Summary of HPMS Releases
For the week ending October 13, 2006

Title: Re-Determination of Low-Income Subsidy (LIS) Eligibility for 2007
Date: 10/6/06
Summary: The purpose of this memo is to provide your organization with information and guidance about CMS' expectations with respect to plan communication with their members who will no longer automatically qualify for the low-income subsidy in 2007.

Title: CY 2007 Plan Benefit Package (PBP) Update #7 Released to HPMS
Date: 10/6/06
Summary: This memo discusses the release of latest update to the Plan Benefit Package (PBP) 2007 software. This update contains changes to the Summary of Benefits (SB) sentences to reflect the 2007 Medicare amounts and a correction to the Prescription Drug section.

Title: State-to-Plan Reconciliation --Updated Part D Plan Instructions
Date: 10/6/06
Summary: Please find attached CMS guidance prepared by PCG that summarizes the State-to-Plan Reconciliation Medicaid claim plan adjudication and payment recovery phase. Specifically, the document entitled *Medicare Part D State-to-Plan Reconciliation Claims Layout - NCPDP 5.1 Process Specs* addresses procedures for claims that were paid in full by state Medicaid agencies during the period covered by the demonstration.

Title: Late Enrollment Penalties for Plan Year 2006
Date: 10/6/06
Summary: CMS will soon publish operational guidance for Part D Sponsors on the late enrollment penalty (LEP) and creditable coverage (CC). The CC-LEP operational guidance will instruct Part D Sponsors on how to report creditable coverage determinations through enrollment transactions, per Appendix E of the Medicare Advantage and Prescription Drug Plan Communications User's Guide. Specifically, the CC-LEP operational guidance outlines how Plans should report upon two data elements.

Title: REVISED: Repeat Part D Complaints from 1-800-Medicare
Date: 10/6/06
Summary: This memo replaces the September 28, 2006 memo titled "Repeat Part D Complaints from 1-800-Medicare" from Mary Agnes Laureno, Director, Office of Beneficiary Information Services Group. CMS recognizes that beneficiaries will call 1-800-MEDICARE call centers repeatedly when their complaint is not resolved as quickly or thoroughly as they anticipated. As mentioned in the August 14, 2006, HPMS letter regarding repeat complaints, CMS has been looking at ways to improve a Part D sponsor's ability to manage complaints from repeat callers. When resolving complaints from beneficiaries that have been identified as repeat callers, plan caseworkers need to strongly emphasize to their members that they should call the Part D sponsor directly with any subsequent questions or concerns. They should be assured that this is the quickest way to get their issues resolved.

Title: Special TRR Communication – Week-at-a-Glance October 9th through October 13th
Date: 10/10/06
Summary: - WAAG for the week of October 9th, 2006.
This communication describes the Special TRRs that CMS is preparing to send to Plans during the week of October 9, 2006.

Title: Enrollment and Marketing/Dissemination Materials - REMINDERS
Date: 10/11/06
Summary: This memorandum provides several important reminders and/or clarifications for entities that offer employer/union-only group waiver plans (EGWPs) including "800 series" plans and "Direct Contract" plans. Enrollment reminders include 1) discussion of the "employment-based coverage" requirement; 2) a reminder that employer-only group PDP plans may not enroll active employees; and 3) clarification concerning transitioning employer or union groups from the Retiree Drug Subsidy (RDS) program to Part D plans ("TR 127" procedures). Marketing/dissemination reminders briefly discuss the rules that apply to PDP Sponsors, MA Organizations and 1876 Cost Plan Sponsors for marketing, dissemination and timing of release of materials to "800 series" and "Direct Contract" plan enrollees.

Title: Lower Cash Price Policy
Date: 10/11/06
Summary: What should an individual do if he or she is able to obtain a better price on a covered Part D drug at the point of sale than the negotiated price charged by his or her Part D plan if he/she is in the coverage gap or deductible phase of his or her benefit? Will that lower amount at the point of sale count toward the enrollee's TrOOP balance?

Title: Part D Sponsors 4Rx Data - September, 2006
Date: 10/12/06
Summary: On July 14, 2006, the Center for Medicare and Medicaid Services (CMS) released a new module in HPMS under the "Contract Management" section entitled "4Rx Data". This module has now been updated to reflect the 4Rx data for current enrollees for the payment month of September 2006. Each Part D sponsor is expected to successfully submit 4Rx data for at least 95% of their enrollees. The information in the 4Rx Data report is designed to help Part D Sponsors determine if they are meeting the 95% requirement. The report has now been broken into three sections – one for total current enrollees, one for Plan-submitted enrollments, and one for CMS generated enrollments.

Title: Introducing MAXIMUS Federal Services, Inc.
Date: 10/12/06
Summary: Name Change for Part C Independent Review Entity -- MAXIMUS CHDR, the Medicare Managed Care and PACE Reconsideration independent review entity, has announced it is changing its name to MAXIMUS Federal Services, Inc. The new name will be seen on reconsideration materials in a few weeks.