



CENTER FOR MEDICARE

DATE: August 14, 2015

TO: All Current and Prospective Medicare Advantage, Prescription Drug Plan, Medicare-Medicaid Plan, and Cost Organizations, with the exception of Chronic Care, 1833 Cost, and 1876 Cost plans which do not submit bids.

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SUBJECT: Contract Approval Status Report Released

CMS has released the Contract Approval Status Report in the Health Plan Management System (HPMS). Organizations can use this report to identify proactively where incomplete plan data entry or submissions may preclude CMS from approving your contract for Contract Year (CY) 2016.

This report displays all HPMS components required for contract approval (i.e., application, electronic contracting, formulary, plan connectivity, plan bids, basic contract management, and service area). For each component, the report indicates the status (i.e., complete, incomplete, or not applicable), the responsible entity (i.e., organization, CMS, or not applicable), and how to address the issue. Organizations may view this report by each individual contract number or by the HPMS component required for contract approval.

Organizations are strongly encouraged to access this report to ensure that you have completed all of the requirements for which you are responsible. You may disregard those components marked as not applicable or as a CMS responsibility.

To access the report and the corresponding Quick Reference Guide, please follow this path from the HPMS homepage: Contract Management > Contract Reports > 2016 > Contract Approval Status Report.

For questions regarding the report, please contact the HPMS Help Desk (hpms@cms.hhs.gov or 1-800-220-2028) or Greg Buglio (Gregory.Buglio@cms.hhs.gov or 410-786-6562).