once a plan/segment bid has been approved, HPMS will no longer accept any substantiation for that plan/segment.

The substantiation requirement does not apply to the Medicare-Medicaid Plan contracts, as they are not submitting a BPT.

BID SUBMISSION

The bid submission step is an upload requirement for all organizations/plans.

Organizations are required to upload the completed bid submission, which is comprised of the applicable BPT(s) and PBP for each plan being submitted. Organizations must ensure that all software patches, if applicable, have been applied to the BPT and PBP prior to upload.

Throughout the bid submission process, organizations should review the status of the various components of the bid upload to ensure completion. This status can be viewed in HPMS at Plan Bids > Bid Submission > Contract Year 2015 > Upload > Review Upload Status.

After bid submission, organizations may be required to submit additional information to CMS. Please pay close attention to determine whether you are required to submit additional material.

ACTUARIAL CERTIFICATION

An actuarial certification is required for **each submitted MA BPT, Part D BPT, and MSA BPT**. Certifying actuaries must complete a certification in HPMS after the bids have been submitted. If the actuarial certification is not completed in HPMS, then the bid will not be sent forward for CMS desk review.

Please refer to Appendix A of the MA and MSA BPT Instructions and/or Part D BPT Instructions for further requirements concerning the actuarial certifications. These documents are available in HPMS at Plan Bids > Bid Submission > CY 2015 > Documentation. Organizations should also refer to the HPMS memo “Instructions for Requesting Consultant or Electronic Signature Access to HPMS” from March 7, 2014 to ensure the appropriate HPMS users have access to complete the actuarial certification.

The actuarial certification requirement does not apply to Medicare-Medicaid Plan contracts, as they are not submitting a BPT.

SUPPLEMENTAL FORMULARY FILES

The formulary supplemental submission functionality supports the submission of gap coverage, free first fill, home infusion drug, over-the-counter, and excluded drug supplemental files. Organizations must submit this supplemental information by June 6, 2014 for each plan offering this coverage. If the supplemental formulary file submission is not completed in HPMS, then the bid will not be sent forward for CMS desk review. Please note that the supplemental formulary file upload functionality will not be available until your bid submission is uploaded and unloaded to desk review. For further information on these submissions and the file record layouts, please refer to the CY 2015 Formulary Technical Manual.

In addition to the above supplemental files (as applicable), Medicare-Medicaid Plan contracts must submit all non-Part D drugs in a single supplemental drug file, the Additional Demonstration Drug (ADD) file, by June 6, 2014. For further information on the MMP ADD file submissions, please contact the Medicare-Medicaid Coordination Office at MMCOcapsmodel@cms.hhs.gov.

PROVIDER SPECIFIC PLAN HSD TABLES

If you answered "yes" to the question "Will you offer a provider specific plan(s) which limits plan enrollees to a sub-set of your contract's overall provider network for the coming year?," in the "Set-up Plans" section of the bid submission module, you must submit HSD tables for each plan that will limit its enrollees to a sub-set of its overall approved provider network. The HSD tables can be uploaded starting May 9, 2014 and must be uploaded in HPMS no later than June 13, 2014. The Provider Specific Plan HSD tables are available in HPMS at Plan Bids > Bid Submission > Contract Year 2015 > Documentation.

The provider specific plan HSD table requirement does not apply to Medicare-Medicaid Plan contracts.

If you require technical assistance with the bid submission process, please contact the HPMS Help Desk at either hpms@cms.hhs.gov or 1-800-220-2028.