



CENTER FOR MEDICARE

TO: All Part D Sponsors including Medicare-Medicaid Plans in Massachusetts

FROM: Tracey McCutcheon, MHSA, MBA
Acting Director, Medicare Drug Benefit and C&D Data Group

SUBJECT: Reporting of Emergency Part C&D Issues for January 1st and January 2nd, 2014

DATE: December 19, 2013

As in previous years, CMS is establishing a Part C&D operations monitoring program for January 1, 2014 through January 4, 2014. Non-technical significant emergency issues should be reported via email to both drugbenefitimpl@cms.hhs.gov and your CMS Account Manager. Significant emergency issues are defined as significant Part C & D delivery issues that impact access to service for 100 or more beneficiaries. The problem should be reported even if it was time-limited but lasted an hour or longer (e.g., claims processing or call center was temporarily disrupted). Compliance actions may be taken in instances where plan sponsors fail to report issues. Beneficiary-specific issues should be reported and resolved through the normal casework procedure and not reported through this process.

The 1-800-MEDICARE (1-800) and CTM holiday schedule is listed below:

- December 25, 2013: 1-800-MEDICARE is closed. Complaints received by 1-800 on December 23, 2013 will be loaded into CTM on December 24, 2013. Complaints received by 1-800 on December 24, 2013 through December 25, 2013 will be loaded into CTM on December 26, 2013.
- January 1, 2014: 1-800-MEDICARE is open. Complaints received by 1-800 on December 30, 2013 will be loaded into CTM on December 31, 2013. Complaints received by 1-800 on December 31, 2013 through January 1, 2014 will be loaded into CTM on January 2, 2014.

Potential Issues New to 2014:

New Federal standards that may affect claim adjudication beginning January 1st:

1. Beginning January 1, 2014, Part D sponsors should require their network pharmacies offering automatic shipments or home delivery of prescriptions to obtain beneficiary or authorized representative consent prior to delivery consistent with the instructions in our HPMS memos: Clarifications to the 2014 Policy on Automatic Delivery of Prescriptions dated December 12, 2013 and Clarifications

to the 2014 Policy on Automatic Delivery of Prescriptions for Employer Group Waiver Plans dated October 28, 2013.

2. Beginning January 1, 2014, Part D sponsors are reminded that they must establish and apply a daily cost sharing rate whenever certain prescriptions (depending on the drug dispensed) are dispensed by a network pharmacy for less than a 30 days' supply in accordance with 42 CFR § 423.153(b)(4)(i).
3. Beginning January 1, 2014, the first wave of passive enrollment in Massachusetts Medicare-Medicaid Plans (MMPs) will begin.

Issues regarding beneficiary access associated with either of these new requirements should be submitted to the CMS Part D implementation mailbox.

When reporting an emergency/non-technical issue to CMS, the plan should include the following:

1. Plan Name and Contract Number
2. Description of the significant emergency (non-technical) issue, including the number of beneficiaries impacted or beneficiaries potentially impacted
3. Description of your efforts to resolve the issue
4. Plan contact information (name and phone number) for CMS follow-up

Do not include personally identifiable beneficiary information unless it is encrypted.

Technical issues should be directed to the MAPD Help Desk. The MAPD Help Desk, which is open Monday through Friday from 6am to 9pm ET, will be closed on December 25, 2013 and January 1, 2014. Plans can contact the MAPD Help Desk by calling 1.800.927.8069 or email at mapdhelp@cms.hhs.gov.

Updating CEO and Emergency Contact Information:

Part D sponsors must update their CEO ("CEO - CMS Administrator Contact") and Emergency contact ("Emergency Part D Contact" and "Emergency Part D Contact (Secondary) (Optional)") information in HPMS by 5 PM ET on December 26, 2013 to accurately reflect on-call coverage for January 1, 2014. For purposes of January 1, 2014, these contacts should be limited to those individuals who are authorized to effectuate a change for the plan (e.g. CEO, COO, and CFO). CMS leadership will be using this contact information to monitor the resolution of any significant emergency issues.

The CEO and Emergency contact numbers must be directed to phone numbers that are monitored at least every 4 hours from 8AM to 8PM by a responsible party beginning January 1, 2014. In the past, some contact numbers were directed to voice mail accounts that were not checked until after the holiday or directed to customer service numbers that could not adequately respond to CMS inquiries. CMS does not consider this satisfactory. Failure to provide adequate contact information or lack of responsiveness to CMS initiated calls will result in compliance actions. During the holiday, CMS staff will be monitoring region-specific email and voice mail complaint boxes for possible plan issues or access difficulties received from State Health Insurance Programs (SHIPs), other partners, advocates, and beneficiaries.

CMS is very pleased to be working with the industry to ensure a smooth transition for 2014. We appreciate your cooperative spirit and remain committed to working with plans to ensure that beneficiaries have access to healthcare services and prescription drugs. If you have any questions regarding the significant/emergency reporting process or CEO/Emergency contacts, please contact your Account Manager.