

Summary of CMS-4159-F2 Regulation Provisions



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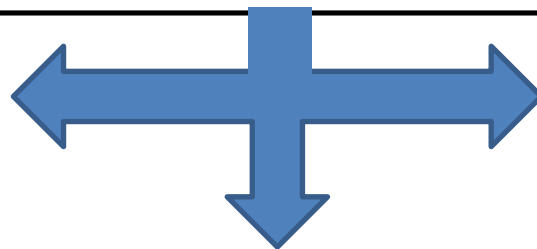
Overview

- Agenda
- Regulation History & Timeline
- Summary of Regulation Changes:
 - Provisions Clarifying Various Program Participation Requirements
 - Provisions Improving Payment Accuracy
 - Provisions Strengthening Beneficiary Protections
 - Provisions Strengthening Our Ability to Distinguish Stronger Applicants for Part C and D Program Participation
 - Provisions Implementing Other Technical Changes
- Resources & Q/A

Regulation History & Timeline

Notice of Proposed Rule Making: CMS-4159-P
42 CFR 1918
January 10, 2014

Final Rule:
CMS-4159-F
May 23, 2014



Not Finalized

Final Rule:
CMS-4159-F2
February 12, 2015

Regulation History & Timeline (cont.)

- CFR publish date:
February 12, 2015

- CMS applicable date:
January 1, 2016*

*Some exceptions noted in Final Rule



- CFR effective date:
March 16, 2015*

Summary of Regulation Changes

- **Provisions Clarifying Various Program Participation Requirements**
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Clarifying Various Program Participation Requirements

- Changes to Audit and Inspection Authority
- Enrollment Eligibility for Individuals Not Lawfully Present in the United States

Clarifying Various Program Participation Requirements (cont.)

- Part D Notice of Changes
- Business Continuity for MA Organizations and PDP Sponsors

Clarifying Various Program Participation Requirements (cont.)

- Efficient Dispensing in Long-Term Care Facilities and Other Changes
 - Revises the rule requiring efficient dispensing to Part D enrollees in long-term care (LTC)

Clarifying Various Program Participation Requirements (cont.)

- Medicare Coverage Gap Discount Program and Employer Group Waiver Plans
- Transfer of TrOOP Between PDP Sponsors Due to Enrollment Changes during the Coverage Year
- Expand Quality Improvement Program Relations

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Provisions Improving Payment Accuracy

- Determination of Payments
- Reopening
- Payment Appeals
- Payment Processes for Part D Sponsors
- Risk Adjustment Data Requirements

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Provisions Strengthening Beneficiary Protections

- MA-PD Coordination Requirements for Drugs Covered Under Parts A, B, and D
- Good Cause Processes

Provisions Strengthening Beneficiary Protections (cont.)

- MA Organizations' Extension of Adjudication Timeframes for Organization Determinations and Reconsiderations
 - Changes clarify our intent to assist plans in properly limiting use of extensions by providing more specific requirements:
 - All extensions must be in the interest of the enrollee
 - Extensions are limited to extraordinary, exigent or non-routine circumstances
 - Clarification that extensions should not be used when plan is requesting clinical documentation from contract providers

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Provisions Strengthening Our Ability To Distinguish Stronger Applicants for Part C and D Program Participation

- Two-Year Prohibition When Organizations Terminate Their Contracts
- Withdrawal of Stand-Alone Prescription Drug Plan Bid Prior to Contract Execution
- Essential Operations Test Requirement for Part D

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Other Technical Changes

- Requirements for Urgently Needed Services
- Agent and Broker Training and Testing Requirements
- Deemed Approval of Marketing Materials
- Cross-Reference Change in the Part C Disclosure Requirements
- Managing Disclosure and Recusal in P&T Conflicts of Interest
- Thirty-six Month Coordination of Benefits

Other Technical Changes (cont.)

- Application and Calculation of Daily Cost-Sharing Rates
- Technical Change to Align Regulatory Requirements for Delivery of Standardized Pharmacy Notice
- MA Organization Responsibilities in Disasters and Emergencies
- Technical Change to Align Part C and Part D Contract Determination Appeal Provisions
- Technical Change to Align Part C and Part D Appeal Provisions
- Technical Change to Restrictions on Use of Information Under Part D

RESOURCES

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Q & A

