

Announcements (4/16/2020 UGC)

- 1) Similar to last year, OACT intends to post the advance Q&A file the morning of the Thursday User Group Calls
 - The questions for this week's call were posted on the CMS website this morning at <https://www.cms.gov> >> Medicare >> Medicare Advantage Rates and Statistics >> Actuarial Bid Questions within the CY2021 Actuarial Bid Questions document.
- 2) CY2021 Bid Forms and Instructions
 - BPTs and bid instructions were released via HPMS on Friday, April 10th
 - The files were also posted on the CMS website, under: <https://www.cms.gov> > Medicare > Medicare Advantage Rates & Statistics (under the Health Plans header) > Bid Form & Instructions >
 - Bid Pricing Tool Changes from Beta Release
 - An indicator has been added to WS1, Section 1 of the Part D BPT to indicate participation in the Senior Savings Model (SSM). This cell will only become active for EA plans.
 - Plans that select "Yes" to participation in this model:
 1. Must enter a value for E54 on WS6A (Non-LI Brand Discount Amt PMPM). All other plans will continue to see the formula from beta release.
 2. Depending on the coverage level, must select "reduced cost sharing on some drugs" or "all drugs covered in full" for E33 on WS5 (Type of Gap Coverage). This entry may or may not align with entries in the PBP, depending on the benefits offered.
 - MA Instruction Changes from Beta Release
 - The date of release for the "Process for Requesting an HPMS Crosswalk Exception for Contract Year 2019" was corrected to May 9, 2018 from May 7, 2018.
 - Clarified that on worksheet 4, the state Medicaid cost sharing in column k is meant to include the cost sharing that the beneficiary is liable to pay for non-Medicare and non-Medicaid covered benefits.
 - Related Party Guidance
 1. Removed the requirement to select only one of the options for each administrative or medical related party arrangement.
 2. Clarified that if the MAO applies more than one related party comparison method to a single arrangement, the selection of each method must not be arbitrary and must be fully explained. This topic is also addressed in the Q&A for this call.
 3. Stated that global capitation arrangements that are paid as a percent of revenue may be compared across different service areas.
 4. Clarified that for the market comparison method, the comparison may be between the related party and an unrelated party that serves the Medicare population, but the unrelated entity does not need to be an MAO.
 5. In Appendix B for related party support we -
 - a. Added the support that is required if more than one comparison method is used for a single arrangement.
 - b. Removed the statement that two arrangements are considered comparable when the terms are identical due to the confusion the statement created.

- c. Added sub-bullet points to make clearer that for comparable rate demonstration, if the fee method is used, then the fee support is required and if the utilization method is used, then the utilization support is required. It is not required to support both methods.
 - d. Added support requirements when a global capitation arrangement is compared across service areas.
 - Risk Score Calculation
 - An adjustment for filtering logic application updates was added to the list of adjustments that must be considered when using both the preferred approach and an alternate approach.
 - Rebate Reallocation
 - For RPPO plans clarified that the value of added, eliminated, or changed benefits is required to match either
 - The net shift in total MA rebate dollars due to a change in the PPO regional benchmark and the change required to return to the Part D target premium, or
 - The net shift in total MA rebate dollars due to a change in the PPO regional benchmark.
 - Clarified that assumptions regarding induced utilization must not be changed from the assumptions used in the initial June bid during rebate reallocation.
 - Mapping of PBP Categories to BPT Categories in Appendix F
 - Corrected an error on the Additional Telehealth line so that Professional: PCP is now correctly mapped to BPT line I1 rather than line I2.
 - DE# Summary Appendix G
 - Corrected an error allowing worksheet 3 to reflect non-DE# or total values. Worksheet 3 is to reflect non-DE# values only.
- 3) Actuarial Bid Training
 - Announcement memo dated April 10th contains the direct links to the training, at <https://www.cms.gov> > Medicare > Medicare Advantage Rates & Statistics (under the Health Plans header) > Actuarial Bid Training – 2021 >
- 4) COVID 19
 - We have received many questions regarding how the COVID 19 outbreak will impact bidding. There are a lot of unknowns at this point and we are doing our best to offer flexibility where we can:
 - Bid Deadline remains the same, Monday, June 1st.
 - We understand that the uncertainty around assumptions creates a difficult bidding environment. We expect certifying actuaries to make their best estimate assumptions of what costs may be for CY2021 and provide detailed support for all assumptions.
 - We are considering new temporary flexibility around supporting documentation. We will give more guidance on specific items on next week's UGC.
 - An HPMS memo was released on April 10th titled "Applicability of diagnoses from telehealth services for risk adjustment".

Announcements (4/23/2020 UGC)

- Release of plan-specific TBC data
 - Plan specific TBC data is expected to be posted in HPMS by the end of the week
 - The data will be posted at: HPMS Home > Quality and Performance > Performance Metrics > Costs > Part C Total Beneficiary Costs
 - If you are having issues accessing this data, please contact the HPMS Help Desk at 1-800-220-2028 or hpms@cms.hhs.gov
 - Any questions regarding the plan-specific TBC data can be sent to actuarial-bids@cms.hhs.gov
 - Any questions beyond the plan-specific TBC data (ex: questions on the memo or regarding OOPC/TBC policy) should be sent to <https://mabenefitsmailbox.lmi.org/>
- Release of risk score data for CY2021 bidding
 - Plan-level data has been posted in HPMS and beneficiary-level files have been sent to plan sponsors.
 - Please see the HPMS memos dated April 16th for more details about the beneficiary-level files and the technical notes included with the plan-level data posted on HPMS for details about the plan-level data.
- We mentioned on last week's call that OACT would look into the possibility of providing some flexibility around supporting documentation given the current environment. The bid submission deadline of the first Monday in June is set by statute and CMS does not have authority to change this date. For a bid submission to be complete, all supporting documentation requirements must also be met by the first Monday in June.
 - The memo released via HPMS on April 8, 2020 titled "Final Contract Year 2021 Part C Benefits Review and Evaluation" notes on page 18 that the Incomplete and Inaccurate Bid Submissions policy from pages 163-165 of the CY2020 Call Letter apply for CY2021.
 - Note that there is specific guidance about bid-level negative margin business plans in the Q&A file for this call.

Announcements (4/30/2020 UGC)

- Question and Answer Section of User Group Call
 - The most efficient way to submit your bidding questions to OACT is to send them to the actuarial-bids mailbox 48 hours in advance of our weekly calls. These questions will be addressed on the call and included in our posted files.
 - Actuaries can also use the “chat” feature during our calls to submit questions. Please make sure you are sending your questions to “panelists”. If you send the questions to “host” they go to our WebEx host, and OACT does not see them right away.
 - Any questions that are asked through the chat feature on our calls that is pertinent to all industry, will be included in the posted Q&A files in subsequent weeks. Many questions that came in during last week’s call are included in this week’s file.
- Release of plan-specific TBC data
 - Plan specific TBC data was posted in HPMS last Thursday, please see 4/23 HPMS email blast for more information
- We expect to post the Industry Gain/Loss Requirement and PBP to BPT comparison tools by the end of this week via the CMS website under: www.cms.gov > Medicare > Medicare Advantage Rates & Statistics (under the Health Plans header) > Bid Form & Instructions > 2021
 - Key updates to the gain/loss tool include the following changes:
 - D-SNP plans are aggregated with General Enrollment and I/C-SNP plans
 - There are 3 tests (MA minus Corporate Requirement, PDP minus Corporate Requirement, and MA Minus PD differential)
 - A column in the lower table displays the plan type for each plan added to the tool (General Enrollment, D-SNP, I/C-SNP or PDP)
 - “Within Range” and “Outside Range” are based on the new rules that can be found in the CY2021 MA BPT Instructions
 - Key updates to the PBP to BPT Comparison Tool include the following changes:
 - New Mandatory Supplemental Benefits tests have been added for
 1. Visitor / Travel Benefits (PBP Section C)
 2. Hospice (PBP 19c)
- Bid upload functionality in HPMS available starting Friday, May 1st
 - We ask that each organization “test the upload process” by uploading a bid early
 - A bid can be uploaded repeatedly until the deadline, (11:59 PM PT) Monday, June 1st, at which time all gates close

Announcements (5/7/2020 UGC)

- Actuarial Certification
 - Module expected to be available in HPMS starting Friday, May 8th.
 - In general, CMS does not think that actuaries need to append language to their actuarial certification regarding COVID-19. Issues pertaining to COVID-19 should be fully addressed in supporting documentation like other assumptions.
 - If language is appended, the following common language should be sufficient in most cases: “Actual experience will not conform exactly to the assumptions used in this analysis. If actual experience is different from the assumptions used in the projections, the actual amounts will also deviate from the projected amounts.”
 - If more specific language is necessary, then CMS believes that the language should focus on the issue of uncertainty. For example, “I acknowledge that there is substantial uncertainty regarding the impact of COVID-19 on these projections and that the COVID-19 pandemic could have a material impact on future costs.”
 - In any case, CMS does not want actuaries to append language that describes, supports, or dismisses their assumptions or assessment of issues related to COVID-19. For example, “My projections reflect a net \$0 impact for COVID-19 because I am unable to predict the effects of COVID-19 for this bid.”
- COVID-19 Mailbox - CMS is working through the questions received to the COVID mailbox. In addition to individual responses, CMS is issuing information through HPMS that may also address these questions.

Announcements (5/21/2020 UGC)

- A question was asked on last week's call regarding the TBC and MA QBP reports. The user mentioned only seeing older reports. The technical issue with HPMS was fixed last Friday and the current reports are available.
- CMMI has issued additional information on the Part D Senior Savings Model, including guidance on the appropriate treatment of plan deductibles. Please see the HPMS memo entitled "Part D Senior Savings Model Calendar Year 2021 Model Application and Bid Submission" that was released on May 21st for more information. You can also find the information on their website at <https://innovation.cms.gov/media/30751>
- On Tuesday, May 19th, CMS released an HPMS memo entitled "Contract Year 2021 Part C Bidding and Benefits Instructions Related to COVID-19"
 - This memorandum provides Medicare Advantage organizations with Contract Year 2021 Part C Bid Pricing Tool and Plan Benefit Package instructions related to COVID-19.
- On Friday, May 22nd, CMS released an HPMS memo entitled "Updated Contract Year (CY) 2021 Final Part D Bidding Instructions"
 - This memorandum provides further guidance on MTM and Specialty Thresholds
- The CY2021 C&D regulation was released on Friday, May 22. The rule can be found at: <https://www.federalregister.gov/documents/2020/06/02/2020-11342/medicare-program-contract-year-2021-policy-and-technical-changes-to-the-medicare-advantage-program>
- OACT will be conducting preliminary checks for inconsistencies between the PBP and the MA BPT. We will alert plans of these inconsistencies via email starting May 27 through June 1. We realize the bids you have submitted so far may not be final. Nevertheless, we are alerting you so that you have the chance to reconcile these inconsistencies prior to the submission deadline.
- OACT will also be conducting additional bid quality checks again this year. Plans can avoid being contacted with issues by carefully peer reviewing their bids. We intend to send out emails to plans between May 27 and June 1 for bids already uploaded into HPMS to help ensure compliance prior to final bid submission.

Announcements (5/28/2020 UGC)

- 1) The bid submission deadline is 11:59 PM PT on Monday, June 1st
 - Supporting documentation required with the initial bid submission must be submitted by this same deadline
 - Please note that the PD BPT cell F18 on Worksheet 7 for MTM payment must be populated with zero, not blank, at the time of bid submission for all PD bids
- 2) If you need assistance with actuarial issues between today's call and Monday's deadline, e-mail your question/issue to: actuarial-bids@cms.hhs.gov
 - We will do our best to respond as quickly as possible
- 3) Any issues related to bid upload should be directed to the HPMS Help Desk at:
1-800-220-2028 or hpms@cms.hhs.gov
- 4) The actuarial certification process will be similar to last year
 - The initial actuarial certification deadline will be Friday, June 5th. Please see the HPMS memo that should be released later today for more details.
- 5) Shortly after the bids are received, the bid review process will begin. OACT has contracted with several actuarial firms, similar to previous years
 - We request your cooperation and responsiveness when contacted during the bid review process
 - Please ensure that staff are equipped to answer bid review inquiries if you will be out of the office
- 6) On Last week's call we responded to a question about uploading .xlsb files. The questioner asked live if the .xlsb files would be allowed if contained within a zip file and we replied that we thought this would work. We have looked into this more and need to correct that statement. .xlsb files cannot be uploaded to HPMS even within a zip file.
- 7) We have released an update to the MA PBP to BPT Comparison Tool on the CMS website (<https://www.cms.gov/medicarehealth-plansmedicareadvtspeccratestatsbid-forms-instructions/2021>) to correct false failures that were identified for the mandatory supplemental benefit metrics. If your bids were already passing these checks, you do not need to download the updated version.
- 8) The V/T entry (cell S69) in Worksheet 3, Section IV of the MA BPT is intended to capture the PBP to BPT mapping for the visitor/travel benefit. Enter the specific BPT service category lines to which the visitor/travel benefit applies. Do not enter just "q" as a substitute for multiple service categories.