



## **CENTER FOR MEDICARE**

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**Date:** November 30, 2012

**To:** All Medicare Advantage Organizations (MAO) and Prescription Drug Plan (PDP) Sponsors (Excluding Cost, PACE, and Employer Group/800 series only plans)

**From:** Cynthia G. Tudor, Ph.D., Director, Medicare Drug Benefit and C & D Data Group  
  
Danielle R. Moon, J.D., M.P.A., Director, Medicare Drug & Health Plan Contract Administration Group

**Subject:** **CY 2013 Medicare Advantage and Prescription Drug Plan Readiness Assessment Request**

### **Background**

On September 19, 2012, CMS released the Contract Year 2013 Medicare Advantage and Part D Readiness Checklist, which summarized a selection of key operational requirements in existing and new 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 2013 open enrollment.

CMS is now asking organizations to respond on their progress regarding preparations for 2013 using the 2013 Readiness Assessment (Attachment A), which includes items in the Readiness Checklist as well as additional guidance released this fall. **The 2013 Readiness Assessment must be completed *electronically* by Friday, December 14<sup>th</sup>.**

### **Additions to the Assessment**

The Readiness Assessment generally mirrors the Checklist published in September, except that all items have been reframed into questions, rather than statements. We wish to highlight, however, that we have added additional items to the current version:

- Collection of information to assess whether organizations whose plan service areas meet the 5% Limited English Proficiency (LEP) threshold have posted required translated marketing materials on their websites. Sponsors, as applicable, must provide the web URL for the translated evidence of coverage (EOC). (See page 7 of Attachment A)

- Readiness for the new requirement to include patient residence and pharmacy service type, and Submission Clarification Code in the PDE. (See page 4 of Attachment A)
- Readiness to determine if a drug is a Part D covered drug and is currently marketed based on presence or absence of an NDC on the FDA's NSDE file. (See page 4 of Attachment A)
- Appropriate use of Plan Ratings in marketing materials. (See page 9 of Attachment A)
- Implementation of the requirement to include the deadline for cancelling an enrollment in the Outbound Education and Verification calls to new enrollees (See page 12 of Attachment A).

CMS is working directly with organizations and sponsors that have been impacted by Hurricane Sandy to address and resolve their specific issues. Any organization or sponsor affected by the storm that has not already contacted CMS Central Office or their appropriate Regional Office should send an e-mail to: PDPENROLLMENT@cms.hhs.gov and CMS will follow-up directly with that organization. Additionally, should your organization not be ready to implement a particular requirement as a direct consequence of the storm, check "no" for not ready and describe in the text box how the storm and any other factors affected your ability to implement the requirement and your expected readiness date.

### **Instructions**

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. 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, when responding to the marketing questions about 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 state that your materials were on-time simply because your organization did not receive complaints.

Compliance officers with more than one contract are to respond to each item in terms of all contracts' readiness status. Each item in the electronic version of the Readiness Assessment will be followed by radio buttons labeled "Yes" and "No," and certain items will have the options "Not Applicable" and/or fill-in-the-blank. Compliance officers should select the "Yes" radio button if all of their contracts are prepared to comply with the CMS guidance discussed in the item. Compliance officers should select the "No" radio button if one or more of their contracts are not yet prepared to comply with CMS guidance. There is text box below the "No" radio button that says, "If no, please explain and include your expected readiness date." In the text

box, the compliance officer should provide the contract ID(s) that are not ready (or state “all”), and the expected readiness date for the particular item.

*Keep in mind, as respondents move through the assessment, questions will be presented based on responses to prior questions, and therefore not all respondents will be presented with all the questions as they appear in the attachment.*

In the event an organization later learns that a response to the Readiness Assessment was incorrect, 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/11dc4g51bf0>

Important: Both the UniqueID and E-Mail for accessing the assessment is the *compliance officer's email address* as listed in HPMS on 11/29/2012. 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.

If you need additional detail regarding items listed in the assessment, please refer to the CMS guidance provided in the checklist; otherwise, please contact Linda Anders at [Linda.Anders@cms.hhs.gov](mailto:Linda.Anders@cms.hhs.gov) or your CMS Account Manager.