Health Plan Management System

Part C Improper Payment Measure (IPM) Module User Guide

Version: Plan User | Revised: October 2024

Centers for Medicare & Medicaid Services

Table of Contents

Tabl	e of Contents
Tabl	e of Figures
1.	Introduction
2.	Accessing & Navigating Part C IPM
	Part C IPM User Access
	How to Access Part C IPM7
	Navigation
	Navigating HPMS7
	Navigating Part C IPM8
3.	Part C IPM Start Page
	Dashboard9
	Select Sample11
4.	Sample Tabs11
	Overview Tab
	Submission Tab & Process
	Submission Tab - Contract and Enrollee Selection
	Submission Tab - Enrollee Dashboard15
	Submission Tab – Submit Coversheet19
	Document Library Tab
	Reports Tab
	Complete Enrollee-HCC Report28
	Contract Submitter Summary Report29

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5.	HPMS Contact Information
	HCC Outcomes Detail Report33
	Email History Report

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Table of Figures

Figure 1 – Part C IPM MA Organization User Access6
Figure 2 – Accessing Part C IPM7
Figure 3 – Navigation
Figure 4 – Part C IPM Dashboard10
Figure 5 – Select Sample11
Figure 6 – Overview Tab12
Figure 7 – Submission Tab – Contract and Enrollee Selection
Figure 8 – Submission Tab – Contract and Enrollee Selection: Select Contract14
Figure 9 – Submission Tab – Contract and Enrollee Selection: Enrollee Listing15
Figure 10 – Submission – Enrollee Dashboard16
Figure 11 – Submission INV Failure & Attestation Reasons Window
Figure 12 – Submission Tab – Submit Coversheet
Figure 13 – Submission Tab – Coversheet (without Documents to Attach)21
Figure 14 – Submission Tab – Coversheet (with Documents to Attach)24
Figure 15 – Coversheet PDF25
Figure 16 – Document Library Tab27
Figure 17 – Reports Tab
Figure 18 – Complete Enrollee-HCC Report29
Figure 19 - Contract Submitter Summary Report29
Figure 20 – Set Email History Report Parameters
Figure 21 – Email History Report
Figure 22 – Email Detail Window

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Figure 23 – HCC Outcomes Detail	Report	33
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1. Introduction

In order to comply with the Payment Integrity Information Act of 2019 (PIIA), the Centers for Medicare & Medicaid Services (CMS) annually measures and reports a projected payment error rate for the Medicare Part C program. CMS conducts the annual Medicare Part C Improper Payment Measure (IPM) activity to validate the accuracy of risk adjustment data submitted by Medicare Advantage (MA) Organizations for the purpose of estimating the Part C error rate.

The Health Plan Management System (HPMS) Part C IPM module described in this document allows MA Organizations to submit Medical Records in support of CMS Hierarchical Condition Categories (CMS-HCCs). MA Organizations can also view CMS-provided documentation and reports through the module.

Note:

Data represented in the various example figures of this user guide is fictitious and displayed for illustration purposes only. No real-world data related to MA Organizations, beneficiary Protected Health Information (PHI), or beneficiary Personally Identifiable Information (PII) is included in this document.

2. Accessing & Navigating Part C IPM

Part C IPM User Access

The HPMS Part C IPM module allows MA Organization users to submit Medical Records in support of CMS-HCCs for enrollees selected for an IPM activity. To access the HPMS Part C IPM module, you must:

- ✓ Have a CMS EUA User ID with access to either the Part C Submission Plan or Part C IPM Reports Plan acess types in HPMS (see Figure 1); and
- ✓ Have authorization to access to an MA Contract with enrollees sampled as part of the Part C IPM activity.

You can view which access types are assigned to your CMS ID by navigating to User Resources on the top right > My Account > User Access Report.

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5

Figure 1 -	Part C IPM	MA Organization	User Access
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Access Type	Description	Available Functionalities
Part C IPM Submission – Plan	 Able to submit Medical Records for a sample. Only able to access samples for which the user's contract has been selected. 	 Select Sample Documentation Submission tab (Upload Medical Records only) Document Library tab
Part C IPM - Document Library - CEO and Compliance Officer Only	 Able to view CEO/MCO files from the Document Library for assigned contracts. CEOs and Medicare Compliance Officers only. Only able to access samples for which the user's contract has been selected. 	 Select Sample Documentation Document Library tab
Part C IPM Reports – Plan	 Able to view Part C IPM Reports (available data restricted by user access). Only able to access samples for which the user's contract has been selected. 	 Select Sample Documentation Reports tab Document Library tab

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How to Access Part C IPM

To access the Part C IPM module:

- 1. From the HPMS home page, click on the **Monitoring** tab in the HPMS top navigation bar.
- 2. Select the Part C IPM menu item (Figure 2) to be directed to the Part C IPM Start Page. (See the Part C IPM Start Page section below.)

Figure 2 – Accessing Part C IPM

HPMS Hoalth Plan Management System	Modules Search	٩		e John Doe	E-mail Us	Calendar Log
	Monitoring U:	er Resources				
Announcements There are no announcements to view at this time.	Part C IPM			Recently Used There are no recently	() viewed items	to viow at this tim
			Mora			
Memos There are no memos to view at this time.						
						Mo
About HPMS Website Accessibility Web Policies File Formats and Plug-Ins Rules of Be UX Framework v9.0.2	iavlor System Requirements Help					6

Navigation

Navigating HPMS

HPMS has a toolbar with standard links which allow you to navigate within the Health Plan Management System (Figure 3).

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7

Figure 3 – Navigation

Part C IPM	in Synes HFMS > Monitoring > Part C FM > Dashboard	A Home	B My Account	FAQs	Contact Us	∂ Log Out
Databoard Sample Sample Salect Sample Documentation	Part C Improper Payment Measure Dashboard Announcements Notification of Selecton for Calendar Year CYXX Melicare Part C Improper Payment Measure was sent to selected Medicare Advantage (MA) contracts on-Oate Registration Information for the MA Organization Training Feleconference was sent to all plan users with access to CYXX Part C IPM medical for MA contracts selected for this Part C IPM activity. The teleconference will present information about the CYXX Part C IPM medical record submission process. We will also provide a demonstration on how to use Health Plan Management System IHPMS) to access the Document Library, view your MA contracts enrollee data, and submit medical record files. CMS encourages all MA Organization staff, who will be involved on the medical record files conference.					
	Select Sample: CYXX Part C IPM					

Within each HPMS module (including Part C IPM), the following navigation icons can be found across the top of each page:

- HPMS Menu \equiv : Access other HPMS modules or resources.
- HPMS Logo: Return to the HPMS homepage.
- Home: Return to the HPMS homepage.
- My Account: View and manage HPMS user account information.
- **FAQs:** View frequently asked questions related to HPMS.
- Contact Us: Contact the HPMS Help Desk.
- Log Out: Log out of HPMS.

Each page within HPMS also contains breadcrumb links, which can be found directly below the top navigation icons. Selecting a breadcrumb link returns you directly to the corresponding page.

Note: To prevent data loss, avoid using the back button on your browser. Instead, use the navigational toolbars/menus or breadcrumb links on each page to navigate within HPMS and the Part C IPM module.

Navigating Part C IPM

Within the Part C IPM module, a collapsible module navigation menu is available on the left side of each page (Figure 3).

The Part C IPM Module Navigation Menu offers the following options:

- **Dashboard:** Access the Part C IPM Dashboard.
- **Sample:** Select and access existing samples. The samples available are based on your assigned access level and associated contract(s).
- Documentation: View or download the System User Guide.

8

3. Part C IPM Start Page

From the Part C IPM start page, you can access the module navigation menu and the Part C IPM Dashboard.

Dashboard

The Part C IPM Dashboard (Figure 4) displays key information related to the Part C IPM audit such as announcements, timelines, and submission status. Based on your contract access, the dashboard will also display widgets to represent the submission status for your MA Organization.

Dashboard features include:

- Announcements: Displays any active announcements pertaining to the Part C IPM module.
- Select Sample: Choose which sample is displayed on the dashboard.
- **Sample Timeline:** Displays major monthly milestones for a selected sample. (E.g. Submission Start Date, Submission Deadline Date, Final Findings Report, release dates, etc.)
- Submission Events and Status: Displays the submission window dates and status.
- **CMS HCC Outcomes Summary:** Displays the outcome of CMS-HCCs submitted for the plan user's Contract ID(s).
- Actions: Provides links to the Submission, Document Library, and Reports tabs (if applicable for the current sample) and the Part C IPM HPMS access request email address.

Figure 4 – Part C IPM Dashboard

rt C Improper Payment Measure Dashboard	
Announcements	
Note: Please direct all Health Plan Management System (HPMS) access reque CYXX Part C IPM Submission Window Closure and Final Findings Report Ava The Calendar Year 20XX (CYXX) Part C Improper Payment Measure (Part tentatively in December 20XX. Medicare Advantage Organizations will red Document Library.	ists to the HPMS Access Team at hpms_access@cms.hhs.gov. ilability C IPM) submission window is closed. The CYXX Part C IPM Final Findings Report (FFR) will be released reive an email notification when the FFR is available for download from the Health Plan Management System
Select Sample: CYXX Part C IPM	
Sample Timeline Sample Timeline for: CYXX Part C IPM Days Remaining for Submission: 0 Dec Jan Feb Mar Apr May June July Sep Oct Nov Selected Month: August None	Aug
Submission Events and Status Event Status Deadline Date Submission Completed 05/09/20XX	91.78% Total Number of CMS HCC Confirmed Total Number of CMS HCC Discrepant (Confirmed Lower) Total Number of CMS HCC Discrepant (Outstanding) Total Number of CMS HCC Discrepant (Per Medical Review)
	Actions View Document Library Submit Medical Records View Reports

10

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Select Sample

The Select Sample tool (<u>Figure 5</u>) provides the ability to select and access available Part C IPM samples. Only samples for which your MA Contract(s) is selected will be displayed.

Figure 5 – Select Sample

To select a sample:

- 1. In the Part C IPM start page, choose **Sample** > **Select Sample** from the left-side navigation menu. A list of available samples will be displayed.
- 2. Choose the applicable Sample Name link to access and view the selected sample.
 - Note: Only one sample can be active at a time. Older samples may be displayed for reference purposes only.

4. Sample Tabs

11

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After selecting a sample, you'll have access to a variety of information related to the audit; this information is organized throughout multiple sample tabs.

To view or update information related to the Part C IPM activity for the selected sample, choose one of the tabs outlined below.

Overview Tab

The Overview tab (Figure 6) provides a high-level summary of the selected sample and includes:

- Sample Details: Displays the sample year and name.
- **Sample Schedule:** Displays the submission start date and deadline date. Any extensions to the submission deadline will also appear here.
- Submission Status: Displays the status of submissions made for the sampled contracts. This includes the total number of enrollee CMS-HCCs (ESRD V24 CMS-HCCs plus V24 CMS-HCCs) for the user's assigned contracts, submissions made, and pending submissions.
- Sample Contracts: Displays a list of the contracts selected for the sample.

Figure 6 – Overview Tab

= I HPMS	ent System		
Part C IPM =<	HPMS > Monitoring > Part C IPM > Select Sample > Sample Overview		
Dashboard Sample Select Sample Documentation	Sample Overview Overview Submission Document Library Reports		<u>View PHI/PII Disclaimer</u>
■ Documentation ~	Sample Details Sample Name: CYXX Part C IPM Submission Start Date: 07/21/20XX Submission Start Date: 07/21/20XX Submission Start Deadline: 8/21/20XX Submission Start Deadline: 8/21/20XX © CMS-HCCs Total: 76 # of CMS-HCCs Submitted: 21 # of CMS-HCCs Pending: 55	Sample Contracts	Contract Name TEST CONTRACT 1 TEST CONTRACT 2 TEST CONTRACT 3

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Submission Tab & Process

The Submission tab allows users with *Part C IPM Submission – Plan* access to upload Medical Records and substantiate CMS-HCCs during the open submission window. This tab is only accessible once the submission window has opened.

Submission Tab - Contract and Enrollee Selection

After selecting the Submission tab, you will be navigated to the Contract and Enrollee Selection page (Figure 7), where you can view the enrollees for each applicable contract and select an enrollee to submit Medical Records for.

Additionally, you can also view an Excel report of all contracts, enrollees, and CMS-HCCs selected for this Part C IPM activity by clicking the **Complete Enrollee – HCC Report [XLSX]** link. To view the status of completed submissions, click the **Submission Status Report [XLSX]** link. The Submission Status Report also indicates whether the submission includes a Medical Record (MR) and attestation (MR+ATT).

	act and Enrollee Selection	
Overview Submission	Document Library Reports	
	,	View PHI/PII Disclaime
field with an asterisk (*) bef	ore it is a required field.	
Sample Details		
Sample Year: 20XX		
Sample Name: CYXX Part) IPM	
omplete Enrollee-HCC Repo	rt [XLSX]	
ubmission Status Report [X]	SXI	
*Contract:	Select a Contract	
	View Enrollees	

Figure 7 – Submission Tab – Contract and Enrollee Selection

To view a contract and select an enrollee:

1. Select a Contract ID from the 'Contract' dropdown (Figure 8).

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Figure 8 – Submission Tab – Contract and Enrollee Selection: Select Contract

ubmission – Cont	act and Enrollee Selection	
verview Submission	Document Library Reports	
		View PHI/PII Disclaimer
field with an asterisk (*) bef	re it is a required field.	
Sample Details	-	
Sample Year: 20XX		
Sample Name: CYXX Part	IPM .	
malata Farallas UCC Bana	+ [V] (V]	
implete Enrottee-HCC Repo		
<u>bmission Status Report [XL</u>	<u>SX]</u>	
*Contract:	Select a Contract	
	Select a Contract	
	Z0001-TEST CONTRACT 1	
	Z0002-TEST CONTRACT 2 Z0003-TEST CONTRACT 3	
te [,] * During the sample submiss	In window, please refer to the Interim Findings Report (IER) or the MAD CMS, HCC Outcomes report for definitive	
ce. During the sample submiss	minute with the management of the material management of the with the with the with the the terms report to the material and the	

- 2. Click the View Enrollees button to view the enrollee listing table (Figure 9). This table includes the following columns:
 - Action: Displays a Select link to view the Enrollee Dashboard for the selected enrollee.
 - Enrollee ID: Displays the enrollee's Part C IPM Enrollee ID.
 - Enrollee Name: Displays the enrollee's last name and first name.
 - **Total Number of CMS-HCC(s):** Displays the total number of ESRD V24 CMS-HCCs plus V24 CMS-HCCs for the enrollee in the sample.
 - **Total Number of CMS-HCC(s) Pending:** Displays the number of ESRD V24 CMS-HCCs plus V24 CMS-HCCs for which no submissions have been made.
 - Validity Issues with Any Submission (Yes / No): Displays 'Yes' if any of the submissions have been determined to be invalid; displays 'No' if no submissions have been determined to be invalid.
- Note: If any submission has been deleted due to a PHI/PII policy violation (e.g., the submission included information for another individual not in the sample), the 'Validity Issues with Any Submission' column will display a '1' as a superscript. This indicates that the submission was flagged as a PHI/PII breach and was deleted. In this case, only the coversheet data will be available to view. The Plan will be notified if this occurs.

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Figure 9 – Submission Tab – Contract and Enrollee Selection: Enrollee Listing

	ion – Contract and	Enrollee Selection				
erview	Submission Docu	ment Library Reports				
					View PHI	/PII Disclaim
eld with a	n asterisk (*) before it is a re	quired field.				
ample	Details					
Sample Ye	ear: 20XX					
Sample N	ame: CYXX Part C IPM					
<u>iplete En</u>	rollee-HCC Report [XLSX]					
mission S	Status Report [XLSX]					
	*Contract: Z0001-7	TEST CONTRACT 1		-		
	View Er	nrollees				
Action	Enrollee ID	Enrollee Name	Total Number of CMS-	* Total Number of CMS-	Validity Issue with Any	
Soloct	111111 1	Dee John		HCC(s) Pending		
001001	111111 2	Doe John	4	4	No	
Select	111111 3	Doe, John	3	2	No	
<u>Select</u> Select		Doe John	5	5	No	
<u>Select</u> Select Select	111111 4					

3. Under the 'Action' column of the enrollee listing table, click the **Select** link for the enrollee to select the enrollee, view the Enrollee Dashboard, and submit Medical Records.

Submission Tab - Enrollee Dashboard

Once an enrollee is selected, the Enrollee Dashboard page will appear. The Enrollee Dashboard (Figure 10) provides details on the sampled enrollee as well as the ability to view any completed submissions and submit new Medical Records.

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man La Datall	efore it is a requir	red field.						
mple Details								
mple Year: 20XX	+ C IDM							
imple Name: CTXX Fa	L G IFIWI							
rollee Dashboa	rd							
Contract Inform	ation	Enrollee Information	on _					
Contract Name: TEST	CONTRACT 1	Enrollee ID: 123456_01						
Sample Year Contract	t ID: Z0001	DOB: 05/04/1939						
		Last Name: John First Name: Doe						
		ESRD Bene: No						
Select Different En	rollee							
FCDD V/2	A CMC LICC	1/24		Cubmitted	Submission Count			
ESRD V2	4 CM3-HCC	V24	CM3-HCC	(Yes/No)	Submission Count			
	N/A	H	CC108	Yes	1			
	N/A	H	ICC111	No	0			
	N/A	F	100137	No	0			
	N/A		ICC52	No	0			
otal Number of CMS-I		5						
otal Number of CMS-I	ICC(s) Pending	4						
	roo(s) r chaing							
New Submission fo	or Enrollee							
	ssions							
mpleted Submis								
mpleted Submi		Coversheet ID 🗢	Documents	Submitte	ed File	Submitted By 🌩	Submission	
wpleted Submis	Submission		Submitted 룩				(Yes/No)	
mpleted Submis	Submission Date 🔻						. ◆	
v24 CMS-HCCs	Submission Date 🔻							
mpleted Submis v24 cms-Hccs HCC108	Submission Date ▼	Z0001_111111_11_12345	MR	test.pdf [V	iew PDF]	Tester, Ste	Yes	

The Enrollee Dashboard contains the following sections:

- Sample Details: Displays the sample year and name.
- **Contract Information**: Displays the Contract Name, Current Contract ID, and Sample Year Contract ID.
- Enrollee Information: Displays the Enrollee ID, MBI, DOB, last name, first name, and ESRD Bene (Yes or No) for the selected enrollee.
- **CMS-HCC list:** Displays a table listing of all sampled ESRD V24 CMS-HCCs plus V24 CMS-HCCs for the enrollee. Includes a 'Submitted (Yes/No)' column to indicate whether

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the CMS-HCC has a submission made, and a 'Submission Count' column indicating the count of submissions for each HCC.

- **Total Number of CMS-HCC(s):** Displays the total number of ESRD V24 CMS-HCCs plus V24 CMS-HCCs for the enrollee.
- **Total Number of CMS-HCC(s) Pending:** Displays the total number of ESRD V24 CMS-HCCs plus V24 CMS-HCCs pending submission for the enrollee.
- **Completed Submissions:** Displays a table listing of any submissions made for the enrollee. Includes the following columns:
 - **ESRD V24 CMS-HCCs/V24 CMS-HCC(s):** Displays the total ESRD V24 CMS-HCCs/V24 CMS-HCCs for the submission.
 - Submission Date: Displays the date the submission was made.
 - Coversheet ID: Displays the Coversheet ID generated for the submission.
 - **Documents Submitted:** Indicates whether any documents were included with the submission:
 - *MR* indicates a submission with Medical Record attached.
 - *MR*+*ATT* indicates a submission with Medical Record and Attestation attached.
 - *No MR* indicates a submission with no Medical Record or Attestation attached.
 - **Submitted File:** Displays a link to view the submitted file along with the prepended Coversheet. For *No MR* submissions, no link will be displayed. If a file has been deleted due to a PHI/PII breach, a link to view only the Coversheet data will be displayed.
 - Submitted By: Displays the name of the user who created the submission.
 - **Submission Valid (Yes/No):** Indicates whether a submission has been determined to be Valid or Invalid.
 - If the submission is valid, the column will display 'Yes'.
 - If the submission is invalid, the column will display 'No' as a hyperlink. (See below.)
 - If the submission is under review, the column will be blank.
 - If the submission is a *No MR* submission, column will display 'N/A'.
 - If the submission was deleted due to PHI/PII policy violation, the column will display a superscript '1'. This indicates the submission has been flagged as a PHI/PII breach and was deleted. In this scenario, only the Coversheet data will be available to view.

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Reviewing Invalid Submissions

If a completed submission has been determined to be invalid, the 'Submission Valid (Yes/No)' column in the 'Completed Submissions' table will display 'No' as a hyperlink. Selecting the hyperlink opens the Submission INV Failure & Attestation Invalid Reasons window (Figure 11) which displays the reasons for the invalid determination.

Figure 11 ·	 Submission 	INV Failure &	Attestation	Reasons	Window
-------------	--------------------------------	--------------------------	-------------	---------	--------

Health Plan Man	agement System				Print Date: 8/7/
Submission INV Z0001_1111111_11	Failure & Attesta _12345	tion Invalid Reas	ons for Enrollee ID: 123456_01 and	Coversheet ID:	
				View	PHI/PII Disclain
oversheet ID	ESRD V24 CMS-HCCs	V24 CMS-HCCs	INV Failure Reason(s)	INV Subcategories	Attestation Invalid Reason(s)

The Submission INV Failure & Attestation Invalid Reasons window includes the following details:

- Coversheet ID: Displays the Coversheet ID for the Invalid submission.
- ESRD V24/V24 CMS-HCC(s): Displays the CMS-HCC(s) selected for the Invalid submission.
- **INV Failure Reason(s):** Displays the failure reason(s) identified.
- INV Subcategories: Displays the Subcategory reason for each INV Failure Reason.
- Attestation Invalid Reason(s): Displays the Attestation Invalid Reasons if the MR includes an attestation identified as Invalid. If no attestation is attached, the 'Attestation Invalid Reason(s)' column will be blank and only the associated 'INV Failure Reason(s)' column will be populated.
- Note: You may also view a consolidated list of submission invalid reasons for all invalid submissions for the enrollee by clicking the All Submission Failure Reasons hyperlink.

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Found directly above the 'Completed Submissions' table, this link only appears if at least one of the completed submissions for the selected enrollee has been determined to be invalid.

Using the Enrollee Dashboard

Several options are available from the Enrollee Dashboard:

- To select a different enrollee, click the **Select Different Enrollee** button to return to the Contract and Enrollee Selection page.
- To open a PDF file of the Coversheet and Medical Record of an enrollee, click the link in the 'Submitted File' column of the 'Completed Submissions' table.
 - For submissions where no Medical Record file is attached, *N/A* will display in this column.
 - If a Medical Record has been deleted due to a PHI/PII breach, click **View Coversheet (MR Deleted)** to view the Coversheet details in a new window.
- To continue with the submission process, click the **New Submission for Enrollee** button to open the Submission Submit Coversheet page for the enrollee.

Submission Tab – Submit Coversheet

The Submission – Submit Coversheet page (Figure 12) allows you to submit a coversheet with a Medical Record (MR), a Medical Record with Attestation (MR+ATT), or no Medical Record documents (No MR) for the designated enrollee CMS-HCC(s). The system will only allow PDF files to be uploaded.

Upon completing a submission, the system-generated coversheet is prepended to the submitted Medical Record file.

The Submission – Submit Coversheet page includes the following sections:

- **Sample Details:** Displays the sample year and name.
- **Contract Information:** Displays the Contract Name, Current Contract ID, and Sample Year Contract ID for the selected enrollee.
- Enrollee Information: Displays the Enrollee ID, MBI, DOB, last name, first name, and ESRD Bene (Yes or No) for the selected enrollee.
- **Designated CMS-HCCs:** Displays a table with one row for each ESRD V24 CMS-HCC and V24 CMS-HCC sampled for the enrollee. If ESRD V24 CMS-HCC is populated, V24 CMS-HCC displays N/A and vice versa. Columns include:

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- ESRD V24 CMS-HCC: Lists the ESRD V24 CMS-HCCs designated for the enrollee.
- V24 CMS-HCC: Lists the V24 CMS-HCCs designated for the enrollee.
- Hierarchy: Indicates the hierarchy of the CMS-HCC.
- ESRD V24 ICD Codes: Lists the ESRD V24 ICD codes designated for the enrollee.
- V24 ICD Codes: Lists the V24 ICD codes designated for the enrollee.
- Submission Count: Displays current submission count.

Figure 12 – Submission Tab – Submit Coversheet

	Submission Doc		Reports				
			Reports			View PHI/PII Disc	laimer
d with a	n asterisk (*) before it is a r	equired field.					
ample	Details			1			
ample Ye ample N	ear: 20XX ame: CYXX PART C IPM						
ershe	et						
Contra	ct Information	Enrollee Inform	nation				
Contrac Current Sample	t Name: Test Contract 1 Contract ID: Z0001 Year Contract ID: Z0001	Enrollee ID: 12345 MBI: 1AB2CD3EF4 DOB: 05/04/1939 Last Name: Doe First Name: John ESRD Bene: No	5				
signa	ted CMS-HCC(s)						
esigna Select	ted CMS-HCC(s) ESRD V24 CMS-HCC	V24 CMS-HCC	Hierarchy	ESRD V24 ICD Codes	V24 ICD Codes	Submission Count	
esigna Select	ted CMS-HCC(s) ESRD V24 CMS-HCC N/A	V24 CMS-HCC HCC108	Hierarchy Yes	ESRD V24 ICD Codes	V24 ICD Codes 1700, 1714, 1739	Submission Count	
Select	ted CMS-HCC(s) ESRD V24 CMS-HCC N/A N/A	V24 CMS-HCC HCC108 HCC111	Hierarchy Yes Yes	ESRD V24 ICD Codes N/A N/A	V24 ICD Codes 1700, 1714, 1739 J439, J449	Submission Count 1 0	
Select	ted CMS-HCC(s) ESRD V24 CMS-HCC N/A N/A N/A	V24 CMS-HCC HCC108 HCC111 HCC137	Hierarchy Yes Yes Yes	ESRD V24 ICD Codes N/A N/A N/A	V24 ICD Codes 1700, 1714, 1739 J439, J449 N184	Submission Count 1 0 0	
Select	ted CMS-HCC(s) ESRD V24 CMS-HCC N/A N/A N/A N/A	V24 CMS-HCC HCC108 HCC111 HCC137 HCC23	Hierarchy Yes Yes Yes No	ESRD V24 ICD Codes N/A N/A N/A N/A	V24 ICD Codes 1700, 1714, 1739 J439, J449 N184 E213	Submission Count 1 0 0 0 0	
Select	ted CMS-HCC(s) ESRD V24 CMS-HCC N/A N/A N/A N/A N/A	V24 CMS-HCC HCC108 HCC111 HCC137 HCC23 HCC52	Hierarchy Yes Yes No Yes	ESRD V24 ICD Codes N/A N/A N/A N/A N/A N/A	V24 ICD Codes 1700, 1714, 1739 J439, J449 N184 E213 F0390	Submission Count 1 0 0 0 0 0 0 0	
Select	ted CMS-HCC(s) ESRD V24 CMS-HCC N/A N/A N/A N/A N/A N/A nent to be Attached	V24 CMS-HCC HCC108 HCC111 HCC137 HCC23 HCC52	Hierarchy Yes Yes No Yes	ESRD V24 ICD Codes N/A N/A N/A N/A N/A N/A	V24 ICD Codes 1700, 1714, 1739 J439, J449 N184 E213 F0390	Submission Count 1 0 0 0 0 0 0	
Select	ted CMS-HCC(s) ESRD V24 CMS-HCC N/A N/A N/A N/A N/A ment to be Attached document will be attached	V24 CMS-HCC HCC108 HCC111 HCC137 HCC23 HCC52	Hierarchy Yes Yes No Yes	ESRD V24 ICD Codes N/A N/A N/A N/A N/A N/A	V24 ICD Codes 1700, 1714, 1739 J439, J449 N184 E213 F0390	Submission Count 1 0 0 0 0 0 0	

When no Medical Record is available for a HCC submission, submit a Coversheet with no Medical Record attached (*No MR*):

 In the 'Designated CMS-HCC' table, check the box(s) for ESRD V24 CMS-HCC and V24 CMS-HCC applicable to this submission. You may designate multiple ESRD V24 CMS-HCCs and V24 CMS-HCCs for a single Coversheet.

This information has not been publicly disclosed and may be privileged and confidential. It is for internal government use only and must not be disseminated, distributed, or copied to persons not authorized to receive the information.

 Under 'Document to be Attached', select No document will be attached for selected CMS-HCC(s). Upon selecting this option, a text box will be displayed (Figure 13). Enter the reason that no MR is being attached to the submission.

	ion – Submit Co	versheet				
erview	Submission Do	cument Library	Reports			
						View PHI/PII Discla
eld with a	n asterisk (*) before it is a	required field.				
Sample	Details					
Sample Ye Sample N	aar: 20XX ame: CYXX PART C IPM					
vershe	et					
Contra	ct Information	_ Enrollee Inform	nation			
Contrac	t Name: Test Contract 1	Enrollee ID: 12345	6 01			
Current	Contract ID: Z0001	MBI: 1AB2CD3EF4	5			
Sample	rear Contract ID: 20001	Last Name: Doe				
		First Name: John ESRD Bene: No				
esigna	ted CMS-HCC(s)					
*Select	ESRD V24 CMS-HCC	V24 CMS-HCC	Hierarchy	ESRD V24 ICD Codes	V24 ICD Codes	Submission Count
			Vee	N/Δ	1700, 1714, 1739	1
	N/A	HCC108	tes	1975		
	N/A N/A	HCC108 HCC111	Yes	N/A	J439, J449	0
	N/A N/A N/A	HCC108 HCC111 HCC137	Yes Yes	N/A N/A	J439, J449 N184	0
	N/A N/A N/A N/A	HCC108 HCC111 HCC137 HCC23	Yes Yes No	N/A N/A N/A	J439, J449 N184 E213	0 0 0 0
*Docur	N/A N/A N/A N/A N/A nent to be Attache	HCC108 HCC111 HCC137 HCC23 HCC52 d	Yes Yes No Yes	N/A N/A N/A N/A	J439, J449 N184 E213 F0390	0 0 0 0
*Docur *Docur *Pro with Please	N/A N/A N/A N/A Morent to be Attache document will be attache vide a brief explanation c missing documentation. se note that CMS-HCCs v	HCC108 HCC111 HCC137 HCC23 HCC22 d or selected CMS-H letailing why mediat if documentation is fo vithout a valid MR sub	Yes Yes No Yes Yes CC(s) CC(s) CC(s) mitted will be man	N/A N/A N/A N/A N/A tion will not be submitted for the select bmission window, you may generate a se ked as discrepant: (Max 2000 charactera)	J439, J449 N184 E213 F0390 ed CMS-HCCs. Select all applicabl parate coversheet with documents	e CMS-HCCs tion attached.
*Docur • Noc *Pro with Please	N/A N/A N/A N/A N/A nent to be Attache locument will be attache vide a brief explanation o missing documentation. se note that CMS-HCCs v	HCC108 HCC111 HCC137 HCC23 HCC52 d	Yes Yes No Yes CC(s) CC(s)	N/A N/A N/A N/A N/A tion will not be submitted for the select mission window, you may generate a se ked as discrepant: (Max 2000 charactera)	J439, J449 N184 E213 F0390 ed CMS-HCCs. Select all applicabl parate coversheet with documents	e CMS-HCCs ation attached.
Sub	N/A N/A N/A N/A N/A nent to be Attache locument will be attache vide a brief explanation o missing documentation. se note that CMS-HCCs w	HCC108 HCC111 HCC137 HCC23 HCC52 d	Yes Yes No Yes CC(s)	N/A N/A N/A N/A N/A tion will not be submitted for the select mission window, you may generate a se ked as discrepant: (Max 2000 charactera)	J439, J449 N184 E213 F0390 ed CMS-HCCs. Select all applicabl parate coversheet with document	e CMS-HCCs ation attached.

Figure 13 – Submission Tab – Coversheet (without Documents to Attach)

- **3.** Click the **Submit** button, then click **OK** to submit the Coversheet and return to the Enrollee Dashboard.
- 4. Submitted documents can be viewed from the 'Completed Submissions' table in the Enrollee Dashboard. The system-generated Coversheet (Figure 15) is prepended to the submitted Medical Record.

To submit a Coversheet with a Medical Record (MR) or a Medical Record with Attestation (MR + ATT) attached:

- 1. In the 'Designated CMS-HCC' table, check the box(s) for each ESRD V24 CMS HCCs and V24 CMS-HCC(s) applicable to this submission.
 - Note: For enrollees with multiple ESRD V24 CMS HCCs and/or V24 CMS-HCCs, you may have a Medical Record that validates more than one CMS-HCC. In this instance, one Coversheet can and should be used to validate multiple CMS-HCCs. When completing the Coversheet, please select all applicable CMS-HCCs and submit the Medical Record once. Please do not submit the Medical Record separately for each CMS-HCC.
- Under 'Document to be Attached', select Submit document for selected CMS-HCC(s). Additional fields to complete the submission of a Medical Record will appear (Figure 14).
- **3.** Review the data in the 'Pre-populated' column of the 'Enrollee Information' table and correct if needed.
 - Note: This table contains pre-populated data from Enrollment Data Base (EDB) / Medicare Beneficiary Database (MBD). If any of the enrollee demographic information on the Medical Record documentation differs from that supplied in the pre-populated column, please enter corrections in the 'Corrected' column.
- 4. Under 'Document Type', select either One Physician Specialist / Hospital Outpatient Record, One Observation Record, or One Hospital Inpatient Record.
 - For One Physician Specialist / Hospital Outpatient Record:
 - **a.** Enter the 'Date of Service' in MM/DD/YYYY format or use the calendar widget to select the date. The Date of Service year must fall within the data collection year.
 - **b.** Select **Yes** or **No** as applicable for the question 'Document includes attestation?'
 - For **One Observation Record**:
 - **a.** Enter the 'Admission Date' in MM/DD/YYYY format or use the calendar widget to select the date.
 - **b.** Enter the 'Discharge Date' in MM/DD/YYYY format or use the calendar widget to select the date. The Discharge Date year must fall within the data collection year.

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- For One Hospital Inpatient Record:
 - **a.** Enter the 'Admission Date' in MM/DD/YYYY format or use the calendar widget to select the date.
 - **b.** Enter the 'Discharge Date' in MM/DD/YYYY format or use the calendar widget to select the date. The Discharge Date year must fall within the data collection year.
- 5. Under 'Attach Document', click **Choose File** to select a file to upload. The file must meet the following criteria:
 - ✓ Must be a PDF File
 - \checkmark File name must be less than 100 characters
 - ✓ File name must not contain any invalid characters
 - \checkmark File size must be less than 50 MB
 - ✓ File must not be password protected
 - ✓ File must not have bookmarks or binders
 - \checkmark File must not be locked for editing
 - \checkmark File must not be encrypted
- 6. Click **Submit**, then click **OK** to complete the submission and return to the Enrollee Dashboard.
- 7. Submitted documents can be viewed from the 'Completed Submissions' table in the Enrollee Dashboard. The system-generated Coversheet (Figure 15) is prepended to the submitted Medical Record.

This information has not been publicly disclosed and may be privileged and confidential. It is for internal government use only and must not be disseminated, distributed, or copied to persons not authorized to receive the information.

Figure 14 – Submission Tab – Coversheet (with Documents to Attach)

verview	Submission Docu	ment Library	Reports				
						View F	'HI/PII Disclaime
ield with a Sample	n asterisk (*) before it is a re Details	quired field.		1			
Sample Ye Sample N	aar: 20XX ame: CYXX PART C IPM						
overshe	et						
Contrac Contrac Current Sample	t Name: TEST CONTRACT 1 Contract ID: 20001 Year Contract ID: 20001	Enrollee ID: 123 MBI: 1AB2CD3 DOB: 05/04/19 Last Name: Do First Name: Jol ESRD Bene: No	ormation 3456_01 EF45 39 e 10				
Designa	ted CMS-HCC(s)						
*Select	ESRD V24 CMS-HCC	V24 CMS-HCC	Hierarchy	ESRD V24 ICD Codes	V24 ICD Codes	Submission Count	
	N/A	HCC108	Yes	N/A	1700, 1714, 1739	1	
	N/A	HCC111	Yes	N/A N/A	J439, J449	0	
	N/A N/A	HCC23	No	N/A	E213	0	
\Box	N/A	HCC52	Yes	N/A	F0390	0	
*Docur	ment to be Attached						í.
Sub Inrollee	mit document for selected (Information	CMS-HCC(s)					I
	Field Name	phonete		Pre-populated		Corrected	
DOB(MM/D	D/YYYY):	05/04	/1939				
Last Name	,	Doe					
First Name	•	John					
*Docur	nent Type						
One 0 1 1 1 1	Physician Specialist / Hosp nly Outpatient guidelines wil CMS-Generated Attestation file contains an Observation	ital Outpatient Red Il apply. is included, it mus record, enter obse	cord t correspond to the rvation start date.	e Date of Service entered here.			
	(MM/DD/YYYY):						
Docum	nent includes attestation?	◯ Yes ◯ No					
	Observation Record						
	Admission Date						
	(MM/DD/YYYY):						
	Discharge Date		-				
One 0 Ar	(MM/DD/YYYY): Hospital Inpatient Rocord nly Inpatient guidelines will a ttestations are not accepted edical record in file must con	apply. for Inpatient recon ntain an Admission	ds. and a Discharge D)ate.			
	Admission Date						
	(MM/DD/YYYY):						
	Discharge Date		Ē				
	(MM/DD/YYYY):						
tach Do	Notes: Filenar	ne cannot contain ; ted File Type: .pdf	any of the followin	g characters: \ / : * ? `< > ; or &#</td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></tbody></table>			

INFORMATION NOT RELEASABLE TO THE PUBLIC UNLESS AUTHORIZED BY LAW:

CY - 20XX PART C IPM

Coversheet ID: Z0001_111111_11_12345

Section I | Contract Information Enrollee ID: 123456_01 Sample Year: 20XX Contract Name: Test Contract 1 Current Contract ID: Z0001 Sample Year Contract ID. Z0001

Section II | Enrollee Information MBI: 1AB2CD3EF45

DOB: 05/04/1939 Corrected DOB:

First Name: Corrected First Name: John

Last Name: Doe Corrected Last Name:

Section III | Document to be Attached Document is attached for selected CMS-HCC(s): Yes Attestation Attached: No

Section IV | Designated CMS-HCC(s) ESRD V24-CMS-HCC V24-CMS-HCC Hierarchy ESRD V24-ICD Codes N/A HCC108 Yes N/A

V24-ICD Codes 1700, 1714, 1739

Section V | File Content / Coding Guidelines One Hospital Inpatient Record Admission Date: 12/6/2022 Discharge Date: 12/21/2022

Section VI | Medical Record Submission Information File Name: test.pdf Submitted By: Tester, Submission Date()7/19/20XX 08:37:57 AM Submitted Medical Record is in the following pages.

< <u>1</u>/2 >

25

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Document Library Tab

The Document Library tab (Figure 16) allows you to view documents related to the Part C IPM process, such as:

- General Sample Documentation Reference and Training Documentation: Documents like Submission Instructions, MAO Training Slides, MR Guidance, CMS Generated Attestation Instructions, CMS Generated Attestations, Reference Materials CMS-HCCs Hospital Letters, Physician Letters, Physician Specialties, Enrollee List Data Dictionary, IFR and FFR MAO Training Slides are available under this category. These documents are made available in the Document Library prior to opening of the Submission Window.
- Contract-Specific and Enrollee-Specific Data and Documentation: Documents like Enrollee List are available under this category. These documents are made available in the Document Library on dates specified by CMS, no later than the date the Submission Window opens.
- Interim Findings Report: Interim Findings Reports are available under this category as the sample progresses once they are published to the Document Library.
- *Final Findings Report: Final Findings Reports are available under this category towards the end of the sample once they are published to the Document Library.*
- **CEO/MCO File:** Documents specific to CEO/MCOs are available under this category. These documents are made available in the Document Library once the Submission Window opens.

Documents appear in the Document Library as they become available; note that some of the aforementioned documents will not be available until after the submission window opens, or after all review/CMS analysis is complete.

Available documents will be displayed in the 'Filter Results' table at the bottom of the Document Library tab. By default, documents are sorted by date uploaded, beginning with the most recent. Documents can also be filtered by document type and contract ID(s).

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verview Submission Do	ocument Library Reports				
_			View PHI/PII Disclaimer		
Sample Details		7			
Sample Year: 20XX Sample Name: CYXX Part C IPM					
ilter Criteria					
Document Type:		Contract ID(s):			
Select All	A	Select All	*		
General Sample Documentatio Contract and Enrollee-Specific Interim Findings Report Final Findings Report CEO/MCO File	n-Hererence and Training Document. Data and Documentation	Z0001-TEST CONTRACT 1 Z0002-TEST CONTRACT 2 Z0003-TEST CONTRACT 3	Z0001-TEST CONTRACT 1 Z0002-TEST CONTRACT 2 Z0003-TEST CONTRACT 3		
Filter	Reset				
Filter	Reset		1 items in 1 nares		
Filter	Reset	< 1 ► Page size: 50 ▼	1 items in 1 pages		
Filter Filter Contemporate State	Reset	✓ 1 ► Page size: 50 ↓ Upleaded Date ▼ Show All ▼	1 items in 1 pages		
Filter Filter Comment Type	Reset File Name ← Z0001 Interim Findings Example [PDF.194KB]	✓ 1 ► Page size: 50 ↓ Uploeded Date ▼ Show All ▼ 04/13/20XX 12:06:28 PM	1 items in 1 pages Comments		
Filter Filter Contract and Enrollee-Specific Data and Documentation	Reset File Name. ◆ Z0001 Interim Findings Example [PDE194KB] Z0001 Enrollee Specific Data Test.pdf (PDF.176.8KB)	▲ 1 ▶ Page size: 50 ↓ Uploaded Date ↓ Show All ↓ 04/13/20XX 12:06:28 PM 04/13/20XX 12:06:28 PM	1 items in 1 pages		
Filter Filter Results Document Type Contract and Enrollee-Specific Data and Documentation Final Findings Report	Reset File Name ← Z0001 Interim Findings Example (PDF.194KB) Z0001 Enrollee Specific Data Iest.pdf (PDF, 176.8KB) Z0001 Final Findings Test.pdf (PDF, 176.8	▲ 1 ► Page size: 50 ▼ Uploaded Date ▼ Show All ▼ O4/13/20XX 12:06:28 PM 04/13/20XX 12:06:28 PM 04/13/20XX 12:06:28 PM O4/13/20XX 12:06:28 PM 04/13/20XX 12:06:28 PM 04/13/20XX 12:06:28 PM	1 items in 1 pages		
Filter Filter Filter Filter General Sample Documentation- Reference and Training Documentation- Reference and Re	Reset File Name ← Z0001 Interim Findings Example [PDF.194KB] Z0001 Enrollee Specific Data Test.pdf (PDF. 176.8KB] Z0001 Final Findings Test.pdf (PDF. 176.8KB] Part C IPM CYXX MA0 Teleconference Sides.pdf [PDF.194KB]	▲ 1 ► ► Page size: 50 ↓ Uploaded Date ▼ Show All ▼ 04/13/20XX 12:06:28 PM	1 items in 1 pages Comments		

To filter available documents:

- 1. Choose the desired filter parameters in the 'Filter Criteria' section.
 - To search by document type, select the applicable option from the 'Document Type' selection box. To select multiple document types, hold the **Ctrl** key and select the desired document types. To view all documents for the sample, choose **Select All**.

INFORMATION NOT RELEASABLE TO THE PUBLIC UNLESS AUTHORIZED BY LAW:

- To search by Contract ID(s), select the applicable option from the 'Contract ID(s)' selection box. To select multiple contracts, hold the **Ctrl** key and select the desired contracts. To view all contracts for the sample, choose **Select All**.
- 2. Click the **Filter** button to apply the selected parameters. The 'Filter Results' table will be updated based on the parameters submitted.

Reports Tab

The Reports tab (Figure 17) allows users with *Part C IPM Reports – Plan* access to view various reports related to Part C IPM activity, such as (but not limited to):

- Complete Enrollee-HCC Report
- Contract Submitter Summary Report
- Email History Report
- Part C CMS-HCC Outcomes Detail Report

Figure 17 – Reports Tab

eports	
verview Submission Document Library Reports	
	View PHI/PII Disclaime
Sample Details	
Sample Year: 20XX Sample Name: Test Contract 1	
elect a Report	
Complete Enrollee-HCC Report [XLSX] -Displays information about the sampled enrollees and CMS-HCCs. Contract Submitter Summary Report [XLSX] -Liste the submitters (or lack thereof) for each contract in the sample	
Email History Report -Displays a history of all emails that have been sent by CMS for this sample.	

Complete Enrollee-HCC Report

The *Complete Enrollee-HCC Report* (Figure 18) is an auto-generated Excel report which displays all sampled enrollees and ESRD V24 CMS-HCCs/V24 CMS-HCCs selected for the Part C IPM audit. This report will only display information for contracts to which the requesting user has access.

28

INFORMATION NOT RELEASABLE TO THE PUBLIC UNLESS AUTHORIZED BY LAW:

Figure 18 – Complete Enrollee-HCC Report

-	A	B	C	D	E	F	G	H	- I	J	K	L	M
2	Sample Year: 20XX												
3	Sample Name: Test C	ontract 1											
4	Last Generated: 7/15/2	20XX 3:02:14 PM											
5													
6	мві	Enrollee ID	First Name	Last Name	Middle Name	Sex	DOB	ESRD V24 CMS- HCCs	V24 CMS- HCCs	Hierarchy	E SRD V24_DX1	E SRD V24_DX2	ESRD V24_DX3
7	1AB2CD3EF45	111111_01	FirstName_01	LastName_01	Т	M	08/07/1952	HCC100	N/A	Yes	1639		
8	1AB2CD3EF45	111111_01	FirstName_01	LastName_01	Т	M	08/07/1952	HCC108	N/A	Yes	1739	182409	182621
9	1AB2CD3EF45	111111_01	FirstName_01	LastName_01	Т	M	08/07/1952	HCC136	N/A	Yes	1132	N186	
10	1AB2CD3EF45	111111_01	FirstName_01	LastName_01	Т	M	08/07/1952	HCC18	N/A	Yes	E1165		
11	1AB2CD3EF45	111111_01	FirstName_01	LastName_01	Т	M	08/07/1952	HCC85	N/A	No	1110	1132	1509
12	1AB2CD3EF45	111111_01	FirstName_01	LastName_01	Т	M	08/07/1952	HCC96	N/A	No	14891		
13	1AB2CD3EF46	111111_02	FirstName_02	LastName_02	0	M	11/15/1983	HCC136	N/A	Yes	1120	1132	N186
14	1AB2CD3EF46	111111_02	FirstName_02	LastName_02	0	M	11/15/1983	HCC176	N/A	No	T82848A	T82858A	
15	1AB2CD3EF46	111111_02	FirstName_02	LastName_02	0	M	11/15/1983	HCC18	N/A	Yes	E1122		
16	1AB2CD3EF46	111111_02	FirstName_02	LastName_02	0	M	11/15/1983	HCC22	N/A	No	E6601	Z6841	Z6842
17	1AB2CD3EF46	111111_02	FirstName_02	LastName_02	0	M	11/15/1983	HCC23	N/A	No	N2581		
18	1AB2CD3EF46	111111_02	FirstName_02	LastName_02	0	M	11/15/1983	HCC47	N/A	No	D8481		
19	1AB2CD3EF46	111111_02	FirstName_02	LastName_02	0	M	11/15/1983	HCC58	N/A	Yes	F320	F321	
20	1AB2CD3EF46	111111_02	FirstName_02	LastName_02	0	M	11/15/1983	HCC75	N/A	No	G629		
21	1AB2CD3EF46	111111_02	FirstName_02	LastName_02	0	M	11/15/1983	HCC79	N/A	No	G40909	R569	
22	1AB2CD3EF46	111111_02	FirstName_02	LastName_02	0	M	11/15/1983	HCC85	N/A	No	1132	15033	
23	1AB2CD3EF47	111111_03	FirstName_03	LastName_03	1	M	04/04/1963	N/A	HCC108	Yes			
24	1AB2CD3EF47	111111_03	FirstName_03	LastName_03	1	M	04/04/1963	N/A	HCC176	No			
25													
26													
27													
28													
29	INFORMATION NOT RE	LEASABLE TO TH	HE PUBLIC UNLESS AU	THORIZED BY LAW:This information	i has not								
30	been publicly disclose	ed and may be pri	ivileged and confidenti	al. It is for internal government use	only and								
31	must not be dissemin	ated, distributed,	or copied to persons	not authorized to receive the inform	nation.								
32	Unauthorized disclosu	ire may result in	prosecution to the full	extent of the law.									

To view the *Complete Enrollee-HCC Report*, go to the Reports tab and click the **Complete Enrollee-HCC Report** link. The report will download as an Excel file.

Contract Submitter Summary Report

The *Contract Submitter Summary Report* (Figure 19) is a downloadable Excel report which displays a listing of all users associated with the sample who are able to make a submission. This report will display information only for contracts to which the user has access.

Figure 19 - Contract Submitter Summary Rep
--

	Α	в	C	D	E	F	G
1	Contract Su	bmitter Summary Repor	t				
2	Sample Year: 20	XX					
3	Sample Name: T	est Contract 1					
4	Last Generated:	B/7/20XX 2:11:03 PM					
5							
6	Contract ID	Name	Profile	Phone Number	Email Address	Organization	Parent Organization
	Z0001	JOHN DOE	MCO User, A0000 – CEO/COO/CFO Contract Attestation, P0000 - Pharmaceutical Manufacturer User, H0000 – Actuarial Certification Consultant User, PDP User, PACE	123-456-7890	iohndoe@test.com	Softrams LLC	TEST CONTRACT 1
7			MCO User				
8	Z0002	DOE JOHN	MCO User, A0000 – CEO/COO/CFO Contract Attestation, P0000 - Pharmaceutical Manufacturer User, H0000 – Actuarial Certification Consultant User, PDP User, PACE MCO User	123-456-7890	doeiohn@test.com	Softrams	TEST CONTRACT 2
9	Z0003	JANE DOE	MCO User, PDP User, Superuser, PACE MCO User	123-456-7890	janedoe@test.com	Softrams LLC	TEST CONTRACT 3
	Z0004	DOE JANE	MCO User, A0000 – CEO/COO/CFO Contract Attestation, P0000 - Pharmaceutical Manufacturer User, H0000 – Actuarial Certification Consultant User, PDP User, PACE	123-456-7890	doejane@test.com	Softrams	TEST CONTRACT 4
10			MCO User				
11	Z0005	JOHN DOE	MCO User, A0000 – CEO/COO/CFO Contract Attestation, P0000 - Pharmaceutical Manufacturer User, H0000 – Actuarial Certification Consultant User, PDP User, PACE MCO User	123-456-7890	iohndoe@test.com	Softrams	TEST CONTRACT 5

To view the *Contract Submitter Summary Report*, go to the Reports tab and click the **Contract Submitter Summary Report** link. The report will download as an Excel file and includes contact information for all submitter users associated with the sample.

INFORMATION NOT RELEASABLE TO THE PUBLIC UNLESS AUTHORIZED BY LAW:

Email History Report

The *Email History Report* is an auto-generated summary of any emails sent by CMS (or designated CMS Contractor) to your MA Organization. This report will only display information for contracts to which the requesting user has access.

To generate and view an Email History Report:

1. From the 'Reports' tab, click the **Email History Report** link. The Email History Report parameters section will appear (Figure 20).

Sample Details Sample Year: 20XX Sample Name: CYXX Part C IPM Email History Report *Email Type: Notification of Selection MAO Teleconference Invitation EUA Reminder Submission Window Start Interim Findings Report (IFR) 1 Cut-Off Date Interim Findings Report (IFR) 2 Cut-Off Date	PII Disclaimer
Sample Year: 20XX Sample Name: CYXX Part C IPM Trail History Report *Email Type: Notification of Selection MAO Teleconference Invitation EUA Reminder Submission Window Start Interim Findings Report (IFR) 1 Cut-Off Date Interim Findings Report 1 Interim Findings Report 1 Interim Findings Report 2 Interim Findings Report 1 Interim Findings Report 2 Interim Findings Report 2 Interim Findings Report 2 Interim Findings Report 2 Interim Findings Report 1 Interim Findings Report 2 Interim Findings Report 1 Interim Findings Report 2 Interim Findings Report 1 Interim Findings Report 2 Interim Findings Report 3 Interim Fi	
*Email Type: Notification of Selection MAO Teleconference Invitation EUA Reminder Submission Window Start Interim Findings Report (IFR) 1 Cut-Off Date Interim Findings Report 1 Interim Findings Report 2 Interim Findings Report 2 Interim Findings Report 2	
*Email Type: Notification of Selection MAO Teleconference Invitation EUA Reminder Submission Window Start Interim Findings Report (IFR) 1 Cut-Off Date Interim Findings Report 1 Interim Findings Report 2 Interim Findings Report (IFR) 2 Cut-Off Date	
Interim Findings Report 3 Interim Findings Report 3 Some or All Medical Records Received	
Contract ID: Select All Z0001-TEST CONTRACT 1 Z0002-TEST CONTRACT 2 Z0003-TEST CONTRACT 3	

Figure 20 – Set Email History Report Parameters

2. In the 'Email Type' selection box, select the appropriate email type(s) to include in the auto-generated report. To select multiple email types, hold the **Ctrl** key and select the applicable types.

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- **3.** In the 'Contract ID' selection box, select the appropriate contract to include in the generated report. To select multiple contracts, hold the **Ctrl** key and select the appropriate contracts. To include all contracts for the sample, choose the **Select All** option.
- 4. Click the Search button to view the auto-generated report (Figure 21).

ports				
verview Sul	bmission Docur	ment Library Reports		
ample Deta	ils		Vie	ew PHI/PII Disclaime
Sample Year: 20) Sample Name: C	(X (XX Part C IPM			
nail History I	Report			
Contract ID: 2000 Modi arch Result	fy s			Export All to Excel
		14	< 1 → M Page size: 50 ▼	1 items in 1 pages
	Date Sent	Email Type	Subject	Email Details
Contract ID	07/21/20XX	Notification of Selection	Z0001: Notification of Calendar Year (CY) 20XX Medicare Part C Improper Payment Measure (Part C IPM) Contract Selection and Point of Contact Request	View Email
Contract ID Z0001	01:22:46 PM			

Figure 21 – Email History Report

Navigating the Email History Report

- To make any changes to the report parameters, click the **Modify** button.
- To export all results as an Excel file, click the **Export All to Excel** link found above the 'Search Results' table.
- To view details of an individual email, click the **View Email** link in the 'Email Details' column of the 'Search Results' table. Details for the selected email will open in a separate (Figure 22) window and include links to email attachments (if any).

INFORMATION NOT RELEASABLE TO THE PUBLIC UNLESS AUTHORIZED BY LAW:

neum Plan Management System	Pn	nt Date: 7/26/		
Email Detail				
Controls Name (Vale)				
Email Type	Notification of Selection			
Contract Id	Z0001			
Sent To	jane.doe@test.com, john.doe@test.com			
сс	sue.doe@test.com			
Date Sent	7/21/20XX 1:22:46 PM			
Subject Z0001: Notification of Calendar Year (CY) 20XX Medicare Part C Improper Payment Measure (Part C IPM) Contract Selection and Point of Contact Request				
Attachments	None			
	Message			
contracts for the CY 20XX Medicare Part C Improper Payment Measure (CYXX Part C IPM) activity. Please see the attached notification letter for more information. HPMS, a secure web-based system, will be CMS' only acceptable method for participation in CYXX Part C IPM. For access to HPMS for CYXX Part C IPM, it is important that you take immediate steps to credential users for Part C IPM Submission access. Please read the attached "Request Part C IPM Submission" Letter for additional information.				
CMS plans to host a training teleconference for CYXX Part C IPM, for which invitations will be distributed by e-mail. During the teleconference, you will receive information about accessing enrollee data and submitting medical record files using HPMS.				
contraction about according officities (Any questions related to the CYXX Part C IPM process should be directed to CMS at PartC_IPM@cms.hhs.gov with subject line specified as "CYXX Part C IPM". For technical inquiries related to HPMS, please send an email to hpms@cms.hhs.gov. For inquiries regarding your HPMS access, please send an email to hpms_access@cms.hhs.gov. Do not send any beneficiary Protected Health Information (PHI) or Personally Identifiable Information (PII) to any CMS mailbox.			
Any questions related to the CYXX Part C IPM PM". For technical inquiries related to HPMS, to hpms_access@cms.hhs.gov. Do not send an nailbox.	please send an email to hpms@cms.hhs.gov. For inquiries regarding your HPMS access, please send an email y beneficiary Protected Health Information (PHI) or Personally Identifiable Information (PII) to any CMS			

INFORMATION NOT RELEASABLE TO THE PUBLIC UNLESS AUTHORIZED BY LAW:

Part C CMS-HCC Outcomes Detail Report

The Part C IPM *HCC Outcomes Detail Report* (Figure 23) is a downloadable Excel report that displays a list of all HCCs reviewed within the sample, CMS-HCC outcomes, and the MA Contract Suggested Action to the plan user.

Figure 23 – Part C CMS-HCC Outcomes Detail Report

_						
	Α	В	С	D	E	F
1	HCC Outco	mes Detail Report				
2 :	Sample Year: 20	XX				
3	Sample Name: 0	Y PART C IPM				
4 1	Date Updated: 0	5/19/20XX				
5	Sample Comple	ion Date: 05/09/20XX				
6	Last Generated:	8/7/20XX 2:28:22 PM				
7						
- 6	Parent					
		Contract Namo	Contract ID	Enrollog ID	E CPD Enrollog (Voc/No)	ESPD V24 Sampled CMS UCC
8	Organization	Contract Name	Contract ID	Enrollee ID	ESRD Enrollee (Yes/No)	ESRD V24 Sampled CMS-HCC
8	Organization ACME. INC	Contract Name TEST CONTRACT 1	Contract ID Z0001	Enrollee ID 123456_01	ESRD Enrollee (Yes/No) No	ESRD V24 Sampled CMS-HCC N/A
8 <mark>(</mark> 9	Organization ACME. INC	Contract Name TEST CONTRACT 1	Contract ID Z0001	Enrollee ID 123456_01	ESRD Enrollee (Yes/No) No	ESRD V24 Sampled CMS-HCC N/A
8 9 10 /	Organization ACME. INC ACME. INC	Contract Name TEST CONTRACT 1 TEST CONTRACT 2	Contract ID 20001 20002	Enrollee ID 123456_01 123456_02	ESRD Enrollee (Yes/No) No No	ESRD V24 Sampled CMS-HCC N/A N/A
8 9 10 11	Organization ACME. INC ACME. INC ACME. INC	Contract Name TEST CONTRACT 1 TEST CONTRACT 2 TEST CONTRACT 3	Contract ID 20001 20002 20003	Enrollee ID 123456_01 123456_02 123456_03	E SRD Enrollee (Yes/No) No No No	ESRD V24 Sampled CMS-HCC N/A N/A N/A
8 9 10 11 12	ACME. INC ACME. INC ACME. INC ACME. INC ACME. INC	Contract Name TEST CONTRACT 1 TEST CONTRACT 2 TEST CONTRACT 2 TEST CONTRACT 3 TEST CONTRACT 4	Contract ID 20001 20002 20003 20004	Enrollee ID 123456_01 123456_02 123456_03 123456_04	ESRD Enrollee (Yes/No) No No No No	ESRD V24 Sampled CMS-HCC N/A N/A N/A N/A N/A N/A
8 9 10 11 12	Organization ACME. INC ACME. INC ACME. INC ACME. INC ACME. INC	Contract Name EST CONTRACT 1 EST CONTRACT 1 EST CONTRACT 5 TEST CONTRACT 5 TEST CONTRACT 6 TEST CONTRACT 5 EST CONTRACT 5	Contract ID 20001 20002 20003 20004 20005	Enrollee ID 123456_01 123456_02 123456_03 123456_04 123456_05	ESRD Enrollee (Yes/No) No	ESRD V24 Sampled CMS-HCC N/A N/A N/A N/A N/A N/A N/A
8 9 10 / 11 / 12 / 13	Organization ACME. INC ACME. INC ACME. INC ACME. INC ACME. INC	Contract Name TEST CONTRACT 1 TEST CONTRACT 2 TEST CONTRACT 2 TEST CONTRACT 3 TEST CONTRACT 4 TEST CONTRACT 4 TEST CONTRACT 5	Contract ID 20001 20002 20003 20004 20005	Enrollee ID 123456_01 123456_02 123456_03 123456_04 123456_05	ESR0 Enrollee (YesNo) No No No No No No No No	ESR0 V24 Sampled CMS-HCC N/A N/A N/A N/A N/A
8 9 10 11 12 13	Organization ACME. INC ACME. INC ACME. INC ACME. INC ACME. INC	Contract Name EST CONTRACT 1 TEST CONTRACT 2 TEST CONTRACT 2 TEST CONTRACT 3 TEST CONTRACT 5 TEST CONTRACT 5 TEST CONTRACT 6	Contract ID 20001 20002 20003 20004 20005 20006	Enrollee ID 123456_01 123456_02 123456_03 123456_04 123456_05 123456_06	ESIC Erroller (YesNo) No	E SRD V24 Sampled CMS-HCC N/A N/A N/A N/A N/A N/A
8 9 10 / 11 / 12 / 13 / 14	Organization ACME. INC ACME. INC ACME. INC ACME. INC ACME. INC ACME. INC	Contract Name TEST CONTRACT 1 TEST CONTRACT 2 TEST CONTRACT 2 TEST CONTRACT 3 TEST CONTRACT 4 TEST CONTRACT 4 TEST CONTRACT 5 TEST CONTRACT 6	Contract ID 20001 20002 20003 20004 20005 20006	Enrollee ID 123456_01 123456_02 123456_03 123456_04 123456_05 123456_05 123456_06	ESRD Errollee (YesNo) No No No No No No	E SRD V24 Sampled CMS-HCC N/A N/A N/A N/A N/A N/A

To view the *Part C CMS-HCC Outcomes Detail Report*, go to the Reports tab and click the **Part C CMS-HCC Outcomes Detail Report** link. The report will download as an Excel file.

33

5. HPMS Contact Information

Important: Do not send any beneficiary Protected Health Information (PHI) or Personally Identifiable Information (PII) to any CMS mailbox.

Contact	Phone Number / Email	Notes
HPMS User Access	hpms_access@cms.hhs.gov	Assistance with HPMS user access needs such as access troubleshooting, password resets, or new account status.
HPMS Help Desk	1-800-220-2028 hpms@cms.hhs.gov	Assistance with all other HPMS needs not related to user access.
Part C IPM (CMS)	PartC_IPM@cms.hhs.gov	Assistance with needs specific to the Part C IPM module.

34

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