

HPMS CY2013 Financial Alignment Demo Application Training April 17, 2012

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Medicare Drug Benefit and C & D Data Group
Centers for Medicare & Medicaid Services



Agenda Items

- HPMS Home Page
- User Manuals and Guides and other Resources
- Order of Completion
- Basic Contract Management Screens
- Online Application
- Attestations
- Uploads – MA Supplemental, Part D Supplemental, Model of Care
- Pharmacy Tables
- HSD Tables
- HSD Pre Check
- HSD Reports
- Final Submission
- Contact Information

Accessing HPMS

Online Applications are accessed through the Contract Management module in the Health Plan Management System (HPMS).

Access to the HPMS requires a CMS User ID. The email response to your NOIA contains a link to the form along with instructions for its completion and submission.

Once the form is processed, an email is sent to the email address provided on the Access Form which contains the User ID, password information, and the link/instructions for logging into HPMS.

HPMS Home Page - Contract Management

HPMS

Health Plan Management System

Home

Contract Management

Plan Bids

Plan Formularies

Quality and Performance

Risk Adjustment

User Resources

[Change HPMS Password](#)

[Log Off HPMS](#)

This is a U.S. Government computer system subject to Federal law.

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Hello USER !

Important Reminder:

When applying PBP 2008 software patch #4 (dated 6/29/2007), you must open PBP Section A for each plan and exit with validation in order for the patch to take effect. Please remember that this patch is mandatory for all plans.

CMS has released PBP software patch #5 (8/3/2007) on HPMS. The download and installation of PBP software patch #5 is mandatory for all plan types except for standalone PDP contracts and employer-direct contracts. PBP software patch #4 (6/29/2007) remains mandatory for standalone PDP contracts and employer-direct contracts. In order to fully apply these patches, you must: 1) download the appropriate patch to your local PDP software; 2) open PBP Section A for each plan and exit with validation; and 3) complete the standard pre-upload steps and reupload your plans to HPMS. CMS will be requesting resubmissions next week to facilitate your uploads. You will be notified at that time. Please contact the HPMS Help Desk at either hpms@cms.hhs.gov or 1-800-220-2028 for technical assistance.

In the News

- 12/12/2007 no attachments

Click here for the [archived In the News](#) items.

[Website Accessibility](#) | [HPMS Web Policies](#)

Basic Contract Management

Table I-3

HPMS Health Plan Management System [Home](#)

IT-11-1600 NUMBER 4!

Important Notice

CMS has planned critical network maintenance activities for the upcoming weekend, HPMS will not be accessible during the following maintenance windows: Saturday, July 11, 2009 - 2:00 p.m. to 4:00 p.m. EST and Sunday, July 12, 2009 - 12:00 noon to 2:00 p.m. EST. Due to the scope of this CMS-wide effort, it is possible that users could encounter other brief, unscheduled connectivity issues over the course of the weekend.

In the News

Click here for the [archived In the News](#) items.

[Website Accessibility](#) | [Web Policies](#) | [File Formats and Plug-Ins](#) | [Rules Of Behavior](#)

On the HPMS Home Page select Contract Management. Then on the flyout menu select Basic Contract Management.

Contract Management
Plan Bids
Plan Formularies
Monitoring
Quality and Performance
Risk Adjustment
User Resources

[Log Off HPMS](#)

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Basic Contract Management
Contract Reports
Plan Connectivity Data

Basic Contract Management

Table I-4

[HPMS](#)

Health Plan Management System

[Home](#)

[Contract Selection](#)
Select Contract Number

[Documentation](#)
Basic Contract Management User's Manual (revised 01/05/2010)
Online Application User's Manual (revised 01/05/2010)
MA Upload Guide (revised 01/05/2010)
Part D Upload Guide (revised 01/05/2010)
SNP Upload Guide (new 01/05/2010)
Contract Definitions (revised 5/21/2010)

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Contract Management Start Page

You will use this module to perform the following actions:

- Enter and maintain information about contracts.

Basic Contract Management

Available Resources found on the Basic Contract Management Start Page include:

- Basic Contract Management User's Manual
- Online Application User's Manual
- Upload Guides
- Contact Definitions Guide

To complete the online application, please refer to both of the User's Manuals. The Contact Definitions Guide provides guidance on who to list for the various contacts collected in HPMS.

Required Basic Contract Management Data

To Access the Basic Contract Management screens, follow this path: HPMS Home Page>Contract Management>Basic Contract Management>Select Contract Number

From Basic Contract Management, you will access numerous links to provide various required information. You will also access the Online Application screens from Basic Contract Management.

Required Basic Contract Management Data

The following links are available from Basic Contract Management. The Basic Contract Management User's Manual provides detailed instructions on completing each of these sections:

- Basic Contract Data
- Org. Marketing Data
- Plan Management Data (no data entry on this screen)
- Offshore Subcontractor Data
- NAIC Data (only required AFTER CMS establishes your Parent Org.)
- Part C Data
- Part D Data
- Add/View Service Area Data
- Contact Data
- Submit Application Data (use the Online Application User's Manual)
- User's Manuals

Basic Contract Data Screen

HPMS
TEST

Health Plan Management System

Home

Update Basic Contract Data for H4694

* Required fields are marked with an asterisk.

*Proposed Contract Effective Date: January 1, 2013

Type of Organization:

Demo

Type of Plan Offered:

Financial Alignment HMO/HMOPOS

New Payment Bill Option/Demo Type Code:

Demo Risk Option C/Fin. Alignment HMO Demo

*Tax Status:

*Location:

*Type of Ownership:

*Line of Business:

Legal Entity Name: [Special Note](#)

GREG'S TEST FINANCIAL ALIGNMENT DEMO CONTRACT

Trade Name:

Legal Entity Address:

*Address 1:

Address 2:

*City:

*State:

*Zip Code: Enter either 5 or 9 digit zip code (no dashes).

Federal Taxpayer Identification Number:

Back

Submit

Go To: [Contract Management Start Page](#)

Done

Internet

100%



Org. Marketing Data Screen



Update Organization Marketing Data for H4694

* Required fields are marked with an asterisk.

Legal Entity Name: GREG'S TEST FINANCIAL ALIGNMENT DEMO CONTRACT

Proposed Contract Effective Date: January 1, 2013

***Organization Marketing Name:**

 [Special](#)
[Note](#)

Note: The Organization Marketing Name is what appears as your Organization Name in the Medicare & You Handbook and on the www.medicare.gov web site.

***Organization Geographic Name:**

 [Special](#)
[Note](#)

***Organization Website Address:**

***Do you have a website that lists the physicians who are part of your network?:**

 Yes No [Special Note](#)

***Do you have a website that lists the physicians who are currently accepting new patients?:**

 Yes No

Personal Health Record URL:

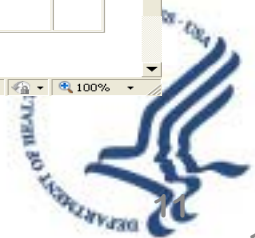
Field Marketing Organizations:

Organization/Phone	Address	City/State/Zip	Drop
Field Marketing Organization 1: <input type="text"/> Phone: <input type="text"/>	<input type="text"/> <input type="text"/>	City: <input type="text"/> State: <input type="text"/> Zip: <input type="text"/>	N/A
Field Marketing Organization 2: <input type="text"/> Phone: <input type="text"/>	<input type="text"/> <input type="text"/>	City: <input type="text"/> State: <input type="text"/> Zip: <input type="text"/>	N/A
Field Marketing Organization 3: <input type="text"/> Phone: <input type="text"/>	<input type="text"/> <input type="text"/>	City: <input type="text"/> State: <input type="text"/> Zip: <input type="text"/>	N/A
Field Marketing Organization 4: <input type="text"/> Phone: <input type="text"/>	<input type="text"/> <input type="text"/>	City: <input type="text"/> State: <input type="text"/> Zip: <input type="text"/>	N/A
Field Marketing Organization 5: <input type="text"/> Phone: <input type="text"/>	<input type="text"/> <input type="text"/>	City: <input type="text"/> State: <input type="text"/> Zip: <input type="text"/>	N/A

Done

Internet

100%



Plan Management Data Screen



View Plan Management Data for H4694

Legal Entity Name: GREG'S TEST FINANCIAL ALIGNMENT DEMO CONTRACT

Proposed Contract Effective Date: January 1, 2013

Site State:

Site Region:

Region Responsible:

Region Responsible for Casework:

Caseworker:

Lead Marketing Region:

Multi-Regional Team:

Trade Group:

Parent Organization:

Legal Entity ID:

Account Manager:

Regional Office Branch Manager:

Regional Pharmacist:

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Offshore Subcontractor Data Screen



HPMS
Logo

Health Plan Management System

Home

Update Offshore Subcontractor Information for H4694

Legal Entity Name: GREG'S TEST FINANCIAL ALIGNMENT DEMO CONTRACT

Go To: [Contract Management Start Page](#)

Internet

100%



Offshore Subcontractor Data Screen, con't.

HPMS
TEST
Health Plan Management System
Home

Add Offshore Subcontractor Data for H4694

* Required fields are marked with an asterisk.

Legal Entity Name: GREG'S TEST FINANCIAL ALIGNMENT DEMO CONTRACT

Part I. Offshore Subcontractor Information

*Offshore Subcontractor Name:

*Offshore Subcontractor Country:

*Offshore Subcontractor Address:

*Describe Offshore Subcontractor Functions:

*State Proposed or Actual Effective Date for Offshore Subcontractor:

Part II. Precautions for Protected Health Information (PHI)

*Describe the PHI that will be provided to the Offshore Subcontractor:

*Discuss why providing PHI is necessary to accomplish the Offshore Subcontractor objectives:

*Describe alternatives considered to avoid providing PHI, and why each alternative was rejected:

***Part I. Attestation of Safeguards to Protect Beneficiary Information in the Offshore Subcontract**

Item	Attestation	Response
I.1.	Offshore subcontracting arrangement has policies and procedures in place to ensure that Medicare beneficiary protected health information (PHI) and other personal information remains secure.	<input type="radio"/> Yes <input type="radio"/> No
I.2.	Offshore subcontracting arrangement prohibits subcontractor's access to Medicare data not associated with the sponsor's contract with the offshore subcontractor.	<input type="radio"/> Yes <input type="radio"/> No
I.3.	Offshore subcontracting arrangement has policies and procedures in place that allow for immediate termination of the subcontract upon discovery of a significant security breach.	<input type="radio"/> Yes <input type="radio"/> No
I.4.	Offshore subcontracting arrangement includes all required Medicare Part C and D language (e.g., record retention requirements, compliance with all Medicare Part C and D requirements, etc.)	<input type="radio"/> Yes <input type="radio"/> No



Offshore Subcontractor Data Screen, con't.

*Describe Offshore Subcontractor Functions:

Text input field with a scroll bar.

*State Proposed or Actual Effective Date for Offshore Subcontractor:

Month and year selection dropdowns.

Part II. Precautions for Protected Health Information (PHI)

*Describe the PHI that will be provided to the Offshore Subcontractor:

Text input field with a scroll bar.

*Discuss why providing PHI is necessary to accomplish the Offshore Subcontractor objectives:

Text input field with a scroll bar.

*Describe alternatives considered to avoid providing PHI, and why each alternative was rejected:

Text input field with a scroll bar.

*Part I. Attestation of Safeguards to Protect Beneficiary Information in the Offshore Subcontract

Item	Attestation	Response
I.1.	Offshore subcontracting arrangement has policies and procedures in place to ensure that Medicare beneficiary protected health information (PHI) and other personal information remains secure.	<input type="radio"/> Yes <input type="radio"/> No
I.2.	Offshore subcontracting arrangement prohibits subcontractor's access to Medicare data not associated with the sponsor's contract with the offshore subcontractor.	<input type="radio"/> Yes <input type="radio"/> No
I.3.	Offshore subcontracting arrangement has policies and procedures in place that allow for immediate termination of the subcontract upon discovery of a significant security breach.	<input type="radio"/> Yes <input type="radio"/> No
I.4.	Offshore subcontracting arrangement includes all required Medicare Part C and D language (e.g., record retention requirements, compliance with all Medicare Part C and D requirements, etc.)	<input type="radio"/> Yes <input type="radio"/> No

*Part II. Attestation of Audit Requirements to Ensure Protection of PHI

Item	Attestation	Response
II.1.	Organization will conduct an annual audit of the offshore subcontractor.	<input type="radio"/> Yes <input type="radio"/> No
II.2.	Audit results will be used by the Organization to evaluate the continuation of its relationship with the offshore subcontractor.	<input type="radio"/> Yes <input type="radio"/> No
II.3.	Organization agrees to share offshore subcontractor's audit results with CMS, upon request.	<input type="radio"/> Yes <input type="radio"/> No

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NAIC Data Screen



Update NAIC Data for H4694

The NAIC data entry requires that the Parent Organization be entered by CMS.

Please contact your account manager at CMS.

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Part C Data Screen

HPMS Logo Health Plan Management System
Home

Update Part C Information for II4694

* Required fields are marked with an asterisk.

Legal Entity Name: GREG'S TEST FINANCIAL ALIGNMENT DEMO CONTRACT

Proposed Contract Effective Date: January 1, 2013

Organizations Providing Part C Functions:
Enter the organization name(s) for each function.
Note: Select the "Applicant" button if applicant is performing the function.
Note: To drop an Organization, clear the name for that Organization.

Administrative/Management Staffing
Applicant Add (Number to add)=1

*Organization 1: Is it Offshore? Yes No
Organization 2: Is it Offshore? Yes No
Organization 3: Is it Offshore? Yes No

Systems and/or Information Technology
Applicant Add (Number to add)=1

*Organization 1: Is it Offshore? Yes No
Organization 2: Is it Offshore? Yes No
Organization 3: Is it Offshore? Yes No

Claims Administration, Processing and/or Adjudication
Applicant Add (Number to add)=1

*Organization 1: Is it Offshore? Yes No
Organization 2: Is it Offshore? Yes No
Organization 3: Is it Offshore? Yes No

Enrollment, Disenrollment and Membership
Applicant Add (Number to add)=1

*Organization 1: Is it Offshore? Yes No
Organization 2: Is it Offshore? Yes No
Organization 3: Is it Offshore? Yes No

Marketing and/or Sale Brokers and Agents
Applicant Add (Number to add)=1

*Organization 1: Is it Offshore? Yes No
Organization 2: Is it Offshore? Yes No
Organization 3: Is it Offshore? Yes No

Credentialing
Applicant Add (Number to add)=1

*Organization 1: Is it Offshore? Yes No
Organization 2: Is it Offshore? Yes No

Done Internet Double-click to change security settings

Part C Data Screen, con't.

Organization 2: Is it Offshore? Yes No
Organization 3: Is it Offshore? Yes No

Credentialing
Applicant Add (Number to add)=

*Organization 1: Is it Offshore? Yes No
Organization 2: Is it Offshore? Yes No
Organization 3: Is it Offshore? Yes No

Utilization and/or Quality Improvement Operations
Applicant Add (Number to add)=

*Organization 1: Is it Offshore? Yes No
Organization 2: Is it Offshore? Yes No
Organization 3: Is it Offshore? Yes No

Part C Call Center Operations
Applicant Add (Number to add)=

*Organization 1: Is it Offshore? Yes No
Organization 2: Is it Offshore? Yes No
Organization 3: Is it Offshore? Yes No

Financial Services
Applicant Add (Number to add)=

*Organization 1: Is it Offshore? Yes No
Organization 2: Is it Offshore? Yes No
Organization 3: Is it Offshore? Yes No

Other Functions - 1
Applicant Add (Number to add)=

Describe Other Function:

Organization 1: Is it Offshore? Yes No
Organization 2: Is it Offshore? Yes No
Organization 3: Is it Offshore? Yes No

Other Functions - 2
Applicant Add (Number to add)=

Describe Other Function:

Organization 1: Is it Offshore? Yes No
Organization 2: Is it Offshore? Yes No
Organization 3: Is it Offshore? Yes No

Other Functions - 3
Applicant Add (Number to add)=

Describe Other Function:

Organization 1: Is it Offshore? Yes No
Organization 2: Is it Offshore? Yes No
Organization 3: Is it Offshore? Yes No

Go To: [Contract Management Start Page](#)


Done

Internet

100%



Part D Data Screen



Health Plan Management System
[Home](#)

Update Part D Information for II4694

* Required fields are marked with an asterisk.

Legal Entity Name: GREG'S TEST FINANCIAL ALIGNMENT DEMO CONTRACT

Proposed Contract Effective Date: January 1, 2013

***Formulary Website URL:** [Special Note](#)

Part D Organization Website Address:

***Pharmacy Website URL:**

Coverage Determination Request Form Website URL:

Redetermination Request Form Website URL:

***Is your organization operating under a confidentiality agreement with your PBM for the P&T Committee?:** Yes No

Organizations Providing Part D Functions:
Enter the organization name(s) for each function.
Note: Select the "Applicant" button if applicant is performing the function.
Note: To drop an Organization, clear the name for that Organization.

Adjudication and processing of pharmacy claims at the point of sale
 (Number to add)=1

*Organization 1: Is it Offshore? Yes No
Organization 2: Is it Offshore? Yes No
Organization 3: Is it Offshore? Yes No

Negotiation with prescription drug manufacturers and others for rebates, discounts, or other price concessions on prescription drugs
 (Number to add)=1

*Organization 1: Is it Offshore? Yes No
Organization 2: Is it Offshore? Yes No
Organization 3: Is it Offshore? Yes No

Administration and tracking of enrollees' drug benefits in real time
 (Number to add)=1

*Organization 1: Is it Offshore? Yes No
Organization 2: Is it Offshore? Yes No
Organization 3: Is it Offshore? Yes No

Coordination with other drug benefit programs, including for example, Medicaid, SPAPs or other insurance
 (Number to add)=1

*Organization 1: Is it Offshore? Yes No
Organization 2: Is it Offshore? Yes No
Organization 3: Is it Offshore? Yes No



Part D Data Screen, con't.

Administration and tracking of enrollees' drug benefits in real time

Applicant Add (Number to add)=1

- *Organization 1: Is it Offshore? Yes No
Organization 2: Is it Offshore? Yes No
Organization 3: Is it Offshore? Yes No

Coordination with other drug benefit programs, including for example, Medicaid, SPAPs or other insurance

Applicant Add (Number to add)=1

- *Organization 1: Is it Offshore? Yes No
Organization 2: Is it Offshore? Yes No
Organization 3: Is it Offshore? Yes No

Development and maintenance of a pharmacy network

Applicant Add (Number to add)=1

- *Organization 1: Is it Offshore? Yes No
Organization 2: Is it Offshore? Yes No
Organization 3: Is it Offshore? Yes No

Operation of an enrollee appeals and grievance process

Applicant Add (Number to add)=1

- *Organization 1: Is it Offshore? Yes No
Organization 2: Is it Offshore? Yes No
Organization 3: Is it Offshore? Yes No

Customer service functionality that includes serving seniors and persons with a disability

Applicant Add (Number to add)=1

- *Organization 1: Is it Offshore? Yes No
Organization 2: Is it Offshore? Yes No
Organization 3: Is it Offshore? Yes No

Pharmacy technical assistance service functionality

Applicant Add (Number to add)=1

- *Organization 1: Is it Offshore? Yes No
Organization 2: Is it Offshore? Yes No
Organization 3: Is it Offshore? Yes No

Maintenance of a P and T Committee

Applicant Add (Number to add)=1

- *Organization 1: Is it Offshore? Yes No
Organization 2: Is it Offshore? Yes No
Organization 3: Is it Offshore? Yes No

Enrollment Processing

Applicant Add (Number to add)=1

- *Organization 1: Is it Offshore? Yes No
Organization 2: Is it Offshore? Yes No
Organization 3: Is it Offshore? Yes No

Back Submit

Go To: [Contract Management Start Page](#)

Done

Internet

100%

Part D Data Screen, P&T Committee

HPMS Logo Health Plan Management System
Home

Update Part D Information for H4694

* Required fields are marked with an asterisk.

Legal Entity Name: GREG'S TEST FINANCIAL ALIGNMENT DEMO CONTRACT

Proposed Contract Effective Date: January 1, 2013

* **Formulary Website URL:** [Special Note](#)

Part D Organization Website Address:

* **Pharmacy Website URL:**

Coverage Determination Request Form Website URL:

Redetermination Request Form Website URL:

* **Is your organization operating under a confidentiality agreement with your PBM for the P&T Committee?:** Yes No

P & T Committee Members:

Copy P & T Committee Member(s) from contract:

Organizations Providing Part D Functions:
Enter the organization name(s) for each function.
Note: Select the "Applicant" button if applicant is performing the function.
Note: To drop an Organization, clear the name for that Organization.

Adjudication and processing of pharmacy claims at the point of sale

(Number to add)=

* Organization 1: Is it Offshore? Yes No

Organization 2: Is it Offshore? Yes No

Organization 3: Is it Offshore? Yes No

Negotiation with prescription drug manufacturers and others for rebates, discounts, or other price concessions on prescription drugs

(Number to add)=



Add Service Area Data Screen

HPMS Logo Health Plan Management System
Home

Update Contract Service Area for H4694

Legal Entity Name: GREG'S TEST FINANCIAL ALIGNMENT DEMO CONTRACT
EGWP Attestation Complete: No

Proposed Contract Effective Date: January 1, 2013

States
Alabama
Alaska
Arizona
Arkansas

Counties	County Options	Service Area Counties	Zip Code Options	Service Area Zip Codes
Autauga Baldwin Barbour Bibb Blount Bullock Butler Calhoun Chambers Cherokee	Add All >> ++ Add >> << Drop -- ++ Add >> << Drop --	Full Individual Partial Individual		++ Zip Code >> -- Zip Code >>

Back Submit

Go To: [Contract Management Start Page](#)



Contact Information Screen

HPMS
TEST

Health Plan Management System

Home

Contract Selection

Select Contract Number

General Information

Basic Contract Data
Org. Marketing Data
Plan Management Data
Offshore Subcontractor Data
NAIC Data

Part C and D Information

Part C Data
Part D Data

Contract Service Area

View Current Service Area Data
Add Service Area Data

Contact Information

Contact Data

Online Application

Submit Application Data

Documentation

Basic Contract Management User's Manual (revised 01/10/2012)
Online Application User's Manual (revised 01/10/2012)
MA Upload Guide (revised 01/10/2012)
Part D Upload Guide (revised 01/10/2012)
SNP Upload Guide (revised 01/10/2012)
Contact Definitions (revised 12/8/2011)

Contract Management Start Page

Contract: H4694
Contract Status: Pending
Effective: 1/1/2013

Select the contact person name to enter or update the data. * Required Contacts are marked with an asterisk.

Contact Person	Status
* Corporate Mailing	✗ (No Data)
* CEO - Senior Official for Contracting	✗ (No Data)
* Chief Financial Officer	✗ (No Data)
Chief Operating Officer	Optional
* Medicare Compliance Officer	✗ (No Data)
* Enrollment Contact	✗ (No Data)
* Medicare Coordinator	✗ (No Data)
* System Contact	✗ (No Data)
* Customer Service Operations Contact	✗ (No Data)
* General Contact	✗ (No Data)
* MA Appeals/Grievances Contact	✗ (No Data)
* Quality Contact	✗ (No Data)
Physician Incentive Contact	Optional
* User Access Contact	✗ (No Data)
* Backup User Access Contact	✗ (No Data)
* Marketing Contact	✗ (No Data)
* Part C Application Contact	✓ (OK)
* Medical Director	✗ (No Data)
* Utilization Review Contact	✗ (No Data)
* Utilization Management Contact	✗ (No Data)
* Bid Primary Contact	✗ (No Data)
* Bid Audit Contact	✗ (No Data)
Bid Audit Site Contact	Optional
* Payment Contact	✗ (No Data)
* Part D Claims Submission Contact	✗ (No Data)
* Formulary Contact	✗ (No Data)
Formulary Contact (Secondary)	Optional
* Pharmacy Network Management Contact	✗ (No Data)
Pharmacy Network Management Contact (Secondary)	Optional

Done

Internet

100%



Contact Information Screen, con't.

HPMS
TEST

Health Plan Management System

Home

Update Contact Data for H4694

Required contacts are marked with an asterisk and incomplete contacts are marked with an X in the listbox of contacts. * Required fields are marked with a red asterisk.

To begin, select the contact, enter contact data, and select the "Submit" Button.

To copy data from one contact to another, highlight the contact to **Copy From** and select the "Copy" button. Then highlight the contact to **Copy To** and select the "Paste" button. Select the "Submit" button to apply the copied data.

Legal Entity Name: GREG'S TEST FINANCIAL ALIGNMENT DEMO CONTRACT
Proposed Contract Effective Date:
January 1, 2013

Enter contact data for:

- X* Medicare Compliance Officer
- X* Enrollment Contact
- X* Medicare Coordinator
- X* System Contact
- X* Customer Service Operations Contact
- X* General Contact
- X* MA Appeals/Grievances Contact
- X* Quality Contact
- Physician Incentive Contact
- X* User Access Contact
- X* Backup User Access Contact
- X* Marketing Contact
- * Part C Application Contact
- X* Medical Director
- X* Utilization Review Contact
- X* Utilization Management Contact
- X* Bid Primary Contact
- X* Bid Audit Contact
- Bid Audit Site Contact
- X* Payment Contact
- X* Part D Claims Submission Contact
- X* Formulary Contact
- Formulary Contact (Secondary)
- X* Pharmacy Network Management Contact
- Pharmacy Network Management Contact (Secondary)

Copy Paste

To copy contacts from another contract, select a contract to **Copy From** and then either select a contact to **Copy To** and select the "Copy Selected Contact" button or select the "Copy All Contacts" button to copy all contacts.

E0654
E2630
E5088

Copy Selected Contact Copy All Contacts

Contact Name:

*First: MI: *Last:

*Salutation:

Title:

Contact Mailing Address:

*Address 1:

Address 2:

*City: *State:

*Zip Code: Enter either 5 or 9 digit zip code (no dashes).

Telephone Numbers/E-mail Address:

*Local: Ext: Enter only numbers (no dashes).

Fax: Enter only numbers (no dashes).

*E-mail Address:

Done

Internet

Double-click to change security settings

Accessing Online Applications

To access the Online Application screens, follow this path:
HPMS Home Page>Contract Management>Basic Contract Management>Select Contract Number>Submit Application Data

From the Submit Application Data screen, you will access all required links for completing the Online Application (including various attestations, uploads, supporting materials). You will also Final Submit your application from this screen.

Submit Application Data Link

HPMS TEST **Health Plan Management System**
Home

Contract Selection
Select Contract Number

General Information
Basic Contract Data
Org. Marketing Data
Plan Management Data
Offshore Subcontractor Data
NAIC Data

Part C and D Information
Part C Data
Part D Data

Contract Service Area
View Current Service Area Data
Add Service Area Data

Contact Information
Contact Data

Online Application
Submit Application Data

Documentation
Basic Contract Management User's Manual (revised 01/10/2012)
Online Application User's Manual (revised 01/10/2012)
MA Upload Guide (revised 01/10/2012)
Part D Upload Guide (revised 01/10/2012)
SNP Upload Guide (revised 01/10/2012)
Contact Definitions (revised 12/8/2011)

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Contract Management Start Page

Contract: H4694
Contract Status: Pending
Effective: 1/1/2013

You will use this module to perform the following actions:

- Enter and maintain information about contracts.

Done Internet 100%



Online Application Screen

HPMS Logo

Health Plan Management System
Home

Online Application

Selected Contract #: H4694 GREG'S TEST FINANCIAL ALIGNMENT DEMO CONTRACT
Application Type: Initial
Organization Type: Demo
Plan Type: Financial Alignment HMO/HMOPOS

You will use this module to perform the following actions:

- Submit Attestations.
- Download Templates.
- Upload Files.
- Request HSD Exceptions.
- Submit Application.

Go To: [Contract Management Start Page](#)

Done

Internet 100%

Online Application Screen

The following links are accessed from the Online Application Screen:

- Part D Attestations
- Financial Alignment Demonstration Download Templates
- HSD Criteria Reference File
- Sample Beneficiary File
- Uploads – HSD Tables
- Uploads – Pharmacy Lists
- Uploads – MA Supporting Files
- Uploads – Part D Supporting Files
- HSD Status Report
- HSD Exceptions Request
- HSD Exceptions Upload
- HSD Submission Reports
- Submit Final Application

Online Application Screen

The following links are accessed from the Online Application Screen:

- Part D Attestations
- Financial Alignment Demonstration Download Templates
- HSD Criteria Reference File
- Sample Beneficiary File
- Uploads – HSD Tables
- Uploads – Pharmacy Lists
- Uploads – MA Supporting Files
- Uploads – Part D Supporting Files
- HSD Status Report
- HSD Exceptions Request
- HSD Exceptions Upload
- HSD Submission Reports
- Submit Final Application

Online Application Screen

For detailed instructions on completing the Online Application, please utilize the following resources:

1. Online Application User's Manual (Basic Contract Management screen)
2. HSD Instructions with FAQ and HSD Table Edits (included in the Financial Alignment Demo Downloads)
3. ReadMe File (included in the Financial Alignment Demo Downloads)

Part D Attestation Screen

Table III-6

HPMS

Health Plan Management System

[Home](#)

Applicant Experience, Contracts,
Licensure and Financial Stability
Service Area/Regions
Pharmacy Access
4.0 Certification

Part D Attestations

Selected Contract #: Z0003 EXAMPLE CONTRACT

Application Type: SAE

Organization Type: Local CCP

Plan Type: HMO/HMOPOS

You will use this module to perform the following actions:

- Enter Part D Attestation Information.

Go To: [Online Application Start Page](#) | [Contract Management Start Page](#)

[Top of Page](#)

[Back](#)

Part D Attestation Screen

Table III-7

HPMS	Health Plan Management System
	Home

Part D Attestations

Enter Part D Attestation Information - Applicant Experience, Contracts, Licensure and Financial Stability

Selected Contract #: Z0006 EXAMPLE CONTRACT
Application Type: SAE
Organization Type: Local CCP
Plan Type: HMO/HMOPOS

1. Are you applying to be the same type of product as indicated on your Notice of Intent to Apply?

You may verify your organization type by looking at the header information at the top of this page.

Yes
 No

IMPORTANT NOTE: If the type of product your organization intends to offer has changed, do **NOT** complete this application. Send an email to drugbenefitimpl@cms.hhs.gov indicating the pending contract number and the type of product for which you are now seeking to apply.

[Go To: Online Application Start Page](#) | [Contract Management Start Page](#)

Download Templates Link

- Download templates exist for both Part C and Part D portions of the application.
- Click on the link titled Financial Alignment Demonstration Download Templates to access the zip file. Save the Zip file to your computer.
- Each zipped set of download templates contains all of the required templates (when they exist) for the uploads which support the various components of the applications.
- The download templates also includes the Readme files which indicate which templates/uploads are required for each application type. The readme file also tells you which files to group together in one zipped file and the name of the upload section to use. Additionally, it details naming conventions for the various files.
- HSD Instructions – PRINT AND READ THIS DOCUMENT!

HSD Criteria File and Sample Beneficiary File

HSD Support Files – two important HSD support files may be accessed in the Download Templates section.

- The HSD Criteria Reference Table - this file provide all of the criteria used in the automated evaluation of the submitted HSD tables, including county by county minimum number, time, distance requirements for each specialty type.

Note - the absence of criteria means the review is manual for a specific specialty type.

- The Sample Beneficiary File – this file contains the sample beneficiary address geo-codes CMS uses in evaluating the minimum number, time, distance criteria.

Note – you will need to agree to a disclaimer before being able to download this access database. This is done on the screen.

HSD MA Provider Table

To upload the MA Provider Table

- Retrieve the MA Provider Table template from the Download file (it is an Excel template)
- Complete the template in Excel, including every contracted provider which will serve your pending service area.
- Save the file as a tab delimited .txt file (do not remove the headers).
- Zip the .txt file.
- Upload the file, following the naming conventions indicated in the MA Readme file.
- CMS Does not provide naming conventions for the zipped file. Please include your contract number and the section your are uploading into as part of the name.

HSD MA Facility Table

To upload the MA Facility Table

- Retrieve the MA Facility Table template from the Download file (it is an Excel template)
- Complete the template in Excel, including every contracted facility which will serve your pending service area.
- Save the file as a tab delimited .txt file (do not remove the headers).
- Zip the .txt file.
- Upload the file, following the naming conventions indicated in the MA Readme file.
- CMS Does not provide naming conventions for the zipped file. Please include your contract number and the section your are uploading into as part of the name.

Notes on Uploading MA Provider and Facility Tables

For both the MA Provider and MA Facility table, uploading each file is only the FIRST step you must take. Please Note:

- Submitting these tables is a two-step process – Upload and Unload. You must successfully do both to complete the submission.
- After you upload these two files, you must access the HSD Status Report, on the Submit Application Data page (Contract Management > Basic Contract Management > Select Contract Number > Submit Application Data > HSD Status Report).
- You will first see Upload status messages (ex. Uploaded, Upload Successful, etc.) for each table. **YOU ARE STILL NOT DONE!**

Notes on Uploading MA Provider and Facility Tables

- After the files upload, they are run through edits and unloaded to the database. To successfully finish the process, you must see a status of “Unloaded Successfully” for each file. If you receive any other status with the word Unload you must look at the error report, make changes, and reupload the files – again waiting for the Unload Successful message.
- NOTE: Depending on the volume of uploads and the file size, it may take several hours for the files to go through the Unload Process. Keep this in mind when you are attempting to upload just minutes before a deadline!
- The HSD Instructions document, located in the Download templates, provides detailed information on the HSD Status Report!

HSD Status Report

- The HSD Status Report is your guide to assessing if you have completed the submission for the MA Provider and Facility tables.
- To HSD Status Report should be accessed after you upload both of the files.
- The HSD Status Report contains Error Messages and Informational Messages. See the HSD Instructions document for specific details.
- Steps to accessing the HSD Status Report:
- Step 1 - On the Online Application page, click on the HSD Status Report link in the “HSD” section of the Left Navigation Bar.

HSD Status Report, con't.

Step 2 - On the HSD Status Report page you can see the status of HSD unloads for a particular HSD section in the "Status" column. If you have a failed unload for any particular HSD section, you can see more detail about that failure by clicking on the radial button in the "Select" column, then clicking the Next button. This will take you to the Error status report page for that particular HSD section.

Table III-10

HPMS Health Plan Management System [Home](#)

HSD Status Report for Z0006

To view details, select an HSD Section, then click Next.

Select	HSD Section	Status	Date
<input type="radio"/>	MA Provider Table	Unload failed	12/18/2009 01:52:46pm
<input type="radio"/>	MA Facility Table	Unload failed	12/18/2009 01:52:38pm

If the unload failed or there are non-fatal informational messages for a successful unload, you may view the detailed unload messages by selecting an HSD Section and then the "Next" button. If the HSD Section cannot be selected, then there were no non-fatal informational messages for this unload.

Go To: [Online Application Start Page](#) | [Contract Management Start Page](#)

HSD Status Report, con't.

Step 3 - On the Error status report page, choose the error type for which you want more detail from the dropdown box. Then click Submit. This will take you to the page showing all error details.

Table III-11

HPMS Health Plan Management System Home

HSD Status Report for Zoo06

MA Provider Table

To view the detailed error description, please select an HSD Error Type and then the "Submit" button.

HSD Error Type:
Failed Edit Check

Back Submit

Choose an error type from the dropdown box, then click Submit.

Go To: [Online Application Start Page](#) | [Contract Management Start Page](#)

Sample HSD Status Report

Table III-12

HPMS

Health Plan Management System

[Home](#)

[create PDF](#)

HSD Status Report for Z0006

MA Provider Table

To view the detailed error description, please select an HSD Error Type and then the "Submit" button.

HSD Error Type:

Non-fatal Informational Messages ▾

HSD Error Type : Non-fatal Informational Messages

File Name: CMS MA Provider Table.txt
Specialty/provider code 036 was not specified in this upload (Information only).
Specialty/provider code 037 was not specified in this upload (Information only).
Specialty/provider code 038 was not specified in this upload (Information only).
Specialty/provider code 039 was not specified in this upload (Information only).

If you want to print the error details, click on the "create PDF" link to create and then print the PDF file.

Go To: [Online Application Start Page](#) | [Contract Management Start Page](#)

Notes About the HSD Status Report

- Error messages prevent you from completing the HSD submission. You must fix the errors and resubmit the file(s).
- Informational messages do NOT prevent you from completing the HSD submission. Informational messages are marked as “Informational.”
- **IMPORTANT NOTE** – If you have errors, you must correct the errors, and then reupload/unload the file(s). You will not have a completed application if you do not upload/unload both files successfully.
- **SERVICE AREA AND HSD:** The pending counties affiliated with your application **MUST** all be included in the submitted HSD Tables. If you drop a pending county, you must adjust the HSD tables and resubmit them!

Pharmacy Uploads


Per the Readme Files, found in the Download Templates, ALL pharmacy upload files should follow this process:

- Download the Pharmacy Templates in Excel.
- Complete the templates.
- Save the templates as .txt files
- Use the Naming conventions found in the Part D Readme File
- Zip the .txt file
- Upload the files
- You will receive a message indicating a successful upload or indicating errors.
- If errors exist, you must fix the errors and reupload.

General Notes about Uploads

- Often, documents must be grouped together in a zipped file before uploading. The Readme file (found in the Download Templates) details which files to group together and which are uploaded by themselves. This is true for the various MA Supplemental files and the Part D Supplemental Files.
- The Readme Files provide Naming Conventions for all uploaded files.
- We do not provide naming conventions for the zipped files. Please use your contract number and the name of the section to which you are uploading (example: Hxxxx_Provider_Table_041712.zip)
- The online Application User Guide provides details on how to upload ALL files, including the Exception documentation upload.
- Each upload overwrites the prior upload. Reuploading a grouped file means you **MUST** include ALL files in the group in the reupload!

HSD Upload Screen

 **Health Plan Management System** [Home](#)

Upload HSD Tables for H4694

Important Note: Please refer to the supplemental [HSD Instructions](#) for guidance in determining the HSD tables required by your application and for preparing your HSD tables according to CMS instructions. For guidance with uploading your HSD tables to HPMS, please refer to the [MA application upload technical instructions](#).

Step 1. Enter the name of the File(s) that you would like to upload. If you are unsure of the file name(s) and/or location(s), click on the "Browse" button to locate the file(s).

Please Note:

- File names cannot contain commas.
- Upload non-password protected .zip files only. Files with password protection or extensions other than .zip will not be accepted.
- For the **MA Provider Table** and **MA Facility Table** uploads, only tab-delimited text files with a .txt will be accepted within the zipped file.
- For the **CMS Directed Upload** section, only files with a .doc, .docx, .xls, .xlsx, .txt, or .pdf will be accepted within the zipped file.
- NON-NETWORK Organizations are NOT required to submit HSD files.

Step 2. Click on the "Upload" button to send the file to HPMS.

Step 3. Wait until the file transfer is complete. After receiving confirmation of the upload, you may complete another upload or select the "Back" button to return to the "Online Application Start Page".

***MA Provider Table**

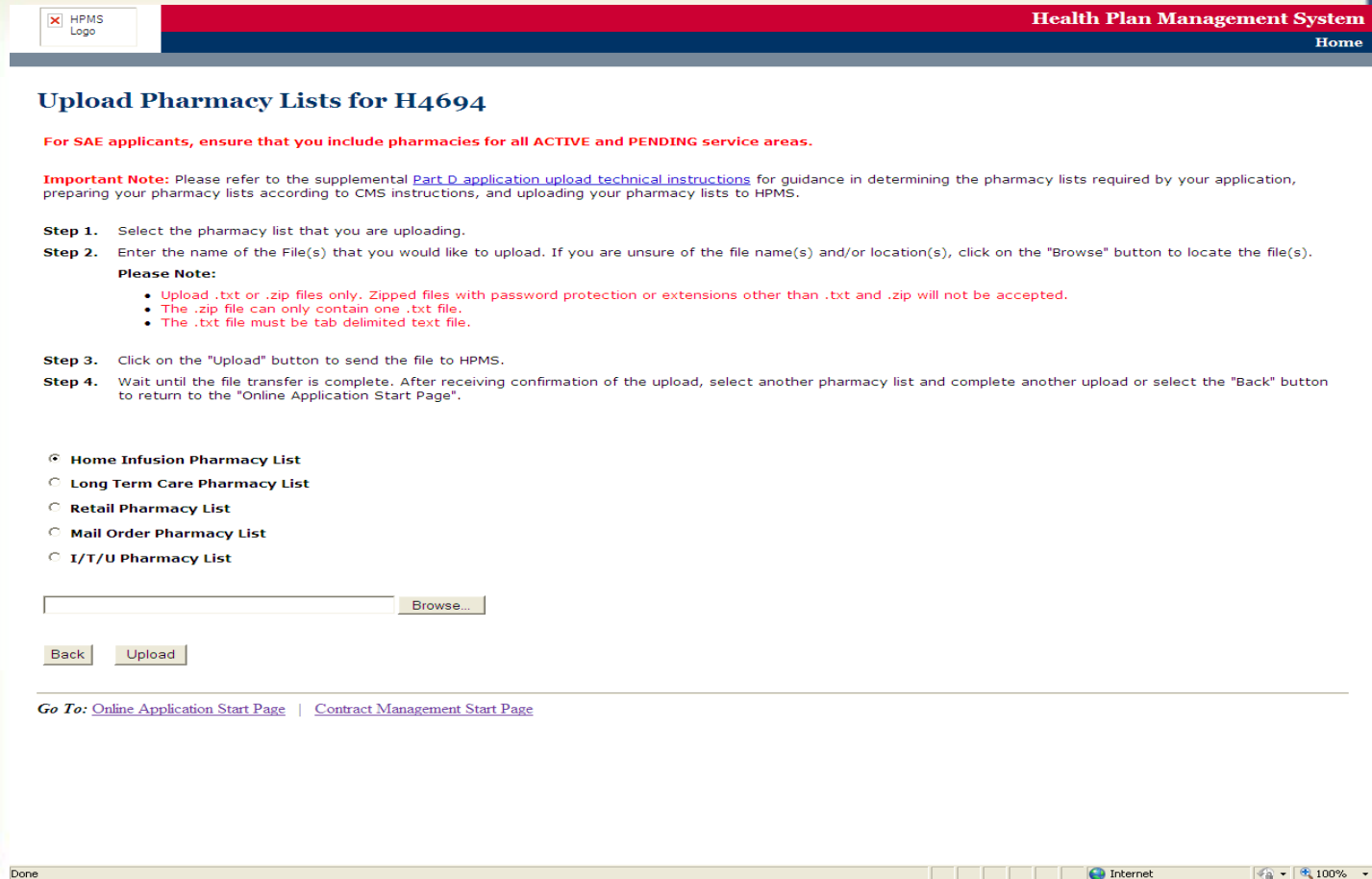
***MA Facility Table**

CMS Directed Upload

Go To: [Online Application Start Page](#) | [Contract Management Start Page](#)

Done Internet 100%

Pharmacy List Upload Screen



The screenshot shows a web browser window with the HPMS (Health Plan Management System) interface. The browser's address bar shows 'Done' and the page title is 'Internet'. The HPMS logo is in the top left, and the text 'Health Plan Management System' and 'Home' are in the top right. The main content area is titled 'Upload Pharmacy Lists for H4694'. Below the title, there is a red instruction: 'For SAE applicants, ensure that you include pharmacies for all ACTIVE and PENDING service areas.' An 'Important Note' follows, referring to 'Part D application upload technical instructions'. Four steps are listed: Step 1 (select pharmacy list), Step 2 (enter file name and location, with a 'Browse' button), Step 3 (click 'Upload'), and Step 4 (wait for confirmation). A 'Please Note' section lists file requirements: .txt or .zip files only, no password protection, one .txt file per .zip, and tab-delimited text. Below the steps are radio button options for 'Home Infusion Pharmacy List', 'Long Term Care Pharmacy List', 'Retail Pharmacy List', 'Mail Order Pharmacy List', and 'I/T/U Pharmacy List'. A 'Browse...' button is next to an empty text field. At the bottom of the form are 'Back' and 'Upload' buttons. At the very bottom of the page are links for 'Online Application Start Page' and 'Contract Management Start Page'.

HPMS Logo

Health Plan Management System
Home

Upload Pharmacy Lists for H4694

For SAE applicants, ensure that you include pharmacies for all ACTIVE and PENDING service areas.

Important Note: Please refer to the supplemental [Part D application upload technical instructions](#) for guidance in determining the pharmacy lists required by your application, preparing your pharmacy lists according to CMS instructions, and uploading your pharmacy lists to HPMS.

Step 1. Select the pharmacy list that you are uploading.

Step 2. Enter the name of the File(s) that you would like to upload. If you are unsure of the file name(s) and/or location(s), click on the "Browse" button to locate the file(s).

Please Note:

- Upload .txt or .zip files only. Zipped files with password protection or extensions other than .txt and .zip will not be accepted.
- The .zip file can only contain one .txt file.
- The .txt file must be tab delimited text file.

Step 3. Click on the "Upload" button to send the file to HPMS.

Step 4. Wait until the file transfer is complete. After receiving confirmation of the upload, select another pharmacy list and complete another upload or select the "Back" button to return to the "Online Application Start Page".

Home Infusion Pharmacy List

Long Term Care Pharmacy List

Retail Pharmacy List

Mail Order Pharmacy List

I/T/U Pharmacy List

Go To: [Online Application Start Page](#) | [Contract Management Start Page](#)

MA Supporting Files Upload Screen

The screenshot shows the HPMS Health Plan Management System interface. At the top left is the HPMS Logo. At the top right, it says "Health Plan Management System" and "Home". The main heading is "Upload MA Supporting Files for H4694". Below this is an "Important Note" and three steps for uploading files. A list of categories with "Browse..." buttons follows: Experience & Organization History, State Licensure, Key Management Staff, Fiscal Soundness, Service Area, Provider Contracts & Agreements, Contracts for Administrative & Management Services, and Part C Application Certification. At the bottom are "Back" and "Upload" buttons, and a "Go To:" section with links to "Online Application Start Page" and "Contract Management Start Page". The browser's address bar shows "Internet" and "100%".

HPMS Logo

Health Plan Management System Home

Upload MA Supporting Files for H4694

Important Note: Please refer to the supplemental [MA application upload technical instructions](#) for guidance in determining the MA supporting files required by your application, preparing these files according to CMS instructions, and uploading these files to HPMS.

Step 1. Enter the name of the File(s) that you would like to upload. If you are unsure of the file name(s) and/or location(s), click on the "Browse" button to locate the file(s).

Please Note:

- File names cannot contain commas.
- Upload non-password protected .zip files only. Files with password protection or extensions other than .zip will not be accepted.
- Within the zipped file, only files with a .doc, .docx, .xls, .xlsx, .txt, or .pdf will be accepted.

Step 2. Click on the "Upload" button to send the file to HPMS.

Step 3. Wait until the file transfer is complete. After receiving confirmation of the upload, you may complete another upload or select the "Back" button to return to the "Online Application Start Page".

Experience & Organization History

State Licensure

Key Management Staff

Fiscal Soundness

Service Area

Provider Contracts & Agreements

Contracts for Administrative & Management Services

Part C Application Certification

Go To: [Online Application Start Page](#) | [Contract Management Start Page](#)

Done Internet 100%

Part D Supporting Files Upload Screen

The screenshot shows a web browser window displaying the HPMS (Health Plan Management System) interface. At the top, there is a red navigation bar with the HPMS Logo on the left and the text "Health Plan Management System" and "Home" on the right. Below the navigation bar, the main content area is titled "Upload Part D Supporting Files for H4694".

Important Note: Please refer to the supplemental [Part D application upload technical instructions](#) for guidance in determining the Part D supporting files required by your application, preparing these files according to CMS instructions, and uploading these files to HPMS.

Step 1. Enter the name of the File(s) that you would like to upload. If you are unsure of the file name(s) and/or location(s), click on the "Browse" button to locate the file(s).
Please Note:

- File names cannot contain commas.
- Upload non-password protected .zip files only. Files with password protection or extensions other than .zip will not be accepted.
- Within the zipped file, only files with a .doc, .docx, .xls, .xlsx, .txt, or .pdf will be accepted.

Step 2. Click on the "Upload" button to send the file to HPMS.
Step 3. Wait until the file transfer is complete. After receiving confirmation of the upload, you may complete another upload or select the "Back" button to return to the "Online Application Start Page".

Below the instructions, there are five rows of input fields, each with a "Browse..." button to its right:

Contracting	<input type="text"/>	Browse...
Program Integrity	<input type="text"/>	Browse...
Retail Pharmacy	<input type="text"/>	Browse...
Licensure/Solvency	<input type="text"/>	Browse...
Attestation Waiver Requests	<input type="text"/>	Browse...

At the bottom of the form area, there are two buttons: "Back" and "Upload".

Below the buttons, there is a "Go To:" section with two links: [Online Application Start Page](#) and [Contract Management Start Page](#).

The browser's status bar at the bottom shows "Done", "Internet", and "100%".

Final Submission

The screenshot displays the HPMS (Health Plan Management System) interface. At the top left is the HPMS logo, and at the top right is the text "Health Plan Management System" with a "Home" link. The left sidebar contains several menu items: "Submit Attestations" (with sub-items for MA, Part D, SNP-Dual-Eligible - Medicaid Subset - non \$0 Cost Share, and SNP-Chronic or Disabling Condition - Chronic Alcohol and Other Drug Dependence), "Download Templates" (with sub-items for MA, Part D, HSD Criteria Reference Tables, and SNP), "Upload Files" (with sub-items for HSD Tables, Pharmacy Lists, MA Supporting Files, Part D Supporting Files, SNP-Dual-Eligible - Medicaid Subset - non \$0 Cost Share Proposals, and SNP-Chronic or Disabling Condition - Chronic Alcohol and Other Drug Dependence Proposals), "HSD" (with sub-items for HSD Status Report, Exceptions Request, Exceptions Upload, and HSD Submission Reports), and "Final Submission" (with sub-items for Submit Final Application and View Confirmation History). At the bottom of the sidebar are "Top of Page" and "Back" links.

Online Application

Selected Contract #:
Application Type: Initial
Organization Type: Local CCP
Plan Type: HMO/HMOPOS

You will use this module to perform the following actions:

- Submit Attestations.
- Download Templates.
- Upload Files.
- Request HSD Exceptions.
- Submit Application.

Go To: [Contract Management Start Page](#)

Local Intranet 80%

Final Submission – Missing Data

Table III-25

HPMS Health Plan Management System
Home

Final Submission for Z0003

Online Application cannot be marked as a Final Submission.

Required Data is Missing for:

MA Attestations

- The following MA Attestations must be completed (36 unanswered).
 - State Licensure (4 unanswered)
 - Service Area (1 unanswered)
 - Provider Contracts and Agreements (4 unanswered)
 - Contracts for Administrative & Management Services (14 unanswered)
 - Health Services Management & Delivery (6 unanswered)
 - Continuation Area (4 unanswered)
 - Medicare Advantage Certification (3 unanswered)

Part D Attestations

- The following Part D Attestations must be completed (39 unanswered).
 - Applicant Experience, Contracts, Licensure and Financial Stability (1 unanswered)
 - Pharmacy Access (38 unanswered)

SNP - Institutional - Institutional Equivalent (Living in the Community) Attestations

- The following SNP - Institutional Attestations must be completed (377 unanswered).
 - SNP Proposal Applications (3 unanswered)
 - SNP Service Area (5 unanswered)
 - SNPs enrolling individuals residing in institutions (6 unanswered)
 - ESRD Waiver Requests (1 unanswered)
 - Targeted Special Needs Individuals (3 unanswered)
 - Goals (16 unanswered)
 - Staff Structure and Roles (54 unanswered)
 - Interdisciplinary Care Team (27 unanswered)
 - Provider Network (103 unanswered)
 - Model of Care Training (9 unanswered)
 - Health Risk Assessment (20 unanswered)
 - Individualized Care Plan (12 unanswered)
 - Communication (18 unanswered)
 - Performance and Health Outcomes Measurement (87 unanswered)
 - SNP Quality Improvement Program Requirements (13 unanswered)

If any data are missing, you will get a list of what is missing. You must provide all data before you can submit the application.

Final Submission – No Missing Data

Table III-26

HPMS
Health Plan Management System
Home

Final Submission for Z0006

Attestations:

MA Attestation Sections Updated:

Section	Last Updated
State Licensure	12/14/2009 21:28:39
Service Area	12/14/2009 21:28:39
Provider Contracts and Agreements	12/14/2009 21:28:39
Contracts for Administrative & Management Services	12/14/2009 21:28:40
Health Services Management & Delivery	12/14/2009 21:28:40
Continuation Area	12/14/2009 21:28:41
Medicare Advantage Certification	12/14/2009 21:28:41

Review all of your latest answers to the [MA Attestation](#) questions.

Part D Attestation Sections Updated:

Section	Last Updated
Applicant Experience, Contracts, Licensure and Financial Stability	12/14/2009 21:29:01
Pharmacy Access	12/14/2009 21:33:30

Review all of your latest answers to the [Part D Attestation](#) questions.

To view latest uploads submitted to CMS, click on each Section link for the Upload Type.

Upload Type	Section
HSD Tables	MA Provider Table (12/14/2009 10:27:28 PM)
	Contract and Signature Index - Provider (12/14/2009 10:23:38 PM)
	MA Facility Table (12/14/2009 10:26:18 PM)
	Contract and Signature Index - Facilities (12/14/2009 10:23:38 PM)
	MA Additional and Supplemental Benefits Table (12/14/2009 10:23:38 PM)
Pharmacy Lists	MA Signature Authority Grid (12/14/2009 10:23:38 PM)
	Home Infusion Pharmacy List (12/14/2009 10:13:25 PM)
	Long Term Care Pharmacy List (12/14/2009 10:14:23 PM)
MA Supporting Files	Retail Pharmacy List (12/14/2009 10:15:54 PM)
	State Licensure (12/14/2009 9:56:13 PM)
Part D Supporting Files	Provider Contracts & Agreements (12/14/2009 9:56:13 PM)
	Contracting (12/14/2009 10:10:13 PM)
	Retail Pharmacy (12/14/2009 10:18:04 PM)

YOU MUST CLICK FINAL SUBMIT TO MAKE YOUR APPLICATION SUBMISSION OFFICIAL.

Once you click Final Submit, you will receive a confirmation number. Please be sure to print the confirmation screen for your records.

Clicking Final Submit and obtaining a confirmation number means CMS HAS received your application submission.

Failure to click Final Submit and obtain a confirmation number means CMS has not received your application submission.

Click on "Submit" to mark your online application as a final submission (you will no longer be able to make any changes to your online submission).

If all information appears correct, click on the Submit button.

Note: After you click on the Submit button, you cannot make changes to your service area or the online application.

Go To: [Online Application Start Page](#) | [Contract Management Start Page](#)



Final Submission – Confirmation Number

Table III-27

HPMS
Health Plan Management System
Home

Submission Confirmation Page for Z0006

CONFIRMATION NUMBER: 1870

This page includes a submission confirmation number. Keep this number for future reference.

This page serves as confirmation that CMS has received the documentation your organization has submitted to CMS (through HPMS) in support of its application for qualification for a 2011 Medicare contract. This confirmation makes no representation concerning CMS' determination regarding the accuracy or completeness of your application submission.

PLEASE PRINT THIS PAGE FOR YOUR RECORDS.

This page provides general information regarding your organizations latest submission for the 2011 contract year. Please reference the confirmation number above to view attestations/documentation affiliated with this submission. To view this information at a later date, go to HPMS>Contract Management>Basic Contract Information>Select Contract Number>Online Application>View Confirmation History Page.

If you have found an error and it is prior to a CMS-established submission deadline please contact the HPMS Help Desk.

Pending Application Contract Number (Initial or SAE): Z0006

Legal Entity Name: EXAMPLE CONTRACT

Confirmation Date: 12/14/2009 10:30:46 pm

MA Application

- **Attestations - [latest answers](#)**

Section	Last Updated
State Licensure	12/14/2009 21:28:39
Service Area	12/14/2009 21:28:39
Provider Contracts and Agreements	12/14/2009 21:28:39
Contracts for Administrative & Management Services	12/14/2009 21:28:40
Health Services Management & Delivery	12/14/2009 21:28:40
Continuation Area	12/14/2009 21:28:41
Medicare Advantage Certification	12/14/2009 21:28:41

- **MA Supporting Files Uploads**

Section	Last Updated
State Licensure	12/14/2009 9:56:13 PM
Provider Contracts & Agreements	12/14/2009 9:56:13 PM

- **HSD Tables Uploads**

Section	Last Updated
MA Provider Table	12/14/2009 10:27:28 PM
Contract and Signature Index - Provider	12/14/2009 10:23:38 PM
MA Facility Table	12/14/2009 10:26:18 PM
Contract and Signature Index - Facilities	12/14/2009 10:23:38 PM
MA Additional and Supplemental Benefits Table	12/14/2009 10:23:38 PM
MA Signature Authority Grid	12/14/2009 10:23:38 PM

Part D Application

- **Attestations - [latest answers](#)**

Section	Last Updated
Applicant Experience, Contracts, Licensure and Financial Stability	12/14/2009 21:29:01
Pharmacy Access	12/14/2009 21:29:20

- **Part D Supporting Files Uploads**

Section	Last Updated
Contracting	12/14/2009 10:10:13 PM
Retail Pharmacy	12/14/2009 10:18:04 PM

- **Pharmacy Lists Uploads**

Section	Last Updated
Home Infusion Pharmacy List	12/14/2009 10:13:25 PM
Long Term Care Pharmacy List	12/14/2009 10:14:23 PM
Retail Pharmacy List	12/14/2009 10:15:54 PM

[Go To: Online Application Start Page](#) | [Contract Management Start Page](#)

View Submission History

- Once you have Final Submitted an application and received a confirmation number for that submission, you can view the submission data/uploads at a later date.
- From the Online Application Page, click on the “View Confirmation History” link.
- From the View Submission Confirmation History Page, select a Confirmation Number and then click Next.

View Submission History, con't.

- On the Submission Confirmation History page, you may do the following activities.
 - review the information submitted for the particular confirmation number you selected
 - print the history by clicking the Print button at the bottom of the page
 - click on the links for to view attestations and uploads
 - print copies of your attestation/upload data
- NOTE: You will only have multiple confirmation numbers if you are required to resubmit information during the course of the application season.

View Submission History – Screen Shot

Table III-28

The screenshot shows the HPMS (Health Plan Management System) interface. At the top left is the HPMS logo, and at the top right is the text "Health Plan Management System" with a "Home" link below it. The main heading is "Select Confirmation Number for Z0006". Below this, it says "Select a confirmation number from the list below:" followed by a list box containing "1870 (12/14/2009 10:30:46 PM)". An arrow points from the text "Choose the submission you want to view, then click Next." to the list box. Below the list box are "Back" and "Next" buttons. At the bottom, there are links: "Go To: [Online Application Start Page](#) | [Contract Management Start Page](#)".

HSD Exception Requests

- From the Online Application page, under the HSD heading, you may access the Exception Request functionality.
- Click on Exceptions Request to access the HSD Exceptions Request page.
- Click on Exceptions Upload to access the HSD Exception Upload page.
- NOTE – CMS will notify you when the Exception Requests and Documentation upload screens are available.

HSD Exception Requests – Screen Shot

HSD Exception Request

Contract Number: Z1111 Sample Contract Name
 Application Type: Initial

Step 1: Enter appropriate information below to create a new exception:

* A field with an asterisk(*) before it is a required field.

*State:

*County:

The Specialty Type 503 - Primary Care Providers is comprised of specialty types for General Practice, Family Practice, Internal Medicine, Geriatrics, Primary Care - Physician Assistants and Primary Care - Nurse Practitioners.

*Provider/Facility Type: Provider Facility

*Specialty Type:

*Exception Type:

Add Exception

Total Exceptions Requested: 2

Select	State	County	Provider/Facility Type	Exception Type
<input type="checkbox"/>	TX	Lubbock (45770)	Sum of Primary Care Providers	Insufficient Provider/Beds
<input type="checkbox"/>	TX	Lubbock (45770)	Acute Inpatient Hospitals	No Providers/Facilities

Page size: 10 | 2 items in 1 pages

Delete Selected Exception(s)

Step 2: Upload exception documentation. Please note that exception documentation can not be uploaded until at least one exception is requested.

To upload exception documentation, please go to [Exception Upload](#) page.

Exception Type Legend:

Abridged Exception Type	Full Exception Type
1 - Patterns Do Not Support	Patterns of care in the county do not support need for the requested number of the specific provider/facility type
2 - Alt. Arrangement for RPPOs	The RPPO applicant is relying on Alternative Arrangements to meet access requirements for this provider/facility type in this county

Go To: [Contract Management Start Page](#) | Go To: [Online Application Start Page](#)

HSD Reports and Extracts

- From the Online Application page, under the HSD heading, you may view the various HSD Reports affiliated with your application.
- Click on HSD Submission Reports to view the Exceptions Report, Automated Criteria Check Report, Address Information Report, Provider with Multiple Specialties Report, Beneficiary Coverage by Zip Code Report, HSD Data Extracts.
- CMS will notify you when the Exceptions Report is available.
- Generally, the ACC reports will be available one to three days following the pre-check or Final Submission date.
- DETAILED information about accessing, using, understanding the HSD Submission Reports and Extracts is available in the Online Application User Guide!

HSD Reports and Extracts, con't.

- To Access HSD Reports, you will select a report, complete the filter information, and run the report. You may print the report or download to Excel. NOTE – only 2500 rows of data are available in the online Reports
- To Access HSD Data Extracts, you will select the HSD Data Extracts Link, which will lead to the Data Extract screen.
- To access a data extract, click on the appropriate link to create the .txt extract. You may save the .txt file to your computer and then open in Excel or Access.

HSD Report Selection

HPMS

Health Plan Management System

[Home](#)

HSD Submission Reports Page

Contract #: Z1111 Sample Contract Name

Application Type: Initial

[HSD Automated Criteria Check Report](#)

[HSD Address Information Report](#)

[HSD Exceptions Report](#)

[HSD Provider with Multiple Specialties Report](#)

[HSD Data Extracts](#)

[Go To: Application Tracking Start Page](#) | [Go To: MA Review Page](#)

HSD Report Selection



Health Plan Management System

[Home](#)

HSD Submission Reports Page

Contract #: Z1111 Sample Contract Name

Application Type: Initial

[HSD Automated Criteria Check Report](#)

[HSD Address Information Report](#)

[HSD Exceptions Report](#)

[HSD Provider with Multiple Specialties Report](#)

[HSD Data Extracts](#)

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HSD Report Explanation

For this portion of the presentation, I will refer to the Online Application User's Manual. This manual is available for download from the Basic Contract Management screen in HPMS.

Please note that EACH HSD report screen contains a HELP link in the upper right corner of the page. Click this link to view detailed explanations of the various fields in each HSD Report. When you click the link, a pop up screen will display. You may print the HELP text if you like.

HSD Pre-Check Process

- The HSD Pre-check process will occur on May 15, 2012.
- As long as you have successfully uploaded and unloaded the MA Provider and Facility tables prior to 5PM Eastern Time on May 15, 2012, you will automatically be included in the pre-check process.
- ACC Status reports will be available, on average, one to two days after the submission deadline.

Contact Information

- For general assistance in the completion of the application:
MMCOcapsmodel@cms.hhs.gov or Marla Rothouse at
marla.rothouse@cms.hhs.gov
- For technical assistance with the HPMS Online Applications:
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- For technical assistance with HPMS:
1-800-220-2028 / hpms@cms.hhs.gov
- For questions related to HPMS user access:
hpms_access@cms.hhs.gov

