Part C&D Weekly Bulletin

for the week of April 24, 2006

Announcements:

- We are pleased to announce the following changes to the management structure within the Center for Beneficiary Choices. Effective May 1, 2006, Teresa DeCaro, RN, MS will assume the role of the Acting Deputy Director, Medicare Advantage Group and Jennifer Shapiro, MPH, will assume the role of the Acting Division Director, Division of Drug Benefit Purchasing within the Medicare Drug Benefit Group.

Prescription Drug Manual (1)

Subject: Prescription Drug Benefit Manual Chapter 9 – Part D Program to Control Fraud, Waste and Abuse
File Name: PDBManual_Chapter9_FWA.pdf
Summary: This chapter provides both interpretive rules and guidelines for Part D plan sponsors on how to implement the regulatory requirements under 42 C.F.R. § 423.504(b)(4)(vi)(H) to have in place a comprehensive fraud and abuse plan to detect, correct and prevent fraud, waste and abuse as an element of their compliance plan.

Part D Performance Metrics (2)

Subject: New Information added to HPMS Call Center Performance Metrics File
File Name: MemoCallCenterPerformanceNewColumnsMemo_04.26.06.pdf
Summary: In our continuing effort to raising the bar on the level of quality of service provided, we are adding new information to the Call Center Performance Metrics report, in addition to adding a fourth week of data. Please recall that Part D sponsors are required to meet standards attested to in their 2006 applications and specified in the HPMS call center memo (dated February 23, 2006), including having a call abandonment rate of 5% or less and having 80% of all calls answered within 30 seconds at the customer service call center and pharmacy help desk.

Subject: Part D Plan Reporting Requirements
File Name: PartDReportingRequirementsUsersGuide_v1.0.pdf
Summary: Monitoring and oversight of all Part D Plans is vital to the success of the Medicare Prescription Drug Benefit. In an effort to ensure compliance with Part D regulations, Plan reporting of data is required. Specific data elements to be reported were outlined in the final Part D Reporting Requirements document posted on April 18, 2005 and updated January 26, 2006. As announced last week, the Part D reporting module is now available in the Health Plan Management System (HPMS) for Plans to begin data submission. Attached to this bulletin is the HPMS User's Guide for the Part D reporting module.

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Part D Complaints Tracking (1):

Subject: Complaints Tracking Improvement
File Name: MemoCTMPlanAccessTraining_04.26.06.pdf
Summary: Training on the CTM will be made available to all Plans on May 12, 2006. This program will be accessible by satellite and web cast beginning at 1:00 p.m. Eastern time and will be followed by a live Q&A session. The web cast will also be archived for a short time for later viewing. More information regarding this training is available on the registration website at http://cms.distributedclassroom.org/. For updated information and CTM training materials, please register at this site and log in prior to May 12, 2006.

Part C Mid-Year Benefit Enhancements (1)

Subject: Mid-Year Benefit Enhancements for Contract Year 2006
File Name: MemoMYBE_04.24.06.pdf and CY06MYBEGuidance.pdf
Summary: The attached documents (to be sent out via HPMS) include a memorandum that provides more detail on the process that MA organizations will follow when submitting MYBE requests for 2006 calendar year MA plans. This process is designed to allow MA organizations to return unexpected gains (profits) to MA plan enrollees. This new MYBE process permits beneficiaries to receive the advantage of mid-year enhancements of non-drug benefits, while still protecting the integrity of the annual bidding process by reducing the incentive to overbid in June.

Part D Plan to Plan (2):

Subject: Draft Plan-to-Plan Reconciliation Documents
File Names: DraftP2PPlanRequirements_04.25.06.pdf, DraftP2PReportSummary_04.25.06.pdf, DraftP2PRpt40_COV-ENH-OTC_04.25.06.xls, DraftP2PRpt41COV_04.25.06.xls, DraftP2PRpt42COV_04.25.06.xls, DraftP2PRpt43COV_04.25.06.xls, CurrentEligibilityLogic.pdf, and NewP2PEligibilityLogic.pdf
Subject: CMS has developed a methodology to facilitate Plan to Plan (P2P) financial reconciliation. The purpose of this document is to review that draft methodology and request feedback. We are distributing this draft document in advance of discussion during the May 5, 2006 Special MA/PDP Operational User Group call. The process we outline is supplemental to existing Prescription Drug Event (PDE) processing. Please distribute this information to staff members who are familiar with existing PDE guidance and who have experience with current PDE data submission and reporting and who understand the financial impact of PDE data. The following references provide a framework for this P2P discussion.

Subject: Plan-to-Plan EOB Transfer
File Names: MemoP2PEOBReminderandQA_04.26.06.pdf
Subject: This memorandum serves both as a reminder of the timelines and requirements concerning the plan-to-plan EOB transfer process detailed in our instructions dated April 7, 2006 and as a vehicle for clarifying related issues through several questions and answers.

Part D Policy (1)

Subject: Co-pays for Institutionalized Individuals
File Name: QAInstitutionalizedStatusandCopays_04.19.06.pdf
Questions: We understand that LTC residents who are dual eligibles must reside in a LTC facility for one full calendar month before they qualify for the $0 co-pays. What happens when the resident is admitted to the nursing home, goes back into the hospital as an inpatient, and then is readmitted to the nursing home? Do the hospital stay and the readmission start the calendar month calculation over?

During the interim period when a new nursing home admission -- who is dual eligible -- is waiting to meet their one calendar month requirement for $0 co-pays, is the facility ever responsible for paying the co-pays? Should the $1 & $3 co-pays be charged to the resident and deducted out of the Personal Needs Allowance (PNA) (as long as it meets State regulations) or paid for by private funds? If there is not enough money, no family, or the resident refuses to pay, can the LTC pharmacy ever charge the nursing home for the co-pays?

Part D Enrollment (1):

Subject: Revision to Exhibit 19 of the PDP Eligibility, Enrollment and Disenrollment Guidance
File Name: MemoRevtoExhibit19_04.25.06.pdf
Summary: In order to reduce the possibility of beneficiary confusion, we are making an immediate revision to Exhibit 19 – PDP Model Notice on Failure to Pay Plan Premiums – Advance Notification of Disenrollment, as provided in our PDP Eligibility, Enrollment, and Disenrollment Guidance.

Systems (1)

Subject: Transmission of Monthly 'NoRx' Files
File Name: MemoNoRxFiles_04.24.06.pdf
Summary: CMS will begin providing monthly 'NoRx' files to plans identifying those enrollees that do not currently have 4Rx information stored in CMS files. These 'NoRx' files will be the same as the files provided in early March of this year. The initial monthly files will be sent April 26, 2006 which coincide with the transmission of the monthly MARx full enrollment files.