

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
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CENTER FOR MEDICARE

Date: December 11, 2013

To: All Medicare Advantage Organizations (MAO), Prescription Drug Plan (PDP) Sponsors, 1876 Cost Plans, and PACE Organizations Operating in CY 2014 Only

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Subject: Follow-Up Action to the November 4 Readiness Checklist for Medicare Advantage and Prescription Drug Plans, 1876 Cost Plans, and PACE Organizations – Due by December 30, 2013

Background

On November 4, 2013, CMS released the Contract Year 2014 Medicare Advantage and Part D Readiness Checklist, which summarized a selection of key operational requirements in statutes, regulations, manual chapters, Health Plan Management System (HPMS) memos, applications, and other advisory materials. CMS asked all organizations to review the Readiness Checklist carefully and take necessary measures to ensure that these key requirements are in place for CY 2014.

CMS is now asking organizations to respond on their progress regarding preparations for 2014. Unlike previous years when CMS requested that organizations report their readiness on each item contained in the original Readiness Checklist, this year CMS is implementing a more streamlined readiness assessment method. Specifically, by December 30, 2013, organizations are asked to report on their overall progress in conducting their self-audit, and to identify those specific areas where the entity was not or will not be ready by the specific implementation date. Attachment A provides a hard copy version of the series of questions to which organizations must respond electronically using the instructions below.

Instructions

By December 30, 2013, each compliance officer should complete a single readiness assessment that represents the results of the readiness activities for all of the contracts within his/her purview. CMS uses the responses provided in the readiness assessment to monitor program

operations and evaluate organizations' compliance with Medicare Part C and Part D requirements.

Please pay particular attention to Question 2 of the assessment, which asks organizations to affirm that they have conducted thorough self-evaluations of the Readiness Checklist items. Additionally, in question 4, organizations must then report to CMS the Readiness Checklist item number(s) of any item for which the organization either missed or will miss an operational deadline, or is otherwise not ready to meet the requirement, along with additional details concerning the problem the organization is facing with the requirement. Finally, compliance officers are directed to complete an attestation concerning the completeness and accuracy of the responses they are submitting.

As a reminder, organizations, not their subcontractors or other related entities, are responsible for the accuracy of their responses. CMS advises individuals authorized by their organizations to complete this assessment to take all steps necessary to confirm the accuracy of the information upon which responses are based prior to submitting the assessment to CMS.

For example, in "Section E. Marketing" of the November 4 Readiness Checklist, a series of items concerned the timeliness and accuracy of ANOC/EOC materials. CMS expects respondents to have proactively verified mailing dates with print vendors, ensured completeness of mail files with IT departments, and to have conducted pre- and post-mailing quality reviews of the accuracy of the materials, at a minimum. It would be insufficient to assume that your materials were on time simply because your organization did not receive complaints.

Compliance officers with more than one contract are to respond in terms of all contracts' readiness status. For each item compliance officers report as "Not Ready," provide the appropriate follow-up information indicated, including the expected readiness date and the affected contract number(s), along with explanatory comments. (If the organization only has one contract with CMS or if the problem affects all contracts, compliance officers can state "all" contracts without listing each one.) The tool will enable compliance officers to report up to 30 separate items of non-readiness. Organizations having more than 30 items of non-readiness to report should complete the form for the first 30 items and contact the organization's Account Manager to request further instructions.

In the event that an organization later learns of a problem that had not been reported on the readiness assessment, the organization must immediately contact its CMS Account Manager to update the assessment and explain the reason for changing the response.

Accessing the Readiness Assessment

Compliance officers must click on the link below (or copy and paste the link into your web browser) to complete and submit the assessment electronically to CMS:

<https://vovici.com/wsb.dll/s/11dc4g550d3>

Important: Both the Unique ID and E-Mail for accessing the assessment is the compliance officer's email address as listed in HPMS on 12/4/2013. The UniqueID and E-Mail are case sensitive.

CMS strongly recommends that compliance officers print responses to the assessment prior to moving to the next page. Once the last page is submitted, there is no opportunity to return to correct, update, or print original responses. However, if a compliance officer re-enters the Vovici program and resubmits a complete set of responses, CMS will use the latest submission up until the deadline as the official version.

Please contact your Account Manager with general questions. Please direct questions about the Assessment process or technical difficulties to Jennifer Shapiro at Jennifer.Shapiro@cms.hhs.gov . Thank you.

*Attachment A:
CY 2014 Readiness Checklist Assessment*

CMS will only accept submissions via the web tool.

IMPORTANT MESSAGE: CMS will use the responses provided in the readiness assessment to monitor the operations of the Part C and Part D programs in general and to evaluate your organization’s compliance with Medicare Part C and Part D programs’ requirements in particular. CMS reminds sponsors that they, not their subcontractors or other related entities, bear the sole responsibility for the accuracy of their readiness assessment responses. Therefore, CMS advises individuals authorized by their organizations to complete this assessment to take all steps reasonably necessary to confirm the accuracy of the information upon which your responses are based prior to submitting the assessment to CMS. In the event that you later learn that your original response was not, in fact, correct, you must immediately contact your Account Manager to update your readiness assessment responses and explain the reason for changing your response.

1. As the Compliance Officer listed in the Health Plan Management System (HPMS) for designated CMS contracts, I am completing this assessment on behalf of all contracts for which I am listed as the Medicare Compliance Officer as of today’s date. I further certify that I am a direct employee of the organization, not a contractor or consultant.
 Yes
 No – Explain: _____

2. I affirm that under my direction, my organization has conducted a thorough self-evaluation of each of the applicable Readiness Checklist items published by CMS on November 4, 2013 in the HPMS memo entitled *Readiness Checklist for Medicare Advantage and Prescription Drug Plans, 1876 Cost Plans, and PACE Organizations*.
 Yes
 No – Explain: _____

3. Did your organization identify any applicable Readiness Checklist item for which your organization (one or more contracts) either missed or will miss an operational deadline, or is otherwise not ready to meet the requirement?
 Yes, my organization has one or more items to report as “not ready” (Continue to item 4)
 No, my organization is fully prepared to implement all items from the CY 2014 Readiness Checklist on time and in compliance with all requirements (Skip to item 6)

4. Identify the Item Number and page number from the November 4, 2013 memo for which your organization (one or more contracts) either missed or will miss an operational deadline, or is otherwise not ready to meet the requirement. Also provide the affected contract numbers and other requested information.

Item Number (e.g., D.I.A.ii.): _____

Page Number: _____

Affected contract number(s) or "all": _____

Use the following text box to provide **the expected readiness date** and **explanatory comments** including the specific nature of the problem encountered.

5. Do you have additional items to report as "not ready?"
___ Yes, I have additional items to report as "not ready" (Continue by repeating items 4 and 5)
___ No, I am finished reporting items for which my organization is "not ready" (Skip to item 6)

NOTE: Questions 4 and 5 will repeat up to 30 times to allow for 30 different items to be reported. If your organization has more than 30 items of non-readiness to report, complete this form and attestation for the first 30 items and contact your Account Manager.

6. Attestation of Accuracy of Responses Submitted and Authorization to Submit Readiness Checklist Assessment:

By completing the items below, I attest that the responses provided on behalf of the Medicare contractor identified below to the questions in the 2014 Medicare Advantage and Part D Drug Readiness Checklist are complete, accurate, and truthful, based on my best information, knowledge, and belief. I further attest that these responses reflect the result of the operation of effective internal controls my organization has developed and implemented to ensure accurate reporting concerning its Medicare operations, including any Medicare-related tasks for which my organization has engaged a subcontractor. Finally, I certify that I am authorized by the reporting Medicare contracting organization to attest on its behalf to the accuracy of the checklist responses.

Authorized Representative Name:

Title:

Organization:

Attestation Date:

Your Readiness Checklist Assessment is complete.

Thank you for taking time to complete the CY 2014 Readiness Checklist Assessment. When you have completed all responses, click "Submit CY 2014 Readiness Checklist Assessment Now" below. Note: Once you click the submit button below, you cannot return to edit or print this set of responses. CMS will use the latest submission as the official version when more than one submission is received from a compliance officer. This will allow you to make corrections to your submission after you click the submit button. Contact Jennifer.Shapiro@cms.hhs.gov if you have questions. Thank you for your time.