



Summary of the 2010 CMS Call Letter

On March 30, 2009 The Centers for Medicare and Medicaid Services (CMS) issued the final 2010 Call Letter. The Call Letter provides guidance to Medicare Advantage organizations (MAO) and Part D plan sponsors on new regulatory requirements and statutory changes. The changes are important since they represent new guidance that plans must consider when preparing their Medicare Part D bids for Calendar Year (CY) 2010. All Part D plans are required to submit CY 2010 drug formularies by April 20, 2009 and bids no later than June 1, 2009. The 2010 Call Letter is available at www.cms.hhs.gov/PrescriptionDrugCovContra/Downloads/2010CallLetter.pdf.

Page #:	Description of Significant Program Changes:
14 – 17	Preventive Services Incentives: A limited preventive services incentive program will be allowed for 2010 that must meet 16 criteria (e.g. requirement that the program cannot be used in pre-enrollment advertising, may not be cash/gift cards, may not waive or lower co-pays, and must be of nominal value \$10/item/\$50 aggregate).
24 - 25	CAHPS surveys: CAHPS (Consumer Assessment of Healthcare Providers and Systems) surveys will be performed by Plans with at least 600 members as of 7/1/2010.
29 - 31	Payment: Payment of the Physician Quality Reporting initiative (PQRI) and e-prescribing bonuses are optional with respect to contracting providers in Part C. Non-contracted physicians bonus payments are required when a physician is determined by original Medicare to have satisfied the requirements and qualified for the incentive and has billed a MAO as a non-contracted provider.
58 - 61	Access to covered Part D drugs: The six “ <i>Protected classes</i> ” of medications (i.e. antidepressants, antipsychotic, anticonvulsants, anticancer, immunosuppressant, and HIV/AIDS drug classes) will remain unchanged for 2009. CMS also stated that a Part D sponsor’s drug coverage determination process should begin with confirming that the prescription drug product NDC is properly listed (i.e. as FDA approved) with the FDA. Lastly, the CY 2010 Formulary reference File (FRF) is now available on the CMS website.
61	Specialty Tier Threshold: The threshold for determining medications to be included on a specialty tier for CY 2010 will remain at \$600.00 (i.e. Part D drugs with negotiated prices that exceed \$600 per month).
66 - 67	Description of Gap Coverage: Beginning in CY 2010, sponsors will be required to specify their gap coverage for both generic and brand name medications using CMS’ defined standardized thresholds. For example, if 75% of generics on the formulary are covered by gap coverage then the description would be ‘many generics’.

68 - 73	<p>Medication Therapy Management Program (MTMP) requirements: A 2008 CMS analysis of MTMP data focused on enrollment methods, targeting mechanisms, eligibility criteria, interventions, and outcomes. Based upon results of that review CMS has revised the following MTM program requirements for 2010:</p> <ul style="list-style-type: none"> ▪ Enroll targeted beneficiaries using an ‘opt-out’ method of enrollment only. Enrolled beneficiaries may refuse or decline individual services without having to disenroll from the program. ▪ Target beneficiaries for enrollment at least quarterly during each year. ▪ Sponsors cannot require more than three chronic diseases as the minimum number of multiple chronic diseases and sponsors must target at least four of the following seven core diseases: a) hypertension, b) heart failure, c) diabetes, d) dyslipidemia, e) chronic lung disorders, f) bone disease/arthritis, and g) mental health disorders. ▪ Sponsors may not require more than eight Part D drugs to define multiple covered drugs. ▪ Annual cost threshold has been lowered to \$3,000 (from \$4,000). ▪ Offer a minimum level of MTM services for both beneficiaries and prescribers, including a comprehensive medical review (CMR), person to person consultation, targeted medication reviews, etc. ▪ Measure and report details on an expanded number of program intervention activities.
80 - 81	<p>Quality and Performance Measures:</p> <ul style="list-style-type: none"> ▪ New Part D reporting requirements (e.g. network support of e-prescribing, etc.) as well as revisions to current reporting (e.g. MTMP reporting on enrollment, etc.) will be implemented for CY 2010. ▪ Part D sponsors must establish quality assurance measures and systems to reduce medication errors, adverse drug interactions, and improve medication use. For CY 2010 CMS will be adding new expectations from the following programs: a) Concurrent DUR, b) Retrospective DUR, and c) Medication Error Identification and Reduction (MEIR).
82	<p>Prompt Payment of Retail/LTC Pharmacy Claims: New prompt pay rules (MIPPA) go into effect for clean pharmacy claims.</p>
83 - 84	<p>Processing Out of Network reimbursement requests: CMS will allow out-of-network reimbursement requests to be processed within 14 days as opposed to the original 72 hour deadline.</p>
86	<p>E-Prescribing: CMS ‘requests’ that information related to pharmacies or medical providers who support e-prescribing be listed in plan sponsor directories. CMS also provided clarification regarding requirements of the new Prescription Origin Code. The Prescription Origin Code will be required on Prescription Drug Events (PDEs) for new prescriptions submitted in standard NCPDP 5.1 format but remain optional for refills.</p>