



**OFFICE OF COMMUNICATIONS**

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**DATE:** August 5, 2011

**TO:** All Medicare Advantage, Cost, Demonstration, and Medicare Prescription Drug Plan Organizations

**FROM:** Erin Pressley  
Director, Office of Communications, Creative Services Group

**SUBJECT:** 2012 “Medicare & You” Handbook – Plan Data Preview

As in past years, CMS is offering your organization an opportunity to preview how your plan data will appear in the upcoming “Medicare & You” handbook. This year, the preview period will be **Thursday, August 25 through Monday, August 29 (6:00pm, EST)**. Please note that the preview period is earlier this year, due to the change in dates for the Annual Election Period (AEP). Please review your data as early as possible during the preview period to ensure that the information available in our various materials and tools are accurate and any necessary changes can be made prior to public release.

It is critical that you preview your data for accuracy. This data will appear in the following places:

- The “Medicare & You” handbook
- Numerous letters and notices mailed to LIS-eligible beneficiaries
- A variety of other materials and resources

You should carefully check all of the following for accuracy, including spelling, punctuation and capitalization:

- Organization marketing names
- Organization and plan website addresses (**Please do not include the “http://” preface in your URL.**)
- Plan names
- Plan geographic or segment geographic names (**Please add spaces between geographic names and abbreviations to ensure proper formatting. Without these spaces, words may be cut in half when the text wraps around to the next line.**)
- Customer service phone numbers

Incorrect data is confusing to consumers and time consuming for customer service representatives. CMS is not responsible for misspellings and typos that are not corrected during the preview period.

Here is an advance look at this year's handbook data to ensure this preview period is conducted efficiently. **Please review the following information carefully** in preparation for your preview.

For each state/area-specific handbook, there will be three sections of plan data. All organizations and plans are listed alphabetically.

- Medicare Prescription Drug Plans
- Medicare Health Plans (including Medicare Medical Savings Account Plans)
- Medicare Special Needs Plans

### **Medicare Prescription Drug Plans**

In the “Medicare Prescription Drug Plans” section, you will see the following information about your organizations/plans:

- Organization Marketing Name (as you describe it in HPMS)
- Plan Name (as you describe it in HPMS)
- Prospective Member Customer Service Phone Number – Part D (as you enter it in HPMS)
- Organization Website Address (as you enter it in HPMS)
- Member Satisfaction rating from CAHPS, if available, presented as 1-5 stars (for the initial release of the handbook). This is the domain score for Member Experience with Drug Plan included in the 2012 Plan Ratings.
- Monthly Premium (highlighted blue if the plan is an auto-assign plan or in black if the plan isn't an auto-assign plan )
- Annual Part D Deductible (as you defined it in the PBP). The language will display as:
  - \$X for all drugs
  - \$X some drugs; call plan
  - Drugs not covered
  - No deductible
- Amount You Pay for Each Prescription (1-month supply) (this cost-sharing range includes copays/coinsurances for a one month supply of all types and locations of drugs ONLY during the Pre-ICL period)
- Is there Additional Coverage During the Gap (as you defined it in the PBP). The language will read either:
  - All Generics – Call plan
  - All Brands – Call plan
  - Many Generics – Call plan
  - Many Brands – Call plan
  - Some Generics – Call plan
  - Some Brands – Call plan
  - Few Generics - Call plan
  - Few Brands – Call plan
  - None

### **Medicare Health Plans (including Medicare Medical Savings Accounts)**

In the “Medicare Health Plans” section, you will see the same information about your organizations/plans (for all except Medicare Medical Savings Account Plans) as described above, with the following differences:

- Plan Type (as defined in HPMS)
- Plan Service Area (as you describe it in the plan geographic name field in HPMS)
- Prospective Member Customer Service Phone Number (as you enter it in HPMS)
- Plan Website Address, if available and less than 50 characters, or Organization Website Address (as you enter it in HPMS)
- Member Satisfaction rating from CAHPS, if available, presented as 1-5 stars (for the initial release of the handbook). This is the domain score for Ratings of Health Plan Responsiveness and Care included in the 2012 Plan Ratings.
- Monthly Premium (a combination of your Part C & D premiums)
- Out-of-Pocket Limits (amounts for combined, in-network and/or out-of-network, and non-network limits, as applicable)
- Primary Care Visit (a range of copay/coinsurance amounts, one for in-network and one for out-of-network, or one combined with no distinction)
- Specialist Visit (a range of copay/coinsurance amounts, one for in-network and one for out-of-network, or one combined with no distinction)
- Chemo Drugs (a range of copay/coinsurance amounts, one for in-network and one for out-of-network)
- Other Part B Drugs (a range of copay/coinsurance amounts, one for in-network and one for out-of-network)
- Home Health Care (a range of copay/coinsurance amounts, one for in-network and one for out-of-network)
- DME (a range of copay/coinsurance amounts, one for in-network and one for out-of-network)

In the “Medicare Medical Savings Account Plans” listings, you will see the following information about your organizations/plans:

- Organization Marketing Name (as you describe it in HPMS)
- Plan Name (as you describe it in HPMS)
- Prospective Member Customer Service Phone Number (as you enter it in HPMS)
- Organization Website Address (as you enter it in HPMS)
- Member Satisfaction rating from CAHPS, if available, presented as 1-5 stars (for the initial release of the handbook)
- Plan Service Area (as you describe it in the plan geographic name field in HPMS)
- Annual Deductible (as you defined it in the PBP)
- Annual Deposit (as you defined it in the PBP)
- Cost-Sharing After Deductible (For “regular” MSA plans, this will always be \$0. For MSA demo plans, this cost-sharing range includes all copays/coinsurances)
- Out-of-Pocket Maximum (For “non-network” MSAs, as you defined it in the PBP. For “network” MSAs, it will read “Call Plan for Details”)

### **Medicare Special Needs Plans**

In the “Medicare Special Needs Plans” section, you will see the following information about your special needs plans offered by your organization:

- Organization Marketing Name (as you describe it in HPMS)
- Plan Name (as you describe it in HPMS)
- Prospective Member Customer Service Phone Number (as you enter it in HPMS)
- Organization Website Address (as you enter it in HPMS)
- Member Satisfaction rating from CAHPS, if available, presented as 1-5 stars (for the initial release of the handbook)
- Plan Service Area (as you describe it in the plan geographic name field in HPMS)
- Special Rules for Enrolling (as defined by your plan SNP type). The language will read either:
  - “Must have Medicare and Medicaid” (if Dual Eligible SNP)
  - “Must live in an institution (like a nursing home) or require nursing care at home. Call plan for details.” (if Institutional SNP)
  - “Must have certain chronic or disabling conditions” (if Chronic or Disabling Condition SNP)

During the preview period, to visit the **Handbook Preview** site, please use the following navigation path: Plan Bids > Bene Education Data Previews > Handbook Preview > CY2012. You must provide “Concurrence” with the data as presented or choose “Non-Concur” and provide comments.

Please use the following navigation path to update your **Plan Level Website Address**: Plan Bids > Bid Submission > CY2012 > Manage Plans > Edit Marketing Data > Select Contract Number > Update Plan Marketing Data. From this page, complete the field “Marketing Website Address.” If you do not have a plan level website, please leave this field blank and the 2012 Handbook will reflect your organization website address.

Please use the following navigation path to update your **Organization Marketing Name** and/or your **Organization Website Address**: Contract Management > Basic Contract Management > Select Contract Number > Org. Marketing Data (under the General Information header)

Please use the following navigation path to update your **Plan Names and Plan/Segment Geographic Names**: Plan Bids > Bid Submission > CY2012 > Manage Plans > Edit Marketing Data.

Please use the following navigation path to update your **Plans’ Customer Service Phone Numbers**: Plan Bids > Bid Submission > CY2012 > Manage Plans > Edit Contact Data.

Again, please review your data as early as possible during the preview period. Making changes early in the process will help ensure that accurate information is provided in the various materials and tools available to people with Medicare.

PLEASE NOTE: Any updates you make in HPMS after the plan preview has begun will **NOT** be reflected in the HPMS Handbook Preview screens. These updates will be reflected in the “Medicare & You” handbook.

If you require technical assistance, please contact the HPMS Help Desk at either 1-800-220-2028 or [hpms@cms.hhs.gov](mailto:hpms@cms.hhs.gov). You may also contact Lucia Patrone at [lucia.patrone@cms.hhs.gov](mailto:lucia.patrone@cms.hhs.gov) or Ana Nunez-Poole at [ana.nunez-poole@cms.hhs.gov](mailto:ana.nunez-poole@cms.hhs.gov).

For all Member Satisfaction Rating data issues, please send an email to [MP-CAHPS@cms.hhs.gov](mailto:MP-CAHPS@cms.hhs.gov). Thank you for your participation.