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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 2015 Plan Benefit Package and Bid Pricing Tool Software and Related Technical Bidding Guidance for Part D Employer/Union-Only Group Waiver Plans

CMS is pleased to announce the release of the Contract Year (CY) 2015 Plan Benefit Package (PBP), Bid Pricing Tool (BPT), and plan creation functionality in the Health Plan Management System (HPMS).

To access the 2015 plan creation module, PBP and BPT software, and corresponding technical instructions, plan and bid consultants users should use the following navigation path in HPMS: HPMS Homepage > Plan Bids > Bid Submission > Contract Year 2015 > Bid 2015 Start Page.

Below are changes to the plan creation functionality for CY 2015. This list is not intended to be comprehensive; a complete list of changes can be found in the HPMS Bid Submission User's Manual.

1. On the Substantiation Upload page, plans will be able to filter by contract or parent organization first, and then select check boxes for the specific contracts-plans for their upload.
2. The substantiation requirement will display as "N/A" on the Review Upload Status page for Medicare-Medicaid plans, since they do not submit substantiation documentation.
3. On the Plan Crosswalk Submission page, the following question has been added to identify which plan(s) intend to submit a crosswalk exception for CY 2015. This question is for CMS informational purposes only.
 - a. "Do you intend to submit a crosswalk exception for this plan?"
4. On the Upload Provider Specific Plan page, organizations will have a new attestation in order to attest that their provider specific plans comply with CMS' network requirements.
5. On the Bid Submission Upload page, the following question has been added regarding cost-sharing: "Do you charge hospital cost-sharing every time a beneficiary is admitted to a hospital?"

- a. As noted in the CY 2015 Call Letter, the answer to this inpatient hospital cost-sharing question will display in Medicare Plan Finder (MPF).

Technical Bidding Instructions for Organizations Offering Part D Employer/Union-Only Group Waiver Plans in Contract Year 2015

Part D organizations that offer employer/union-only group waiver plans (EGWPs) are not required to complete Part D BPT submissions. This waiver has been in effect since the release of the February 28, 2007 HPMS memo entitled “2008 Employer Group Waiver Policy - Elimination of the Requirement for Entities Offering EGWPs to Submit Part D Bids.” This waiver remains in effect for CY 2015.

As noted in the 2007 memo, this waiver policy applies to all MA, PDP, and 1876 cost plan organizations offering Part D EGWPs (i.e., “800 series” EGWPs) as well as to employers/unions that directly contract with CMS to offer Part D benefits to their retirees (i.e., “Direct Contract” EGWPs).

Note: CMS’ employer group waiver authority applies only to Part D, not to Parts A or B of the 1876 cost plan. As a result, section 1876 cost plan sponsors may only offer “800 series” Part D coverage as an optional supplemental benefit and may not offer customized “800 series” A/B benefits.

The following table outlines the HPMS PBP and BPT submission requirements for each type of Part D EGWP for the 2015 contract year:

	A	B
PBP Section / BPT	MA-PD “800 series” EGWP and Direct Contract MA-PD EGWP	PDP and 1876 Cost “800 series” EGWP and Direct Contract PDP EGWP
PBP Section A	Yes	Yes
PBP Sections B, C, and D	Yes	No
PBP Rx Section	No	No
MA BPT	Yes	No
PD BPT	No	No

Plans that appear in column A will download and install the 2015 PBP software, create their 2015 plans, and download their plan-specific data into the software, per the usual process. Column A plans will complete sections A, B, C, and D of the 2015 PBP software, but the Rx Section of the PBP will be disabled. Column A plans will also complete the MA BPT.

Plans that appear in column B will download and install the 2015 PBP software, create their 2015 plans, and download their plan-specific data into the software, per the usual process. While no actual data entry is required in Section A of the PBP for PDP plan types, plans are still required to open Section A, review the plan information, and exit Section A with validation.

All plans outlined in column A and B are required to upload their plans into HPMS, per the usual process. In addition, these plans are still required to meet all applicable pre-upload submission requirements to upload plans into HPMS.

Note: Plans that appear in column B are required to complete the upload process as a mechanism for establishing their official set of plan IDs for the 2015 contract year in HPMS.

For questions regarding this memo, please contact Erica Scott at either 410-786-0920 or Erica.Scott@cms.hhs.gov or Sara Walters at either 410-786-3330 or Sara.Walters1@cms.hhs.gov.

For technical assistance with HPMS, please contact the HPMS Help Desk at 1-800-220-2028 or hpms@cms.hhs.gov.