



Attachment A

CY 2013 Readiness Checklist Assessment

CMS will only accept submissions via the web tool.

Note: The September 19th readiness checklist includes the resource documents and references for the key requirements. Deadline: Please submit the CY 2013 Readiness Checklist Assessment by 11:59 p.m. Eastern Time on December 14, 2012. Direct questions to Linda.Anders@cms.hhs.gov.

Instructions: Compliance officers are asked to complete this assessment and respond to each readiness element once for all contracts within their purview (excluding PACE organizations, Cost Plans, and employer-direct/employer-only contracts). Respond "No" if at least one contract warrants such a response. For any element marked as "No," provide the applicable contract ID(s), or "ALL" if all contracts are applicable, and the expected readiness date.

You will be presented with questions specific to whether the compliance officer completing the responses on behalf of the organization is responsible for Medicare Advantage Organization (MAO) contracts, Medicare Advantage-Prescription Drug (MA-PD) contracts, Prescription Drug Plan (PDP) contracts, or a combination (MAO, MA-PD, Cost Plan, and/or PDP), and whether the contracts' service areas include the U.S. territories (e.g., Puerto Rico, U.S. Virgin Islands, Guam, American Samoa, and Northern Mariana Islands).

IMPORTANT MESSAGE: CMS will use the responses provided in the readiness assessment to monitor the operations of the Part C and Part D programs in general and to evaluate your organization's compliance with Medicare Part C and Part D programs' requirements in particular. CMS reminds sponsors that they, not their subcontractors or other related entities, bear the sole responsibility for the accuracy of their readiness assessment responses. Therefore, CMS advises individuals authorized by their organizations to complete this assessment to take all steps reasonably necessary to confirm the accuracy of the information upon which your responses are based prior to submitting the assessment to CMS. In the event that you later learn that your original response was not, in fact, correct, you must immediately contact your Account Manager to update your readiness assessment responses and explain the reason for changing your response.

Background

i) Compliance Officer's Medicare contract responsibilities in 2013

- ☐ I am responsible for only Stand-Alone Prescription Drug Plans (PDP) contracts.
- ☐ I am responsible for only Medicare Advantage Organizations (MAO) WITHOUT Part D drug benefits (e.g., PFFS with no Part D, or Medical Savings Account (MSA)).
- ☐ I am responsible for contracts offering Medicare Advantage AND Part D (MA-PD and/or PDP) benefits.

ii) Compliance Officer is responsible for contracts with individual-market service areas that include:

- ☐ Only the U.S. Territories (i.e., Puerto Rico, U.S. Virgin Islands, Guam, American Samoa, and/or Northern Mariana Islands).
- ☐ At least one city, county, or State within the 50 United States/District of Columbia (with or without some or all of the U.S. territories).

iii) Compliance Officer's employment status with the Medicare Advantage Organization (MAO) and/or the Prescription Drug Plan (PDP) sponsor:

- ☐ Compliance Officer is employed directly by the Medicare Advantage Organization (MAO) and/or the Prescription Drug Plan (PDP) sponsor.
- ☐ Compliance Officer is a consultant, subcontractor, or otherwise employed by an entity unrelated to the MAO or PDP sponsor.

A. Systems, Data, & Connectivity

A. I. Health Plan Management System (HPMS) Connectivity - MAO and Part D Sponsors

If the answer to either question is 'No', please provide an expected readiness date in the Comments field.

	No	Yes
Key staff registered for HPMS access?	<input type="radio"/>	<input type="radio"/>
Key staff registered for the Plan Connectivity Data (PCD) Module within HPMS?	<input type="radio"/>	<input type="radio"/>
Is your organization's contact information in HPMS current?	<input type="radio"/>	<input type="radio"/>

A. II. MARx - MAO and Part D Sponsors

If the answer to either question is 'No', please provide an expected readiness date in the Comments field.

	Yes	No
Has your organization reviewed and implemented guidance regarding software improvements to the enrollment and payment systems for MA/MA-PD/PDP programs, as applicable?	<input type="radio"/>	<input type="radio"/>
Has your External Point of Contact (EPOC) been notified of the changes regarding the Individuals Authorized Access to the CMS Computer Services (IACS) users?	<input type="radio"/>	<input type="radio"/>
Is your organization prepared to implement and carry out the End of Year (EOY) systems processing activities necessary for the transition to CY2013?	<input type="radio"/>	<input type="radio"/>

A. III. User Group Calls - MAO and Part D Sponsors

If the answer is 'No', please provide an expected readiness date in the Comments field.

	Yes	No
Is your organization's key staff registered for the CMS biweekly Part C & D User Calls?	<input type="radio"/>	<input type="radio"/>

A. IV. Medicare Advantage Encounter Data System (EDS) - MAOs, with or without Part D

If the answer to any question is 'No', please provide an expected readiness date in the Comments field.

	No	Yes
Has your organization completed the EDI Agreement for Encounter Data?	<input type="radio"/>	<input type="radio"/>
Has your organization prepared and become Front-End Certified?	<input type="radio"/>	<input type="radio"/>
Has your organization prepared and become End-to-End Certified?	<input type="radio"/>	<input type="radio"/>
Is your organization prepared for the January 2013 implementation of the EDS by being aware of EDS Submission requirements and remaining current with EDS guidelines?	<input type="radio"/>	<input type="radio"/>

A. V. Low Income Subsidy (LIS) Match Rate Website - Part D Sponsors

If you are responsible for contracts that only serve the U.S. Territories (i.e., Puerto Rico, U.S. Virgin Islands, Guam, Northern Mariana Islands, or American Samoa), then select 'Not Applicable' (N/A) for your answer. If the answer is 'No', please provide an expected readiness date in the Comments field.

	Yes	No	N/A
Has your organization identified up to five authorized users for the CMS contractor's (Acumen, LLC) LIS Match Rate and BAE Monitoring websites?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

A. VI. Patient Safety Analysis Website - Part D Sponsors

If the answer to either question is 'No', please provide an expected readiness date in the Comments field.

	Yes	No	N/A
Does your organization have access to the monthly Patient Safety Reports via the Patient Safety Analysis Website?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is your organization reviewing these reports on a monthly basis?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
As a new sponsor, is your organization prepared to review Patient Safety Reports via the Patient Safety Analysis Website once you receive access in spring 2013?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

A. VII. National Provider Identifier (NPI) Requirements - Part D Sponsors

If the answer is 'No', please provide a readiness date in the 'Comments' field.

	No	Yes
Is your organization prepared to submit to CMS only a prescription drug event (PDE) record that contains an active and valid individual NPI?	<input type="radio"/>	<input type="radio"/>

A. VIII. Prescription Drug Event (PDE) Requirements - Part D Sponsors

If the answer to either question is 'No', please provide an expected readiness date in the Comments field.

	Yes	No
Is your organization prepared to submit PDEs at least monthly, beginning January 2013?	<input type="radio"/>	<input type="radio"/>
Does your organization understand the PDE requirements and what is expected to be compliant, including researching, correcting, and resubmitting PDE rejections per CMS guidelines; reconciling records; implementing the coverage gap changes; and establishing access to Acumen's PDE Analysis and Reports websites?	<input type="radio"/>	<input type="radio"/>
Is your organization prepared, beginning Feb. 28, 2013, to require a valid Patient Residence and Pharmacy Service Type for all beneficiaries in a nursing facility, assisted living facility, group home, intermediate care facility for the mentally retarded, or hospice facility when the drug is dispensed under the pharmacy's contract with the facility? (HPMS memo 10/01/2012)	<input type="radio"/>	<input type="radio"/>
Is your organization prepared, beginning Feb. 28, 2013, in those instances in which short cycle dispensing is required (i.e., solid oral doses of brand-name drugs dispensed to enrollees in LTC facilities), to ensure the PDE includes the appropriate Submission Clarification Code?	<input type="radio"/>	<input type="radio"/>

B. Reporting

B. I. Healthcare Effectiveness and Data and Information Set (HEDIS), Health Outcomes Survey (HOS), and Consumer Assessment of Healthcare Providers and Systems (CAHPS) - MAO and Part D Sponsors

If the answer is 'No', please provide an expected readiness date in the Comments field.

	No	Yes	N/A - explain below
Is your organization prepared to submit HEDIS, HOS, and CAHPS measures to the appropriate entity by the specified due date in 2013?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

B. II. Part C and Part D Reporting Requirements - MAO and Part D Sponsors

If the answer is 'No', please provide an expected readiness date in the Comments field.

	Yes	No
Is your organization prepared to collect data on all Part C and D reporting requirements (as applicable), conduct appropriate data validation, and submit data to CMS according to the requirements, deadlines, and technical specifications?	<input type="radio"/>	<input type="radio"/>

B. III. Quality Improvement Program - MAOs, with or without Part D

As part of your Quality Improvement Program, and in accordance with 42 CFR §422.152, has your organization:

	No	Yes
Conducted a Chronic Care Improvement Program (CCIP) in CY 2011?	<input type="radio"/>	<input type="radio"/>
Submitted a CCIP Plan in CY 2012?	<input type="radio"/>	<input type="radio"/>
Conducted a Quality Improvement Project (QIP) in CY 2011?	<input type="radio"/>	<input type="radio"/>
Submitted a QIP Plan in CY 2012?	<input type="radio"/>	<input type="radio"/>

B. IV. Pharmacy Benefit Manager (PBM) Change - Part D Sponsors

If the answer is 'No', please provide an expected readiness date in the Comments field.

	Yes	No	N/A
If your organization made, or is soon making any PBM changes, have you notified your account manager and otherwise taken all required steps to facilitate this transition by the appropriate deadlines?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

C. Contracting, Subcontractor Provisions, and Oversight

C. I. Contracting Requirements - MAO and Part D Sponsors

If the answer is 'No', please provide an expected readiness date in the Comments field.

	No	Yes
Does your organization ensure that all contracts for Medicare services meet all the requirements according to CMS' application, contract, guidance, regulations, and other advisory materials?	<input type="radio"/>	<input type="radio"/>

C. II. Offshore Subcontracting - MAO and Part D Sponsors

If your organization does not subcontract with off-shore entities, select Not Applicable (N/A) to both elements. If the answer is 'No', please provide an expected readiness date in the Comments field.

	Yes	No	N/A
Does your organization ensure that the HPMS Offshore Subcontracting module is up to date regarding the functions offshore subcontractors perform?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Within 30 calendar days of signing an offshore contract, has your organization prepared to submit (via the HPMS module) the offshore subcontractor information and attestation for each offshore contractor?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

C. III. State Medicaid Agency Contracts - Sponsors with D-SNPs in 2013

If your organization is not offering a Dual Eligible Special Needs Plan (D-SNP) in 2013, select Not Applicable (N/A) below. If the answer is 'No', please provide an expected readiness date in the Comments field.

	Yes	No	N/A
Does your organization ensure it has a signed contract with each applicable State Medicaid Agency and submits all ratified contracts annually to CMS?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

D. Customer Service

D. I. Customer Service Call Centers - MAO and Part D Sponsors

If the answer to either question is 'No', please provide an expected readiness date in the Comments field.

	Yes	No
Is your organization's call center staff prepared to handle increased call volume during the AEP and through February 14?	<input type="radio"/>	<input type="radio"/>

D. II. a. Limited English Speaking Beneficiaries - MAO and Part D Sponsors

If the answer to any question is 'No', please provide an expected readiness date in the Comments field.

	Yes	No
Do your organization's call centers have interpreter services available to call center personnel to answer questions from non-English speaking beneficiaries?	<input type="radio"/>	<input type="radio"/>
Does your organization make its marketing materials identified for translation in the Medicare Marketing Guidelines available in any language that is the primary language of five percent or more of its service area?	<input type="radio"/>	<input type="radio"/>
Did your organization meet the new requirement to include the Multi-Language Insert with the Summary of Benefits and the ANOC/EOC for the CY2013 marketing season?	<input type="radio"/>	<input type="radio"/>

D. II. b. Limited English Proficiency Website Monitoring - MAO and Part D Sponsors

We are using the Readiness Assessment as the vehicle to monitor whether organizations whose plan service areas meet the 5% Limited English Proficiency (LEP) threshold have posted required translated marketing materials on their websites. Sponsors, as applicable, must provide the web URL for the translated evidence of coverage (EOC).

Complete the following set of information to provide the SPECIFIC website URL where the translated evidence of coverage (EOC) is located.

(Note: You must have all required materials translated and posted to your website. However, to monitor this requirement, CMS is asking organizations to report only on the EOC, at this time.)

If your organization must translate documents into more than one language, you may pick one language to report on here. If your organization has more than one PBP for which it must translate documents, report on up to three separate PBPs. Specifically, we expect to see one block completed for organizations with exactly one PBP that meets the 5% threshold; two blocks completed for organizations with exactly two PBPs that meet the 5% threshold; and three blocks completed for organizations with three or more PBPs that meet the 5% threshold.

If the material has not been posted, please provide an expected posting date in the Comments field.

1 Contract ID:	_____
PBP:	_____
Language:	_____
Web URL for EOC:	_____
Special instructions for locating EOC on site:	_____
HPMS Marketing ID:	_____
2 Contract ID:	_____
PBP:	_____
Language:	_____
Web URL for EOC:	_____
Special instructions for locating EOC on site:	_____
HPMS Marketing ID:	_____
3 Contract ID:	_____
PBP:	_____
Language:	_____
Web URL for EOC:	_____
Special instructions for locating EOC on site:	_____
HPMS Marketing ID:	_____

D. III. Customer Service Staff Knowledge - Part D Sponsors

If the answer to either question is 'No', please provide an expected readiness date in the Comments field.

	Yes	No	N/A - acceptable only for LIS/BAE element for contracts ONLY serving US Territories
Does your organization's customer service staff advise new members that have selected premium withhold that it could take up to 90 days for their Social Security deductions for their new plan premiums to begin and they could see premiums for their former plan continue for that period of time?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is your organization's customer service staff familiar with the plans' Medication Therapy Management (MTM) program, including the MTM services the plan provides, the requirements for eligibility into your plan's MTM program, and how beneficiaries may contact the MTM program?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is your organization's customer service staff familiar with the BAE process and aware of what forms of evidence are considered acceptable proof of LIS and how to use the BAE assistance process to verify that an individual has LIS because of their Medicaid status?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Does your organization accept Late Enrollment Penalty (LEP) telephonic attestations from beneficiaries?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

D. IV. Pharmacy Technical Help Desk Call Centers - Part D Sponsors

If the answer to either question is 'No', please provide an expected readiness date in the Comments field.

	No	Yes
Is your organization's pharmacy technical help desk call center prepared for increased call volume through February 14, 2013?	<input type="radio"/>	<input type="radio"/>
Is your organization prepared to ensure pharmacy technical support is available at any time any network pharmacy is open?	<input type="radio"/>	<input type="radio"/>

D. V. Complaints Tracking Module - MAO and Part D Sponsors

If the answer to either question is 'No', please provide an expected readiness date in the Comments field.

	Yes	No
Is your organization prepared to resolve at least 95% of CTM complaints designated as "immediate need" within two calendar days, those as "urgent" within seven days, and all CTM complaints designated without an issue level within 30 days?	<input type="radio"/>	<input type="radio"/>
Does your organization have a direct link to the Medicare.gov website as well as the website of the Ombudsman on the Medicare.gov website?	<input type="radio"/>	<input type="radio"/>

E. Marketing

E. I. Adherence to Proper Use of 2013 Plan Ratings (HPMS memo 10/10/2012) - MAO and Part D Sponsors

If the answer is 'No', please provide an expected readiness date in the Comments field.

	No	Yes
Is your organization in compliance with CMS' guidelines for use of 2013 plan ratings in marketing materials?	<input type="radio"/>	<input type="radio"/>
Is your organization providing each contract's overall plan ratings information to beneficiaries through the standardized plan ratings information document?	<input type="radio"/>	<input type="radio"/>

E. II. Anti-Discrimination - MAO and Part D Sponsors

If the answer is 'No', please provide an expected readiness date in the Comments field.

	Yes	No
Is benefit information available upon beneficiary request in appropriate formats for beneficiaries with disabilities?	<input type="radio"/>	<input type="radio"/>

E. III. Post-Enrollment Marketing Materials - MAO and Part D Sponsors

If the answer to any question is 'No', please provide an expected readiness date in the Comments field.

	Yes	No	N/A
Did your organization ensure that new enrollees with effective dates of October 1st, November 1st, or December 1st receive both an EOC for the current contract year and an ANOC/EOC for the upcoming contract year?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did your organization send the ANOC/EOC, LIS Rider, and abridged or comprehensive formulary (as applicable) for member receipt prior to September 30, 2012?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did your organization ensure the ANOC was received by September 30th for the upcoming coverage year and the EOC will be received by the member by December 31 (unless it is being sent as a combined ANOC/EOC which must be received by September 30)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

E. IV. Formulary - Part D Sponsors

If the answer to either question is 'No', please provide an expected readiness date in the Comments field.

	Yes	No
Does your marketed formulary (both in print and on the website) match your CMS-approved formulary?	<input type="radio"/>	<input type="radio"/>
Does your organization update its formulary on the website when changes are made?	<input type="radio"/>	<input type="radio"/>

E. V. Outbound Education and Verification Calls to all New Enrollees with Agent/Broker Effectuated Enrollments (HPMS memo 10/03/2012) - MAO and Part D Sponsors

In OEV letters and calls, sponsors are required to provide the deadline by which an enrollee must respond if he or she wants to cancel his or her enrollment.

If the answer to either question is 'No', please provide an expected readiness date in the Comments field.

	Yes	No	N/A
Does your organization conduct outbound enrollment and verification calls for enrollments effectuated by agents and brokers, both independent and employed?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is your organization making a minimum of 3 documented attempts to contact the applicant by telephone within 15 calendar days of receiving the enrollment request?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Does your organization ensure that the enrollment verification letter is sent to the beneficiary if they have not been successfully reached following the second outbound verification call?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is your organization providing to enrollees the correct disenrollment deadline by inserting the date that is 7 days from the date of the OEV letter or call, or the last day of the month in which the enrollment was submitted, whichever is later?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

E. VI. Agents and Brokers - MAO and Part D Sponsors

If the answer to either question is 'No', please provide an expected readiness date in the Comments field.

	No	Yes	N/A
Does your organization ensure all agents/brokers receive annual training and testing on Medicare rules, regulations, and specific plan products, prior to marketing CY 2013 products?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Does your organization's training curriculum contain the minimum information and required elements listed in the annual guidelines HPMS memo on Agent Broker Training and Testing?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is your organization compliant with CMS rules and guidance in its compensation of independent agents and brokers, when utilized for the sale of Medicare products?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Does your organization have processes in place for oversight of Agent/Broker marketing and sales activities?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

E. VII. Websites - MAO and Part D Sponsors

If the answer is 'No', please provide an expected readiness date in the Comments field.

	Yes	No
Does your organization have a compliant website or web page dedicated to each product you offer with links to all required documents?	<input type="radio"/>	<input type="radio"/>

F. Enrollment/Disenrollment and Premium Billing

F. I. Medicare Advantage Disenrollment Period (MADP) - MAO and Part D Sponsors

If the answer is 'No', please provide an expected readiness date in the Comments field.

	Yes	No
Is your organization prepared to handle the MADP which begins on January 1 and ends on February 15?	<input type="radio"/>	<input type="radio"/>

F. II. Special Election Period (SEP) for Enrollment into a 5-Star Plan - MAO and Part D Sponsors

If the answer is 'No', please provide an expected readiness date in the Comments field.

	No	Yes
Is your organization prepared to handle the SEP whereby beneficiaries eligible for MA, MA-PD, or PDPs may enroll in 5-star plans during the year in which that plan has the 5-star rating, provided the beneficiary is otherwise eligible for that plan?	<input type="radio"/>	<input type="radio"/>

F. III. Enrollment Processes and Notices - MAO and Part D Sponsors

If the answer is 'No', please provide an expected readiness date in the Comments field.

	Yes	No
Is your organization issuing, or prepared to issue, acknowledgement notices within 10 calendar days of receiving an enrollment or disenrollment request from an individual, as appropriate?	<input type="radio"/>	<input type="radio"/>
Is your organization issuing, or prepared to issue, confirmation notices within 10 calendar days of receiving confirmation from CMS, as appropriate?	<input type="radio"/>	<input type="radio"/>
Is your organization sending, or prepared to send, individuals an acknowledgement notice within 10 calendar days when you receive a valid disenrollment request directly from the individual?	<input type="radio"/>	<input type="radio"/>
Is your organization sending, or prepared to send, individuals a denial notice within 10 calendar days of receipt of an invalid enrollment or disenrollment request?	<input type="radio"/>	<input type="radio"/>

F. IV. Enrollment Transaction Processing - MAO and Part D Sponsors

If the answer is 'No', please provide an expected readiness date in the Comments field.

	No	Yes
Is your organization prepared to meet the transaction submission Plan Data deadline by 8PM ET each month, as indicated in the Plan Communications User Guide?	<input type="radio"/>	<input type="radio"/>
Is your organization prepared to review and process CMS TRR and other MARx reports in a timely and consistent manner, taking appropriate actions to resolve rejections and correct errors?	<input type="radio"/>	<input type="radio"/>
Is your organization prepared to submit plan generated enrollments to CMS within 7 calendar days of receipt of the completed enrollment request?	<input type="radio"/>	<input type="radio"/>
Does your organization have processes in place to ensure the timely submission of 4Rx data in response to CMS-generated enrollments?	<input type="radio"/>	<input type="radio"/>

F. V. Enrollment Rejections - MAO and Part D Sponsors

If the answer to either question is 'No', please provide an expected readiness date in the Comments field.

	Yes	No
Does your organization's enrollment process allow for appropriate CMS rejection in accordance with CMS requirements?	<input type="radio"/>	<input type="radio"/>

F. VI. Online Enrollment Center - MAO and Part D Sponsors

If the answer is Not Applicable (N/A), please provide the reason for this element not applying to your organization. If the answer is 'No', please provide an expected readiness date in the Comments field.

	Yes	No	N/A
Has your organization established a process to download enrollments on at least a daily basis from the Online Enrollment Center (OEC) (unless your organization does not participate in the OEC)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

F. VII. Retroactive Enrollments - MAO and Part D Sponsors

If the answer to either question is 'No', please provide an expected readiness date in the Comments field.

	Yes	No
Is your organization submitting enrollments and disenrollments directly to MARx following the "current calendar month" cycle?	<input type="radio"/>	<input type="radio"/>
Has your organization ensured systems and processes are in place to support the submission to the retroactive processing contractor of retroactive enrollment and disenrollment corrections that cannot be accomplished within the Current Calendar Month cycle?	<input type="radio"/>	<input type="radio"/>

F. IX. Certification of Monthly Enrollment and Payment Data - MAO and Part D Sponsors

If the answer is 'No', please provide an expected readiness date in the Comments field.

	Yes	No
Is your organization attesting, or prepared to attest, to the accuracy of enrollment and payment data and to submit one Certification of Monthly Enrollment and Payment Data for all contracts within 45 days of the date the monthly reports are available?	<input type="radio"/>	<input type="radio"/>

F. X. Premium Billing - MAO and Part D Sponsors

If the answer to any of the questions is Not Applicable, 'N/A', please provide the reason the element does not apply to your organization. If the answer to any of the questions is 'No', please provide an expected readiness date in the Comments field.

	Yes	No	N/A
Is your organization prepared to appropriately bill enrollees monthly for the correct premium amount based on the CY2013 approved benefit package, including any late enrollment penalty (LEP) amount?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is your organization prepared to issue the proper disenrollment notice for involuntary disenrollment resulting from failure to pay D-IRMAA?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is your organization prepared to properly process notifications from CMS of reinstatement for "good cause" following a disenrollment for non-payment of a D-IRMAA??	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Compliance officers responsible only for Medicare Advantage with NO Part D contracts will be automatically skipped to Section H.

G. Late Enrollment Penalty (LEP) and Creditable Coverage

G. I. Late Enrollment Penalty (LEP) - Part D Sponsors

If the answer to either question is Not Applicable (NA/A), in the comment field provide a reason the element is not applicable to your organization. If the answer to either question is 'No', please provide an expected readiness date in the Comments field.

	Yes	No	N/A
Has your organization ensured that beneficiaries receiving the Low Income Subsidy are not subject to a LEP?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is your organization prepared to process LEP changes, refunds due to error, or LIS redetermination timely?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

G. II. Creditable Coverage – Part D Sponsors

If the answer is 'No', please provide an expected readiness date in the Comments field.

	Yes	No
Is your organization prepared to correctly report adjustments to the number of uncovered months previously reported for a current or former member, and otherwise implement all aspects of the creditable coverage rules (including performing follow-up concerning attestations, obtaining information from third parties, and implementing the telephonic option)?	<input type="radio"/>	<input type="radio"/>

H. Benefits Administration & Beneficiary Protections

H. I. Advance Directives – MAOs, with or without Part D

If the answer is 'No', please provide an expected readiness date in the Comments field.

	Yes	No
Is your organization prepared to comply with federal regulations which include maintaining written policies and procedures regarding advance directives for all adult individuals receiving medical care by or through the Medicare Advantage organization?	<input type="radio"/>	<input type="radio"/>

H. II. Medicare Advantage Out of Area and Out of Network Benefits – MAOs, with or without Part D

If the answer to either question is 'No', please provide an expected readiness date in the Comments field.

	Yes	No	N/A
If your plan does not offer a visitor/travel benefit to retain enrollees when they are outside the service area for six to twelve months, is the organization prepared to disenroll beneficiaries who are absent from the plan's service area for six months?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is your organization prepared to pay non-contracted providers at least the Original Medicare payment rate in those portions of your service area where you are meeting access requirements by non-network means?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

H. Benefits Administration & Beneficiary Protections

H. III. Coverage Gap Discount – Part D Sponsors

If the answer is 'No', please provide an expected readiness date in the Comments field.

	Yes	No
Is your organization confirming, or prepared to confirm, receipt of manufacturer payments to the third party administrator within five business days of payment receipt?	<input type="radio"/>	<input type="radio"/>

H. IV. Formulary – Part D Sponsors

If the answer to either question is 'No', please provide an expected readiness date in the Comments field.

	Yes	No
Has your organization implemented processes to rely on the updates to the FDA Comprehensive NDC Structured Product Labeling (SPL) Data Elements file (NSDE file) to help determine which NDCs represent currently marketed Part D drugs?	<input type="radio"/>	<input type="radio"/>
Does your organization allow overrides of edits on topical ophthalmic products when appropriate to prevent unintended interruptions in drug therapy?	<input type="radio"/>	<input type="radio"/>
Has your organization ensured that the 2013 point of sale (POS) claims adjudication system and edits are consistent with the 2013 HPMS-approved formulary and that no unauthorized utilization management edits are in place?	<input type="radio"/>	<input type="radio"/>

As of January 1, 2013, is your organization prepared to begin covering barbiturates when used in the treatment of epilepsy, cancer, or a chronic mental health disorder, and benzodiazepines when used for any Part D medically-accepted indication?	<input type="radio"/>	<input type="radio"/>
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H. V. Pharmacy & Therapeutics (P&T) Committee – Part D Sponsors

If the answer is 'No', please provide an expected readiness date in the Comments field.

	Yes	No
Is your organization's P&T committee comprised of: a) members who come from various clinical specialties that adequately represent the needs of your enrollees, b) at least one practicing pharmacist and one practicing physician who are experts in care of the elderly or disabled persons, and c) at least one pharmacist and one physician free of conflict with respect to your organization and pharmaceutical manufacturers?	<input type="radio"/>	<input type="radio"/>

H. VI. Improving Drug Utilization Controls in Part D

If the answer is 'No', please provide an expected readiness date in the Comments field.

	Yes	No
Has your organization implemented processes and procedures to comply with CMS drug utilization management (DUM) requirements to prevent overutilization of prescribed covered Part D drugs?	<input type="radio"/>	<input type="radio"/>

Compliance officers responsible only for Medicare Advantage-No Part D contracts and Compliance officers responsible only for contracts serving the U.S. Territories (i.e., Puerto Rico, U.S. Virgin Islands, Guam, Northern Mariana Islands, or American Samoa) will be automatically skipped to Section J.

I. Best Available Evidence (BAE) and Low Income Subsidy (LIS)

I. I. Best Available Evidence (BAE) Policy – Part D Sponsors, excluding Sponsors only serving U.S. Territories (such as Puerto Rico, U.S. Virgin Islands, Guam, etc.)

If the answer to either question is 'No', please provide an expected readiness date in the Comments field.

	Yes	No
Does your organization ensure its websites contain a link to the CMS website BAE page?	<input type="radio"/>	<input type="radio"/>
Does your organization meet CMS requirements for accepting specific forms of BAE in order to provide the deserved benefits?	<input type="radio"/>	<input type="radio"/>

I. II. Low Income Subsidy Benefit Administration – Part D Sponsors, excluding Sponsors only serving U.S. Territories

If the answer to either question is 'No', please provide an expected readiness date in the Comments field.

	Yes	No
Is your organization prepared to apply the correct CMS LIS level to enrollees by referring to the daily TRR to establish the correct premium, cost sharing, and deductible levels with the correct effective dates for prior, current, and prospective enrollees?	<input type="radio"/>	<input type="radio"/>
Is your organization prepared to apply correct CY 2013 benefit parameters based on LIS status in CMS systems or BAE, if more favorable to the beneficiary?	<input type="radio"/>	<input type="radio"/>
Is your organization prepared to reimburse LIS eligible individuals, or others who have paid or are holding receivables on behalf of the beneficiary, any excess premiums or cost-sharing paid by an individual during a period of LIS retroactive coverage?	<input type="radio"/>	<input type="radio"/>
Is your organization prepared to make reasonable attempts to notify affected members to advise them of their retroactive liability for higher premiums and cost sharing when LIS is removed?	<input type="radio"/>	<input type="radio"/>

I. III. Loss of Low Income Subsidy Data File – Part D Sponsors, excluding PACE organizations and plan sponsors only serving U.S. Territories

If the answer is 'No', please provide an expected readiness date in the Comments field.

	Yes	No
Is your organization prepared to set your organization's systems to charge the correct premium, deductible, and copayments effective January 1, 2013 as well as to send the appropriate notifications to the affected beneficiaries, in response to the Loss of Subsidy Data File (released in December of each year)?	<input type="radio"/>	<input type="radio"/>

I. IV. Low Income Subsidy Deeming – Part D Sponsors, excluding PACE organizations and plan sponsors only serving U.S. Territories

If the answer to either question is 'No', please provide an expected readiness date in the Comments field.

	Yes	No
Is your organization prepared to follow the CMS guidance for re-determination of Part D LIS eligibility for 2013?	<input type="radio"/>	<input type="radio"/>
Is your organization prepared to take appropriate actions in response to files concerning deeming from CMS?	<input type="radio"/>	<input type="radio"/>
Are procedures in place for your organization to submit corrections to beneficiaries' LIS deemed status to the CMS contractor, Reed & Associates, following the instructions in the Medicare Prescription Drug Manual?	<input type="radio"/>	<input type="radio"/>

I. V. Low Income Subsidy (LIS) Match Rate – Part D Sponsors, excluding Sponsors only serving U.S. Territories

If the answer to either question is 'No', please provide an expected readiness date in the Comments field.

	Yes	No
Is your organization prepared to maintain accurate LIS information?	<input type="radio"/>	<input type="radio"/>
Is your organization prepared to match your LIS data files to the CMS data file unless presented with BAE of a more beneficiary-favorable LIS level?	<input type="radio"/>	<input type="radio"/>
Is your organization prepared to submit monthly LIS data files to the CMS contractor, Acumen, via the LIS match rate website for the purpose of analyzing the consistency of the two files?	<input type="radio"/>	<input type="radio"/>
Is your organization prepared to review the Acumen, LLC reports and resolve all discrepancies identified in the reports to achieve a greater than 95% match rate between your files and those of CMS?	<input type="radio"/>	<input type="radio"/>

I. VI. Monthly BAE Monitoring – Part D Sponsors, excluding Sponsors only serving U.S. Territories

If the answer is 'No', please provide an expected readiness date in the Comments field.

	Yes	No
Is your organization prepared to respond to Acumen's request for BAE documentation for sampled beneficiaries for whom the sponsor has a more favorable LIS level for at least four months?	<input type="radio"/>	<input type="radio"/>

J. Coordination of Benefits (COB) and Automatic TrOOP Balance Transfer

J. I. Coordination of Benefits (COB) Data Report/File Processing – MAO and Part D Sponsors

If the answer to either question is 'No', please provide an expected readiness date in the Comments field.

	Yes	No	N/A
Has your organization executed a business associate agreement (BAA) with Relay Health, the coordination of benefits contractor (COBC)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is your organization prepared to establish/maintain systems and procedures for at least weekly COB data report/file processing?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is your organization prepared to interpret the COB file correctly?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is your organization prepared to follow the COB notification process and request the beneficiary provide new or updated other prescription drug coverage information when the other drug coverage information exists on the COB file? (Part D Sponsors only)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

J. II. Information Reporting Transactions (Nx or N) – Part D Sponsors

If the answer is 'No', please provide an expected readiness date in the Comments field.

	Yes	No
Is your organization prepared to correctly process Nx transactions (N1, N2, N3) received from POS which identify supplemental payers and thus impact the TrOOP accumulators?	<input type="radio"/>	<input type="radio"/>
Is your organization aware that the COBC now precludes Part D sponsors from updating SPAP and ADAP information, and is prepared to manage that?	<input type="radio"/>	<input type="radio"/>

J. III. Automatic TrOOP Balance Transfer (ATBT) and Financial Information Reporting (FIR) Version 1.2 (HPMS memo 10/26/2012) – Part D Sponsors

If the answer to either question is 'No', please provide an expected readiness date in the Comments field.

	Yes	No
Has your organization's FIR processor been certified by the Transaction Facilitator to process NCPDP FIR transaction standard version 1.2 including the Contract/PBP fields?	<input type="radio"/>	<input type="radio"/>
Is your organization prepared to promptly address ATBT problems identified through the exceptions reports?	<input type="radio"/>	<input type="radio"/>
Is your organization prepared to respond to the 3 new end-of-year ATBT transactions series for all beneficiaries with enrollment changes in 2012 for whom a prior ATBT transaction sequence was initiated in 2012? The 3 series will be sent on Dec. 1, 2012, January 15, 2013, and February 28, 2013.	<input type="radio"/>	<input type="radio"/>
Is your organization prepared to meet the new 2013 ATBT 15-day timeframe for successfully responding to, and completing, an ATBT transaction? The 15-day timeframe is effective January 1, 2013, however, compliance action will be initiated for the enrollment changes occurring after April 1, 2013.	<input type="radio"/>	<input type="radio"/>

J. Coordination of Benefits (COB) and Automatic TrOOP Balance Transfer

J. IV. Medicare Advantage Maximum Out-of-Pocket – MAOs, with or without Part D

If the answer is 'No', please provide an expected readiness date in the Comments field.

	Yes	No
Is your organization correctly calculating, or prepared to calculate, and tracking of out of pocket costs for all Medicare-covered benefits?	<input type="radio"/>	<input type="radio"/>

K. Claims Processing and Transition Process

K. I. Federal Disaster or Public Health Emergency Declarations – MAO and Part D Sponsors

If the answer is 'No', please provide an expected readiness date in the Comments field.

	Yes	No
Is your organization prepared to follow CMS guidance regarding pharmacy and provider access during a Federal Disaster or other Public Health Emergency Declaration?	<input type="radio"/>	<input type="radio"/>

K. II. Excluded Provider Claims – MAO and Part D Sponsors

If the answer is 'No', please provide an expected readiness date in the Comments field.

	No	Yes
Does your organization use, or is it prepared to use, the Medicare Exclusion Database (MED) to assist your organization in identifying excluded individuals or entities?	<input type="radio"/>	<input type="radio"/>
Is your organization aware that the Complaints Tracking Module (CTM) is now a vehicle for receiving and handling complaints about inappropriate exclusion edits?	<input type="radio"/>	<input type="radio"/>

K. III. Point of Sale (POS) Claims Processing – Part D Sponsors

If any answer is 'No', please provide an expected readiness date in the Comments field.

	Yes	No
Has your organization ensured pharmacies can clearly determine that claims are for Part D covered drugs, and secondary payers can properly coordinate benefits on Part D claims, by utilizing unique routing identifiers?	<input type="radio"/>	<input type="radio"/>
Is your organization prepared to ensure pharmacies process prescription claims for Part D drugs under Part D, unless the beneficiary explicitly states that the claim is not to be processed as such?	<input type="radio"/>	<input type="radio"/>
Does your organization maintain its payment systems to charge beneficiaries the lesser of a drug's negotiated price or applicable copayment amount?	<input type="radio"/>	<input type="radio"/>
Does your organization maintain, or is it prepared to maintain, its claims systems to ensure non-LIS beneficiaries receive Coverage Gap Discounts at the point of sale by calculating in real time the Gap Discount amount, and the patient and plan cost-sharing amounts?	<input type="radio"/>	<input type="radio"/>
Does your organization maintain, or is it prepared to maintain, a system for transmitting codes to network pharmacies so that the network pharmacy is notified to provide an enrollee with a written notice at the point of sale explaining how the enrollee can request a coverage determination if the prescription can't be filled?	<input type="radio"/>	<input type="radio"/>

K. IV. Transition Process – Part D Sponsors

If any answer is 'No', please provide an expected readiness date in the Comments field.

	Yes	No
Has your organization fully tested its transition policy in its claims adjudication system, including pharmacy notification, in order to ensure that the transition policy has been programmed prior to the start of 2013?	<input type="radio"/>	<input type="radio"/>
Is your organization prepared to implement a transition process for current enrollees who will experience negative changes as a result of revisions to plans' formulary across contract years?	<input type="radio"/>	<input type="radio"/>
Is your organization prepared to provide access to a transition supply of medication within the first 90 days of enrollment, including for those beneficiaries whose first 90 days cross contract years?	<input type="radio"/>	<input type="radio"/>
Is your organization prepared to ensure enrollees eligible for transition supplies of drugs leave the pharmacy with filled prescriptions?	<input type="radio"/>	<input type="radio"/>
Is your organization prepared to ensure that reasonable efforts are made to notify prescribers of enrollees who receive a transition notice after adjudication of a temporary fill?	<input type="radio"/>	<input type="radio"/>
Is your organization prepared to ensure that the transition policy provides refills for transition prescriptions dispensed for less than the written amount due to quantity limits for safety purposes or drug utilization edits that are based on approved product labeling?	<input type="radio"/>	<input type="radio"/>
Is your organization prepared to ensure systems are in place to continue to provide necessary drugs to an enrollee via an extension of the transition period, on a case-by-case basis, to the extent that his or her exception request or appeal has not been processed by the end of the minimum transition period?	<input type="radio"/>	<input type="radio"/>

K. V. Retroactive Claims Adjustments, Underpayment Refunds, and Overpayment Recoveries – Part D Sponsors

If the answer is 'No', please provide an expected readiness date in the Comments field.

	Yes	No
Is your organization prepared to process the adjustment and issue refunds or recovery notices within 45 days of the sponsor's receipt of complete information regarding the claims adjustment?	<input type="radio"/>	<input type="radio"/>

L. Grievances, Coverage Determinations, and Appeals

L. I. Requirement to Employ a Medical Director – MAO and Part D Plan Sponsors

If the answer is 'No', please provide an expected readiness date in the Comments field.

	No	Yes
Does your organization employ a medical director (physician) who is responsible for the clinical accuracy of all initial coverage decisions and appeals that involve medical necessity?	<input type="radio"/>	<input type="radio"/>

L. II. Requirement Related to Who Must Review Initial Coverage - MAO and Part D Sponsors

If the answer is 'No', please provide an expected readiness date in the Comments field.

	No	Yes
Does your organization have adequate staff to satisfy the requirement that a physician or other appropriate health care professional review initial coverage decisions where your organization expects to issue partially or fully adverse decisions based on medical necessity?	<input type="radio"/>	<input type="radio"/>

L. III. Grievances, Coverage Determinations, and Appeals – MAO and Part D Sponsors

If the answer to any question is 'Not Applicable' (N/A), please provide the reason the element is not applicable to your organization. If the answer to any question is 'No', please provide an expected readiness date in the Comments field.

	No	Yes	N/A
Does your organization provide immediate access to the coverage determination and redetermination processes via a toll-free telephone number and website, and provide access to model forms for making coverage and appeal requests?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Does your organization have internal controls in place to detect and promptly correct potential deficiencies in operations impacting coverage determinations, redeterminations, and grievances?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If your organization contracts with a pharmacy benefits manager to perform functions related to coverage determinations, appeals, or grievances, is your organization able to demonstrate routine monitoring and oversight of the PBM's delegated functions and that the oversight is integrated into the overall compliance program?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Does your organization have internal controls in place to detect and promptly correct potential deficiencies in operations impacting organization and coverage determinations, plan appeals, and grievances?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is your organization properly transmitting codes to network pharmacies that instruct the pharmacies to provide enrollees with a notice at point of sale in certain circumstances where the prescription cannot be filled under the Part D benefit?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

M. Compliance and Fraud, Waste, and Abuse (FWA) Compliance Program

M. I. Compliance Program – MAO and Part D Sponsors

If the answer to either question is 'No', please provide an expected readiness date in the 'Comments' field.

	Yes	No
Has your organization adopted and implemented an effective Compliance Program that includes all of the requirements stated at 42 C.F.R. §§ 422.503(b)(4)(vi), 423.504(b)(4)(vi)?	<input type="radio"/>	<input type="radio"/>
Has your organization familiarized itself with the best practices and common findings from the 2012 program audits as described in the memo dated September 10, 2012 to focus your internal monitoring efforts and help ensure any common findings are corrected?	<input type="radio"/>	<input type="radio"/>

Attestation of Accuracy of Responses Submitted and Authorization to Submit Readiness Checklist Assessment

CY 2013 Medicare Advantage and Part D Readiness Assessment Attestation

By completing the items below, I attest that the responses provided on behalf of the Medicare contractor identified below to the questions in the 2013 Medicare Advantage and Part D Drug Readiness Checklist are complete, accurate, and truthful, based on my best information, knowledge, and belief.

I further attest that these responses reflect the result of the operation of effective internal controls my organization has developed and implemented to ensure accurate reporting concerning its Medicare operations, including any Medicare-related tasks for which my organization has engaged a subcontractor.

Finally, I certify that I am authorized by the reporting Medicare contracting organization to attest on its behalf to the accuracy of the checklist responses.

Authorized Representative Name:

Title:

Attestation Date:

Your Readiness Checklist Assessment is completed.

Thank you for taking time to complete the CY 2013 Readiness Checklist Assessment. When you have completed all responses, click "Submit CY 2013 Readiness Checklist Assessment Now" below.

Note: Once you click the submit button below, you cannot return to edit or print this set of responses. CMS will use the latest submission as the official version when more than one submission is received from a compliance officer. This will allow you to make corrections to your submission after you click the submit button.

Contact Linda.Anders@cms.hhs.gov if you have questions. Thank you for your time.