

~ Updates on HPMS Memos ~

<b>CMS Memo Title &amp; Release Date</b>	2022 Quality Bonus Payment Determinations and Administrative Review Process for Quality Bonus Payments and Rebate Retention Allowances – Dated 11/17/2020
<b>Summary</b>	CMS made available to Medicare Advantage (MA) Organizations a process to review payment determinations based on quality bonuses. MA plans can request an administrative review of their Star Ratings for quality bonus payment determinations and rebate retention allowances by <b>December 3, 2020</b> .
<b>Action</b>	Informational to PACE as PACE does not follow the MAPD marketing guidelines and does not participate in payment adjustments linked to plan Star Ratings.
<b>CMS Memo Title &amp; Release Date</b>	2020 Call Center Monitoring Performance Metrics for Timeliness Study, Quarter 2 – Dated 11/17/2020
<b>Summary</b>	CMS monitored the timeliness of Part C and Part D customer service call centers’ response performance Monday through Friday, 8 a.m. to 8 p.m. in the service area for the plans from June 1-June 26, 2020, and monitored the timeliness of pharmacy technical help desk call centers’ response performance. Instructions to access performance metrics are included in the memo.
<b>Action</b>	Applicable to PACE. Refer to memo for complete details.
<b>CMS Email Title &amp; Release Date</b>	Chronic Care Improvement Program Attestation Reminder for Medicare Advantage Organizations and Medicare-Medicaid Plans – Dated 11/20/2020
<b>Summary</b>	CMS reminds and expects all Medicare Advantage organizations and Medicare-Medicaid Plans to attest by <b>December 31, 2020</b> , that they have, or will have, an ongoing Chronic Care Improvement Program. All MAOs and MMPs must also maintain internal documentation regarding the status of their CCIP.
<b>Action</b>	Informational to PACE as PACE is exempt from CCIPs.
<b>CMS Memo Title &amp; Release Date</b>	Contract Year (CY) 2021 Notices for Applicable Integrated Plans: “Coverage Decision Letter”, “Letter about Your Right to Make a Fast Complaint” and “Appeal Decision Letter” – Dated 11/20/2020
<b>Summary</b>	CMS provides resources for technical assistance to states and D-SNPs to help with implementation of new requirements for D-SNP Medicare-Medicaid integration requirements, as well as unified Medicare and Medicaid grievance and appeals procedures beginning in 2021.

<b>Action</b>	Informational to PACE.
<b>CMS Email Title &amp; Release Date</b>	Updated CY 2020 Part D Reporting Requirements Technical Specifications: Employer/Union-Sponsored Group Health Plan Sponsor Section – Dated 11/24/2020
<b>Summary</b>	CMS posted an updated CY 2020 Part D Reporting Requirements Technical Specifications document (refer to email for link.). Only the first “Note” in the Employer/Union-Sponsored Group Health Plan Sponsor reporting section was revised with below. <i>Effective for 2020 reporting, all “800 series” PDPs offered to employers are required to report data for this reporting section. Previously, PDPs with parent organizations that already reported these data for MA-PDs per the Part C reporting requirements were exempt. This requirement is consistent with the Paperwork Reduction Act (PRA) burden estimates that were approved for the CY 2020 Part D Reporting Requirements.</i>
<b>Action</b>	Informational to PACE.
<b>CMS Email Title &amp; Release Date</b>	Results from the CY 2021 State Medicaid Agency Contract (SMAC) Review and Release of the Dual Eligible Special Needs Plan (D-SNP) Management Module in the Health Plan Management System (HPMS) – Dated 11/24/2020
<b>Summary</b>	CMS has completed the CY 2021 SMAC reviews for DSNPs and has published the integration status of each DSNP on the Medicare-Medicaid Coordination Office (MMCO) website. CMS has also created a new module which provides Medicare Advantage parent organizations with plan level information on the CY 2021 D-SNP integration status and additional information on each D-SNP included in the SMAC. Refer to memo for links and pathways.
<b>Action</b>	Informational to PACE.
<b>CMS Memo Title &amp; Release Date</b>	Contract Year (CY) 2021 Access to the Additional Beneficiary Information Initiatives (ABII) Web Portal – Dated 11/24/2020
<b>Summary</b>	This is a reminder to PACE organizations who may wish to designate appropriate staff to access the ABII web portal reports. The User Authorization section of the attached HPMS memo provides instructions for adding users by <b>December 4, 2020</b> .
<b>Action</b>	Applicable to PACE. Refer to memo for complete details.
<b>CMS Memo Title &amp; Release Date</b>	Invitation to Provide Feedback on the Plan Benefit Package (PBP) Software – Dated 11/27/2020
<b>Summary</b>	CMS invites all users to provide feedback on utilizing the PBP to prepare and submit bids in the Health Plan Management System (HPMS). CMS is seeking this information to support efforts to modernize the PBP software. This survey will open on <b>Monday, November 30, 2020</b> and close at 11:59 p.m. ET on <b>Friday, December 11, 2020</b> .

<b>Action</b>	Applicable to PACE. Refer to memo for complete details.
<b>CMS Email Title &amp; Release Date</b>	Coverage Gap Discount Program: December Participating Labeler Codes – Dated 11/30/2020
<b>Summary</b>	<p>CMS will update the manufacturer labeler codes for the Coverage Gap Discount Program by <b>December 1, 2020</b>. The update includes the following to be added:</p> <p>73079 Eiger Pharmaceuticals, Inc.            70661 Althera Pharmaceuticals            70183 Lexicon            72089 Evoke            73108 CeQur Corporation            72769 BioCryst Pharmaceuticals, Inc.,            73153 Juno Therapeutics, Inc.</p>
<b>Action</b>	Although the Coverage Gap Discount Program does not apply to PACE, the participating labeler codes are applicable because only brand name prescriptions with NDCs from these codes are accepted for Part D payment. Pharmastar has made the necessary software adjustments to accommodate for the updated codes.
<b>CMS Memo Title &amp; Release Date</b>	Medicare Advantage/Prescription Drug System (MARx) December 2020 Payment – INFORMATION - Dated 11/27/2020
<b>Summary</b>	<p>CMS provided information about the December payment which is scheduled for <b>December 1, 2020</b> and may require plan action:</p> <ul style="list-style-type: none"> <li>• Coverage Gap Discount Invoice Offsets</li> <li>• Payment Adjustments to PACE Organizations for Calendar Years 2010 - 2020</li> <li>• PACE ESRD Payment Error in November 2020 Payment</li> <li>• End-of-Year 2020 Part C Premium Processing (Transaction Code 78)</li> <li>• Changes to MARx Plan Transaction Processing</li> </ul>
<b>Action</b>	Informational to PACE. Refer to the memo for complete details and items that may be applicable to your plan.
<b>CMS Memo Title &amp; Release Date</b>	Plan Preview of 2021 Display Measures in HPMS - Dated 11/30/2020
<b>Summary</b>	<p>CMS announced the availability of display measures in HPMS for Part C &amp; D sponsors from <b>December 1, 2020 through December 14, 2019</b>. Comments or questions on the Part C &amp; D or HEDIS display measures should be sent to CMS by 5 PM ET on <b>December 14, 2020</b>. Refer to the memo for a list of all display measures for 2020 and additional details.</p>
<b>Action</b>	Informational to PACE.

<p><b>CMS Email Title &amp; Release Date</b></p>	<p>Interoperability and Patient Access Final Rule Call - Dated 11/30/2020</p>
<p><b>Summary</b></p>	<p>During this call (Wednesday, <b>December 9 from 1:30 to 3 pm ET</b>), HPMS will answer questions about implementing these policies:</p> <ul style="list-style-type: none"> <li>· Public reporting and information blocking – targeting late 2020/early 2021</li> <li>· Provider digital contact information in the National Plan and Provider Enumeration System – targeting March , 2021</li> <li>· Revisions to the Conditions of Participation (CoPs) of for hospitals and critical access hospitals – effective April 30, 2021</li> <li>· Patient Access API – enforced after July 1, 2021</li> <li>· Provider Directory API – enforced after July 1, 2021</li> <li>· Payer-to-payer data exchange – effective January 1, 2022</li> <li>· Improving the dual eligible experience – effective April 1, 2022</li> </ul> <p>Link for registration is included in the email.</p>
<p><b>Action</b></p>	<p>Informational to PACE. Refer to the memo for complete details and items that may be applicable to your plan.</p>
<p><b>CMS Memo Title &amp; Release Date</b></p>	<p>Coverage of the Religious Nonmedical Health Care Institution Benefit - Dated 12/03/2020</p>
<p><b>Summary</b></p>	<p>This memo reminds Medicare Advantage Organizations (MAOs) of their responsibility to cover care in a religious nonmedical health care institution (RNHCI) for eligible enrollees. RNHCIs furnish nonmedical nursing items and services to individuals who choose to rely solely upon a religious method of healing, and for whom the acceptance of medical services would be inconsistent with their religious beliefs.</p>
<p><b>Action</b></p>	<p>Applicable to PACE. Refer to the memo for complete details and items that may be applicable to your plan.</p>
<p><b>CMS Memo Title &amp; Release Date</b></p>	<p>Final Addendum to the Part C &amp; D Enrollee Grievances, Organization/Coverage Determinations, and Appeals Guidance- Dated 12/07/2020</p>
<p><b>Summary</b></p>	<p>Applicable integrated plans should particularly note revisions and clarifications in the following areas:</p> <ul style="list-style-type: none"> <li>• Notification procedures</li> <li>• Procedures governing appointment of representative</li> <li>• Handling payment requests</li> <li>• Who may request an appeal</li> <li>• Processing expedited requests</li> <li>• Procedures and notification requirements for Medicaid-related appeals</li> <li>• Dismissals</li> <li>• Effectuation</li> </ul>
<p><b>Action</b></p>	<p>Informational to PACE. Refer to the memo for complete details and items that may be applicable to your plan.</p>

<b>CMS Memo Title &amp; Release Date</b>	Long-Term Institutionalized Resident Report - Dated 12/07/2020
<b>Summary</b>	The fourth 2020 Long-Term Institutionalized Resident Report (LTI) will be distributed on <b>December 8, 2020</b> . Plans will only receive an LTI Resident Report if they have LTI enrollees. A file layout and a description of best practices for use of the report is provided.
<b>Action</b>	Informational to PACE. For PACE plans with LTI enrollees, refer to the memo for details on how to retrieve the report and other general report details.

For the latest CMS response to COVID-19, please visit the CMS.gov website.

### Request for Timely Enrollment Updates

Due to the upcoming holidays, Pharmastar is asking plan Enrollment Departments to send any member enrollment/disenrollment and changes, if it is available, as timely as possible. Please forward this information to your organization’s Enrollment Department along with the Pharmastar email address: [enrollment@pharmastarpbm.com](mailto:enrollment@pharmastarpbm.com).

### Important Date Reminders

Date	Item
December 4 <sup>th</sup> , 2020 12 PM PT	Deadline for submitting MLR form to HPMS.
December 4 <sup>th</sup> , 2020 12 PM PT	Submission Deadline for User Authorization to access ABII web portal reports.
December 31, 2020	2021 Readiness Checklist- <i>review and have all applicable items in place for 2021</i>
*Subject to change, forthcoming information to be release by CMS.	

Please note that this information is provided to you in summary form for general informational purposes only and does not constitute legal or regulatory compliance advice. It is your responsibility to consult with your Compliance Officer and/or legal counsel to determine applicability of any regulation or standards referenced herein to your organization and/or processes.