



OFFICE OF COMMUNICATIONS

DATE: August 11, 2015

TO: All Medicare Advantage, Medicare Prescription Drug Plan, PACE, Cost, and Medicare-Medicaid Plan Organizations

FROM: Erin Pressley
Director, Office of Communications, Creative Services Group

SUBJECT: Contract Year (CY) 2016 “Medicare & You” Handbook - Plan Data Preview

As in past years, CMS is offering your organization an opportunity to preview how your plan data will appear in the CY 2016 “Medicare & You” handbook. This year, the preview period will be **Thursday, August 20 through Monday, August 24 (6:00 p.m., EDT)**. Please review your data as early as possible during the preview period to ensure any updates are reflected in a timely manner in the various materials and tools available to people with Medicare.

It is critical that you preview your data for accuracy. This data will appear in the following places:

- The “Medicare & You” handbook
- Numerous letters and notices mailed to LIS-eligible beneficiaries
- A variety of other materials and resources

You should carefully check all of the following for accuracy, including spelling, punctuation and capitalization:

- Organization marketing names
- Organization and plan website addresses (**Please do not include the “http://” preface in your URL; please include ONLY ONE website address for each organization and plan.**)
- Plan names
- Plan geographic or segment geographic names (**Please add spaces between geographic names and abbreviations to ensure proper formatting. Without these spaces, words may be cut in half when the text wraps around to the next line.**)
- Customer service phone numbers

Incorrect data is confusing to consumers and time consuming for customer service representatives. CMS is not responsible for misspellings and typos that are not corrected during the preview period.

Please review the following information carefully in preparation for your preview.

For each state/area-specific handbook, there will be four sections of plan data. All organizations and plans are listed alphabetically.

- Medicare Prescription Drug Plans
- Medicare Health Plans (including Medicare Medical Savings Account Plans)
- Medicare Special Needs Plans (including Medicare-Medicaid Plans, or MMPs)
- Medicare Program of All-Inclusive Care for the Elderly (PACE) Plans

Medicare Prescription Drug Plans

In the “Medicare Prescription Drug Plans” section, you will see the following information about your organizations/plans:

- Organization Marketing Name (as you describe it in the Health Plan Management system (HPMS))
- Plan Name (as you describe it in HPMS)
- Prospective Member Customer Service Phone Number – Part D (as you enter it in HPMS)
- Organization Website Address (as you enter it in HPMS)
- The overall plan member satisfaction rating from the Consumer Assessment of Healthcare Providers and Systems (CAHPS), if available, presented as a percentage (for the initial release of the handbook)
- Monthly Premium (appearing as green if the plan is an auto-assign plan or as black if the plan is not an auto-assign plan)
- Annual Deductible (as defined it in the Plan Benefit Package (PBP) software).
The language will display as:
 - \$X for all drugs
 - \$X some drugs; call plan
 - Drugs not covered
 - \$0 will display if a plan answers “yes” and enters \$0 or blank in the PBP for “Do you have a deductible?” or if a plan answers “no” to “Do you have a deductible?”
- Amount You Pay for Each Prescription (this cost-sharing range includes copays/coinsurances for a 1-month supply of Part D drugs during the Pre-ICL)
- Gap Coverage (this cost-sharing range includes copays/coinsurances for a 1-month supply of Part D drugs during the coverage gap)
 - If a plan does not enter any additional gap coverage, the following statement shall be displayed: “Standard cost-sharing applies: 45% - 58%”

Medicare Health Plans (including Medicare Medical Savings Accounts)

In the “Medicare Health Plans” section, you will see the same information about your organizations/plans (for all except Medicare Medical Savings Account Plans) as described above, with the following differences:

- Plan Type (as defined in HPMS)
- Plan Service Area (as you describe it in the plan geographic name field in HPMS)
- Prospective Member Customer Service Phone Number (as you enter it in HPMS)

- Plan Website Address, if available and less than 50 characters, or Organization Website Address (as you enter it in HPMS)
- The overall plan member satisfaction rating from CAHPS, if available, presented as a percentage (for the initial release of the handbook)
- Monthly Premium (a combination of your Part C & D premiums)
- Out-of-Pocket Limits (amounts for combined, in-network and/or out-of-network, and non-network limits, as applicable)
- Primary Care Visit (a range of copay/coinsurance amounts, one for in-network and one for out-of-network, or one combined with no distinction)
- Specialist Visit (a range of copay/coinsurance amounts, one for in-network and one for out-of-network, or one combined with no distinction)
- Chemo Drugs (a range of copay/coinsurance amounts, one for in-network and one for out-of-network, or one combined with no distinction)
- Other Part B Drugs (a range of copay/coinsurance amounts, one for in-network and one for out-of-network, or one combined with no distinction)
- Home Health Care (a range of copay/coinsurance amounts, one for in-network and one for out-of-network, or one combined with no distinction)
- DME (a range of copay/coinsurance amounts, one for in-network and one for out-of-network, or one combined with no distinction)

In the “Medicare Medical Savings Account Plans” listings, you will see the following information about your organizations/plans:

- Organization Marketing Name (as you describe it in HPMS)
- Plan Name (as you describe it in HPMS)
- Prospective Member Customer Service Phone Number (as you enter it in HPMS)
- Organization Website Address (as you enter it in HPMS)
- The overall plan member satisfaction rating from CAHPS, if available, presented as a percentage (for the initial release of the handbook)
- Plan Service Area (as you describe it in the plan geographic name field in HPMS)
- Annual Deductible (as you defined it in the PBP)
- Annual Deposit (as you defined it in the PBP)
- Cost-Sharing After Deductible (For MSA plans, this will always be \$0)
- Out-of-Pocket Maximum (For MSA plans, it will read “Call Plan for Details”)

Medicare Special Needs Plans

In the “Medicare Special Needs Plans” section, you will see the following information about your Special Needs Plans offered by your organizations/plans:

- Organization Marketing Name (as you describe it in HPMS)
- Plan Name (as you describe it in HPMS)
- Prospective Member Customer Service Phone Number (as you enter it in HPMS)
- Organization Website Address (as you enter it in HPMS)
- The overall plan member satisfaction rating from CAHPS, if available, presented as a percentage (for the initial release of the handbook)
- Plan Service Area (as you describe it in the plan geographic name field in HPMS)
- Special Rules for Enrolling (as defined by your plan SNP type). The language will read either:
 - “Must have Medicare and Medicaid” (if Dual Eligible SNP)

- “Must live in an institution (like a nursing home) or require nursing care at home. Call plan for details.” (if Institutional SNP)
- “Must have certain chronic or disabling conditions” (if Chronic or Disabling Condition SNP)

Medicare-Medicaid Plans

NOTE: Only Medicare-Medicaid Plans (MMPs) in the following states will display in the September version of the Medicare & You Handbook: Illinois, Massachusetts, Northern California, Southern California, Michigan, Ohio, New York, New York City, South Carolina, Texas, and Virginia.

In the “Medicare-Medicaid Plans” section, you will see the following information about your organizations/plans:

- Organization Marketing Name (as you describe it in HPMS)
- Plan Name (as you describe it in HPMS)
- Prospective Member Customer Service Phone Number (as you enter it in HPMS)
- Organization Website Address (as you enter it in HPMS)
- The overall plan member satisfaction rating from CAHPS, if available, presented as a percentage (for the initial release of the handbook)
- Plan Service Area (as you describe it in the plan geographic name field in HPMS)
- Special Rules for Enrolling. The language will read “Must have Medicare and Medicaid.”

PACE Plans

In the “PACE Plans” section, you will see the following information about your PACE plans offered by your organizations/plans:

- Organization Marketing Name (as you describe it in HPMS)
- Plan Name (as you describe it in HPMS)
- Prospective Member Customer Service Phone Number (as you enter it in HPMS)
- Organization Website Address (as you enter it in HPMS)
- Plan Service Area (as you describe it in the plan geographic name field in HPMS)
- Special Rules for Enrolling. The language will read “Must be certified as needing nursing home level of care.”

During the preview period, to visit the **Handbook Preview** site, please use the following navigation path: Plan Bids > Bene Education Data Previews > Handbook Preview > CY2016. You must provide “Concurrence” with the data as presented or choose “Non-Concur” and provide comments.

Please use the following navigation path to update your **Plan Level Website Address**: Plan Bids > Bid Submission > CY2016 > Manage Plans > Edit Marketing Data > Select Contract Number > Update Plan Marketing Data. From this page, complete the field “Marketing Website Address.” If you do not have a plan level website, please leave this field blank and the 2016 Handbook will reflect your organization website address.

Please use the following navigation path to update your **Organization Marketing Name** and/or your **Organization Website Address**: Contract Management > Basic Contract

Management > Select Contract Number > Org. Marketing Data (under the General Information header)

Please use the following navigation path to update your **Plan Names and Plan/Segment Geographic Names**: Plan Bids > Bid Submission > CY2016 > Manage Plans > Edit Marketing Data.

Please use the following navigation path to update your **Plan Customer Service Phone Numbers**: Plan Bids > Bid Submission > CY2016 > Manage Plans > Edit Contact Data.

Again, please review your data as early as possible during the preview period. Making changes early in the process will help ensure any updates are reflected in a timely manner in the various materials and tools available to people with Medicare.

PLEASE NOTE: Any updates you make in HPMS after the plan preview has begun will **NOT** be reflected in the HPMS Handbook Preview screens. If these updates are made in HPMS before the preview deadline, they will be reflected in the 2016 “Medicare & You” handbook.

If you require technical assistance, please contact the HPMS Help Desk at either 1-800-220-2028 or hpms@cms.hhs.gov. You may also contact Sara Walters at sara.walters1@cms.hhs.gov or Erica Scott at Erica.Scott@cms.hhs.gov.

For all Member Satisfaction Rating data issues, please contact the CAHPS Mailbox at MP-CAHPS@cms.hhs.gov.

Thank you for your participation.