



2010 CMS Call Letter and User Calls

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Overview of 2010 CMS Changes

- 2010 Call Letter
- 2010 Part D Application Changes Presentation
- 2010 Key Dates
- Highlights 2010 Medicare Advantage Changes
- Success Factors

2010 Call Letter

- Wow!
- Draft Call Letter released 1/9/09
- Draft Call letter recalled 1/23/09
- No official re-release date for call letter, but:
 - > Will have new administration's imprint
 - > Will be Model of Care and QI focused
 - > Will be Regulatory focused
 - > Expect tie-in between quality initiatives and premiums
 - > Expect additional administrative requirements

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

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 uploaded in PDF

MIPPA: SNP and MA 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.

2010 MOC Changes (For SNP only in 2010)

- Goals (well-defined and measurable)
- Staff structure and roles
- Interdisciplinary care team
- Provider network
- Model of care training
- Health risk assessment
- Individualized care plan
- Communication
- Performance and health outcomes measurement

2010 QI Changes

- Health outcomes and indices of quality
- Access to care
- Beneficiary health status
- Continuity of care
- Health risk assessment
- Implementation of the care plan
- Adequacy of the provider network
- Delivery of services across settings and providers
- Delivery of add-on services and benefits for the most vulnerable (frail/disabled, near end-of-life)
- Use of evidence-based clinical guidelines and protocols
- Use on integrated systems of communication
- Quality and outcomes measures that enable beneficiaries to compare coverage options

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

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

2010 SNP State Contract Elements

- Contract beginning and ending dates
- Medicaid benefits covered
- Beneficiary cost-sharing protections
- Identification and sharing of information on Medicaid provider participation
- MA organization's responsibilities (i.e., financial obligations) to provide or arrange for Medicaid benefits
- State Medicaid agency contact person information
- Process to verify beneficiary's Medicaid eligibility
- Process to coordinate Medicare & Medicaid benefits

Chronic SNP Options

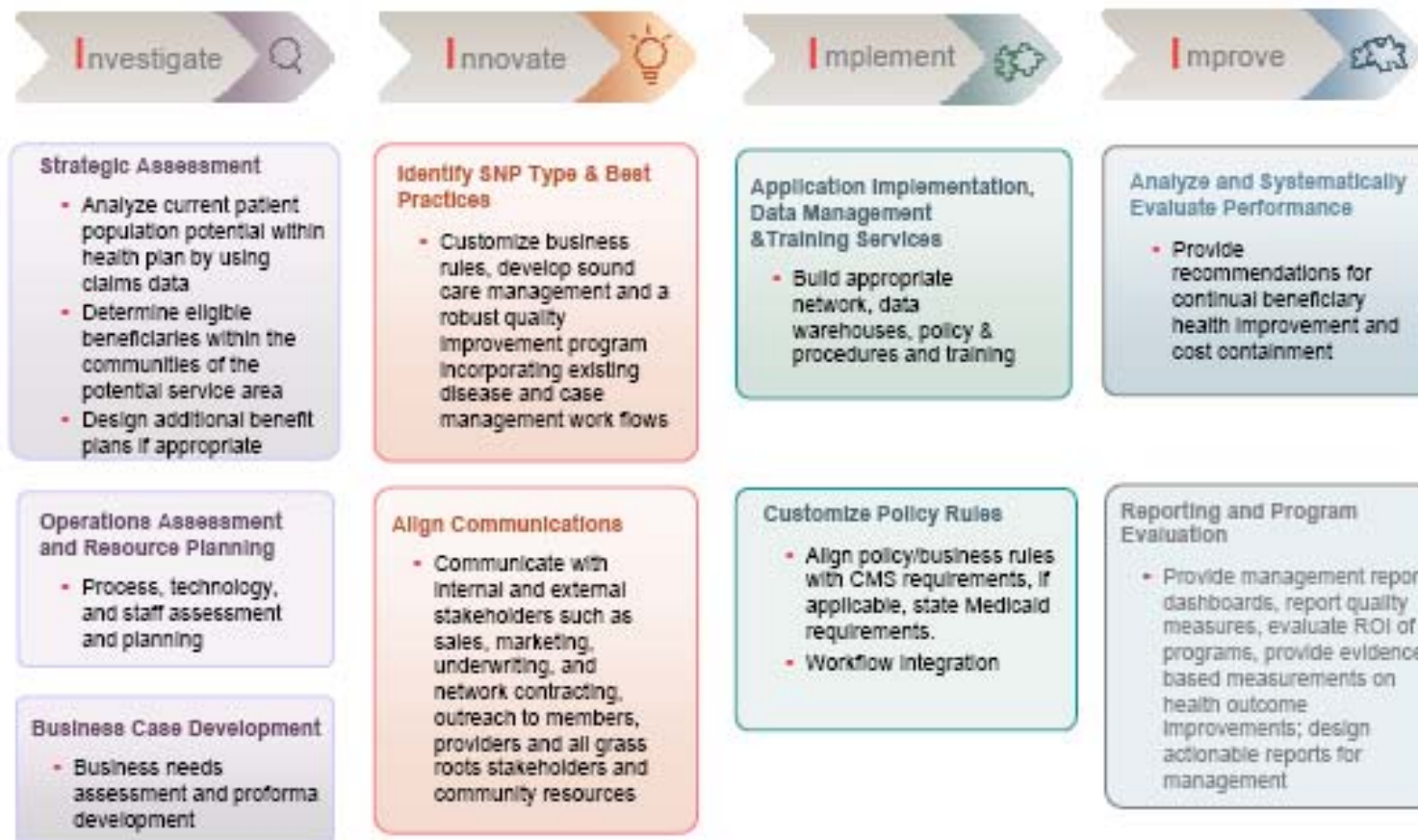
- A plan must selection one of the following at the time of the bid submission:
 - > Option 1: Single chronic condition from the list of 15 CMS approved conditions
 - > Option 2: One grouping of commonly co-morbid and clinically linked conditions
 - > Option 3: Customized multiple conditions SNP – eligible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

Expectations

- Expect that SNP QI and MOC requirements will be required of all MA plans soon. But for now there is no MOC requirement for non SNP MA plans.

Success Factors

What drives the Successful MA Plan?



MA Strategy Considerations

- Fit with Medicare strategy – Current and prospective
 - > MA Benefit plans of all kinds
- Complex populations, high touch/high involvement supports
 - > Other Government programs
- Medicaid, SCHIP
- Current Medicare membership
 - > Are there opportunities to improve utilization of these members
 - > Can you leverage investments in care management for other Medicare populations

MA Strategy Considerations

- 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 Medicare Advantage

- Know the Key Dates
- Understand new MIPPA requirements
- Update policies and procedures
- Manage cost side as well as revenue
- Strong MOC, QI, and Care Management programs
- There is no such thing as minimally compliant
- Due diligence over tertiary providers and downstream contractors;
- Keep a paper trail of all CMS uploads
- Monthly membership reconciliations