

2010 CMS Application Information and user calls

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Overview of 2010 CMS Application Calls

- 2010 Part D Application Changes Presentation
- 2010 Employer/Union-Only Group Waiver Plans
- Highlights 2010 Medicare Advantage Application Changes
- Medicare Advantage Financial Training
- HPMS Automated Application Training
- Special Needs Plan Training

Overview of the Application Process

- The appropriate application appears in HPMS
 - Based on the Notice of Intent submitted in November, 2008
 - All materials are submitted via HPMS
- Must submit new Part D application
 - Existing MA only PFFS or Cost Plan sponsor
 - Existing MA–HMO offering Part D under new contract number
- Application deadline is February 26 at 11:59 p.m. EST
 - Both Part C and D Applications
 - CMS will reject all applications missing the deadline
- HPMS is contract specific
 - Each contract number has a separate submission

Key Dates

- February 26, 2009 – Part C and Part D Application Deadline
- Mid-March 2009 - Part D Deficiency Emails
- Late April 2009 – Part D Notices of Intent to Deny or Approve
- April 20, 2009 – Formulary Deadline
- June 2, 2009 – Bid Deadline
- Summer 2009 – Test Systems
- Early Fall 2009 – Execute Contract

CMS Application Review Process

- CMS will conduct Part D Reviews within the Central Office
 - Review teams will review different application segments
 - Application reviews are separate from the benefit design, formulary and the bid
- CMS will conduct Part C reviews in the 10 Regional Offices
 - A team lead and team members will review different sections
- Financial reviews will be conducted in the Central Office

New MIPPA Requirements – Part D Contracting

- Existing Sponsors and New Applicants must ensure all new provisions are included in first tier and downstream contracts performing Part D functions
 - Standard reimbursement and prompt payment provisions
 - Retail Pharmacy
 - Home Infusion
 - ITU Pharmacy
 - Claims Submission Timelines
 - LTC Pharmacy
 - Delivery of Home Infusion Drugs
 - Home infusion pharmacy

State License Waiver – Part D

- For the stand alone Part D application a substantially completed licensure application had to be submitted to the state by early November 2008
- Current PDP sponsors with licensure waivers must be licensed by the time CMS reviews the 2010 bids

Employer Group/Union Only Group Waiver Plans

- New for 2010 Application
 - If a plan is offering an EGWP for the first time, the EGWP attestation must be completed first
 - Financial solvency sections and waiver requests will be submitted through HPMS
 - CMS will not accept or allow mid-year service area expansions for EGWPs



2010 Application Changes – Part C

- CMS decreased the number of notifications Plan's will receive
 - Plans will only have two opportunities to correct issues
 - Deficiency notifications will be sent early April
 - Part C and Part D deficiency letters will be sent concurrently
 - A deficiency for one part will hold up the approval process for both (Part C and Part D)
- Part C Application is Consolidated
 - Includes both initial and expansion applications
 - Be aware of CMS timeframes

Additional 2010 Application Changes

- No binders are required
- SNP application is also automated
- Plans may not skip questions
- Templates are available for MA/Part D/SNPs
- HSD Table 1 has new change
- Confirmation Number at end of application upload

Application Tips from CMS

- For Part C Application Narratives
 - Do **not** make your narratives brief
 - Be detailed, more information is better according to CMS (If submission is not substantially correct CMS will interpret application as “lack of knowledge to succeed with program”)
- Take time uploading required materials in HPMS
 - Take screen shots of the materials being submitted
- Both State License and State Certification form are required (Scanned and upload in PDF)

MIPPA: SNP, Model of Care, and QI Requirements

- SNP plans must demonstrate what makes them different and special
- Stricter requirements for QI projects and QI indicators which will include:
 - Individual care management plan for each member
 - Preventative services
 - Operationalized model of care
- CMS will begin assessing 2010 Models of Care during Spring of 2009 and will be a factor in renewing your SNP contract.

Additional MIPPA Requirements for SNPs

- Dual Eligible SNPs
 - Must have State contract
 - No DSH SNPs
 - All new enrollees in a DE SNP must be Medicare and Medicaid eligible

- Institutional SNPs
 - State level of care assessment tool mandatory for institutional equivalent living in the community
 - Assessment tool must be administered by third party

- Chronic SNPs
 - CMS approved 15 SNP specific chronic conditions
 - Cannot combine conditions for HPMS upload
 - Exclusive enrollment

Chronic SNP Options

- A plan must selection one of the following at the time of the bid submission:
 - Option 1: Single chronic condition from the list of 15 CMS approved conditions
 - Option 2: One grouping of commonly co-morbid and clinically linked conditions
 - Option 3: Customized multiple conditions SNP – eligible beneficiary has all of the conditions

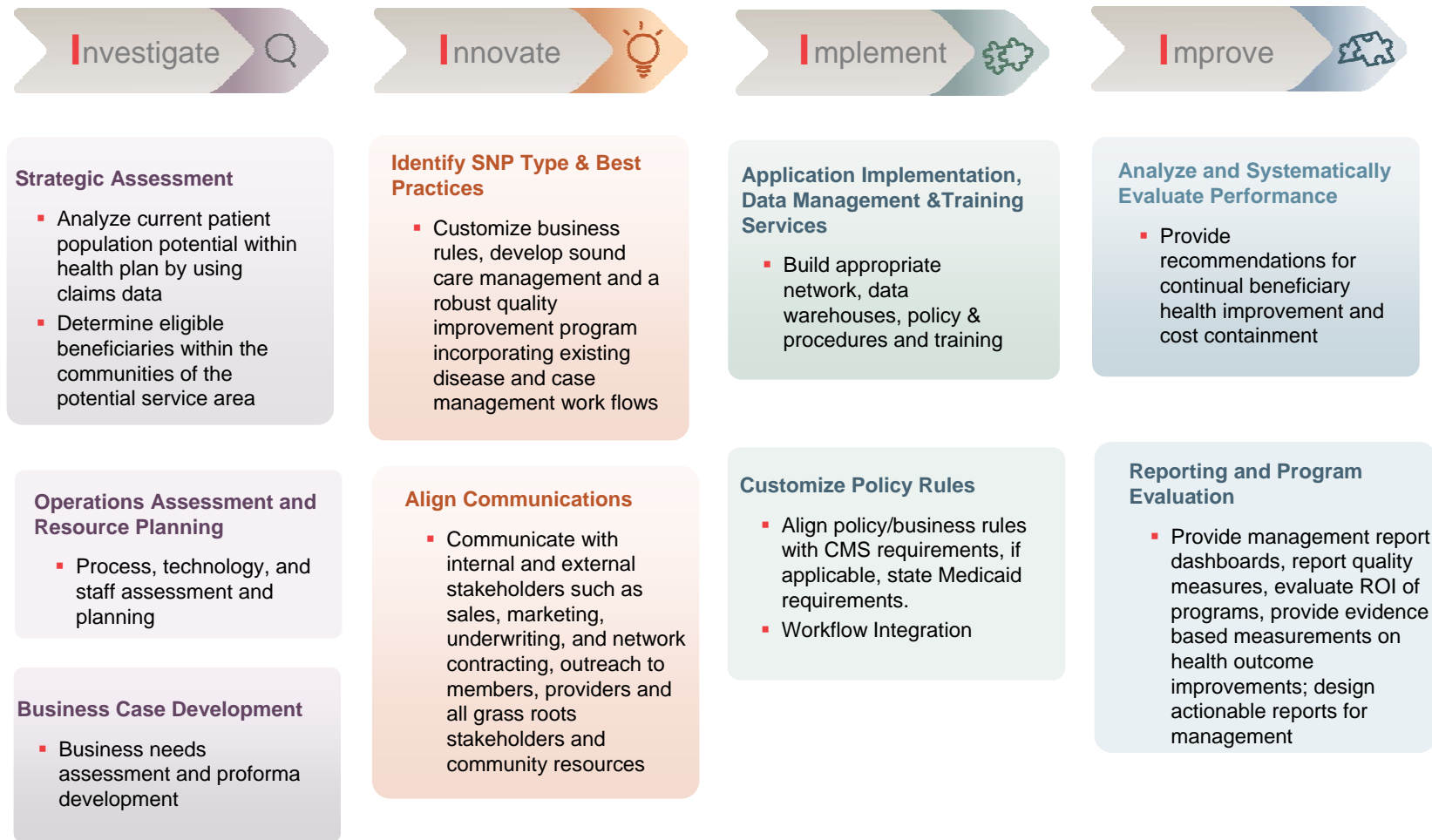
Care Management Requirements For 1/1/10

- Must have in place evidence based models of care w/ appropriate provider networks
- For each SNP enrollee, Plans must
 - Conduct an initial and annual comprehensive HRA
 - Develop an individualized care plan for each member
 - Use an interdisciplinary care management team and monitor said team
- Care management compliance will be monitored and audited by CMS (Audit details to be released)
- Plans must report data to measure health outcomes and other indices of quality with respect to care management and the other new requirements

Success Factors



What drives the Successful SNP?



Factors for Consideration

- Fit with Medicare strategy – Current and prospective
 - SNPs of all kinds
 - Complex populations, high touch/high involvement supports
 - Other Government programs
 - Medicaid
- Current Medicare membership
 - Are there opportunities to improve utilization of these members
 - Can you leverage investments in care management for other Medicare populations
- Fit with operations – What can you build on?
 - Current care management infrastructure
 - Technology; clinical model, training and resources; metrics and data
 - Network
 - What is in place already? What will be needed for other programs? How much effort will be required to fill gaps?
 - Experience with government programs and coordination of Medicare and Medicaid
- Competitive positioning – Offensive or defensive strategy
 - Are you losing members to other competitors?
 - Do you expect that other plans will look to enter this market?
 - Who are your competitors?

Management and Strategy

- MIPPA (2009)
 - Updated policies and procedures
 - Part C
 - Part D
 - Updated sales and marketing procedures
 - Business planning
 - Broker due diligence
 - Developed compliance programs/tools
 - Review tools
 - Audits
 - Self- Audit Preparation
 - Delegation oversight
 - Develop plan for monitoring internal activities
 - No audit template
 - CMS Site Visit Preparation

Keys to Success in Filing a Medicare Application

- Know the Key Dates
- Understand new MIPPA requirements
- Follow the order of completion
- No binders required – all electronic
- Do NOT skip any questions
- Be careful with narratives – be detailed & explicit
- Take time loading materials; make screen shots
- Get and print confirmation number; otherwise the upload does not count

Thank You

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