

## Part D Coverage Gap Discount Program (CGDP) Manufacturer Webinar - December 2016



Diane Lapin CMS, Division of Payment Reconciliation

### Agenda

- Electronic Signature Capability
- Portal Electronic Funds Transfer (EFT)
   Identifier Placement Enhancement
- Helpful Tips Review of Lessons Learned
- Analysis of CMS Coverage Gap Discount Program (CGDP) Data
- Q&A



#### **Electronic Signature Capability**



Lytarsha Jiles, Business Analyst Palmetto GBA Medicare Part D, CGDP TPA

#### **Challenges of the Old Process**

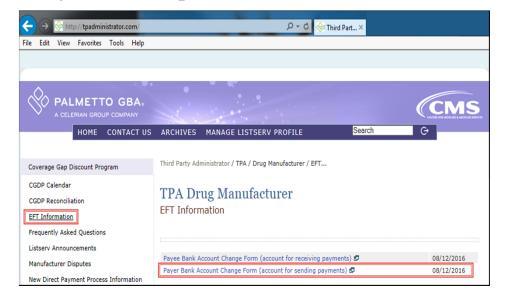
- 7-10 day turn around on hardcopy forms
- Frequent need for quick turnaround of time sensitive documentation
- Risk of misdirected mail
- More difficult to track the progress of submitted documents
- Was the only way of submitting bank change forms
- Paperwork delays sometimes resulted in not being able to make payments on time

#### Features of e-Signature

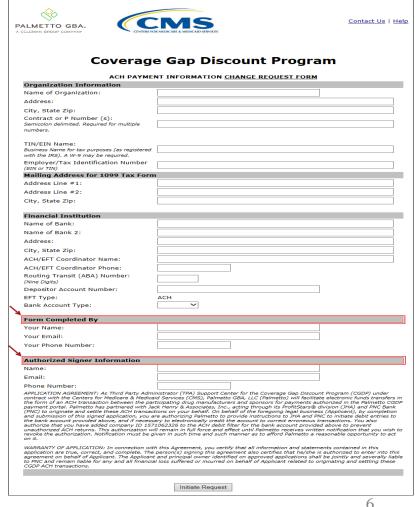
- Forms and documents can be signed and delivered in a matter of seconds
- Reduces the risk of delays when last minute bank account changes are necessary
- Easy to use web interface
- No software for users to install

#### e-Signature Form Location

The new form is located on the TPA website – just like the previous forms



The form has been revised so that one person can complete the form and send to another person to sign



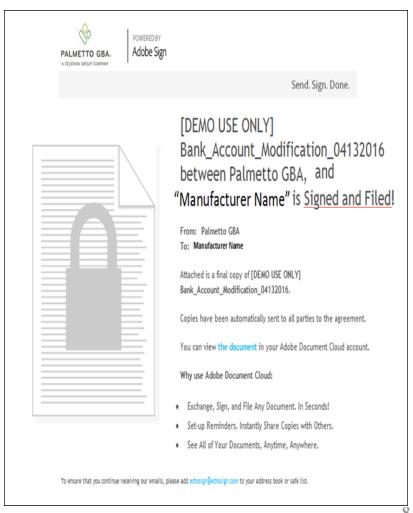
### e-Signature Signature Request

• If the form is forwarded to someone to sign, they will receive this email notification



#### e-Signature Final Notification

- Once the document has been signed and verified by the TPA, the signer would then receive this final notification
- If there is a correction needed, the TPA can simply void this form and instruct the user to submit a corrected form





## CGDP Portal Electronic Funds Transfer (EFT) Identifier Placement Enhancement



Diane Kreitz, Technical Lead Palmetto GBA Medicare Part D, CGDP TPA

#### **Upcoming Portal Enhancement**

#### • EFT Identifier Placement Enhancement

- Electronic Funds Transfer (EFT) Identifier is unique for every invoice line item
- Currently appears in the Description field of each transaction sent to banks
- It will move to the Addenda record of a CCD+ formatted transaction
  - In accordance with National Automated Clearing House
     Association (NACHA) guidelines for corporate Credits and Debits

# **Upcoming Portal Enhancement** (continued)

#### Timing of this Enhancement

- Change expected to be implemented some time in January 2017

#### • Impact

- No visible difference in the CGDP Portal
- Bank statements will look different
- May effect companies performing internal reconciliation with invoices
  - Check with your bank to assure that Addenda record of a CCD+ transaction appears on statements



### Helpful Tips for Manufacturers



Arthur Spaziano, Manager Palmetto GBA Medicare Part D, CGDP TPA

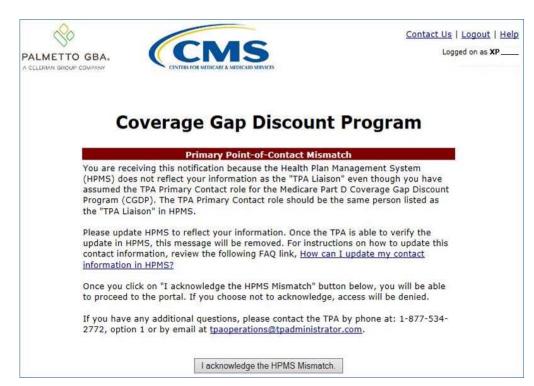
### Helpful Tips Lessons Learned

Lessons Learned from the past 5 invoice payment quarters:

- Log on to the CGDP Portal at least once per month
  - -Passwords expire every 30 days
  - You will need to contact the TPA if your password expires
  - -HPMS and TPA contact information <u>must</u> match prior to reissue of Portal credentials

# Helpful Tips HPMS Contact Information

- At the beginning of each payment period
  - Verify that the individual(s) with CGDP Portal access and Payment Initiator responsibilities has not changed
  - Ensure that the "TPA Liaison" and the "Coverage Gap Discount Program (CGDP) Payment Contact" fields in HPMS have been updated to reflect the correct individual(s)
    - » Contact the TPA if any changes were made in HPMS, as soon as possible, so that we can re-issue credentials to access the CGDP Portal



12/2016

## Helpful Tips Bank Account Updates

- Verify that there are no changes in the bank accounts used for making and/or receiving payments
  - Complete the EFT change form(s) on the TPA website if the account(s) has changed since last reporting period payments were made
    - Make sure debit filter is properly configured if a debit block is enabled for the account
    - Make sure that any debit limit for that account is configured to accommodate the total amount of all line items that you expect to pay at one time
- Confirm your bank's minimum ACH payment limitation amounts
  - Pay all outstanding deferred payments from previous quarters if the minimum ACH payment limitations
    - Have been relaxed
    - No longer exist
    - Are exceeded by the total of deferred amounts plus new invoice amounts
- Do not wait until the deadline to initiate payments!
  - Initiate payments at least one week prior to allow for resolution of any of the issues mentioned above
  - Allow additional time if making payments for the first time



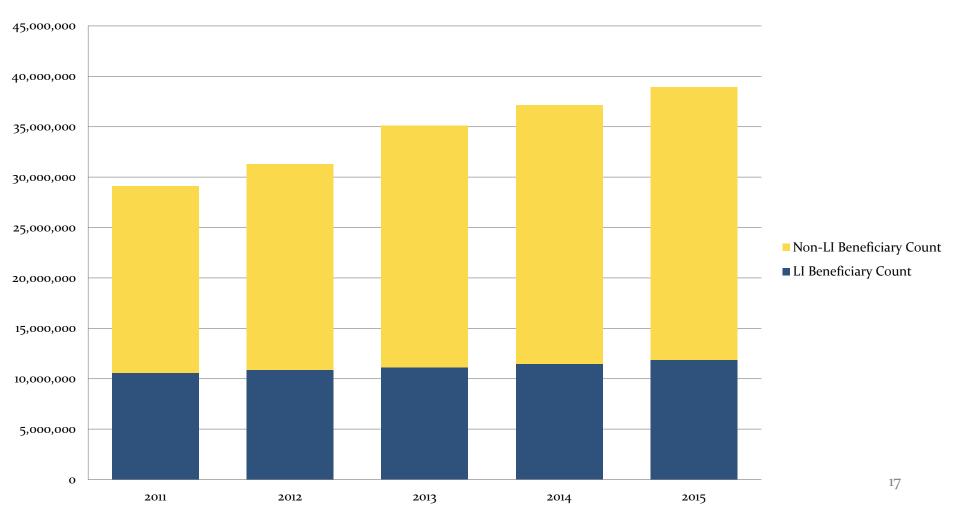
### **CGDP Data Analysis**



Amanda Johnson CMS, Division Director, Division of Payment Reconciliation

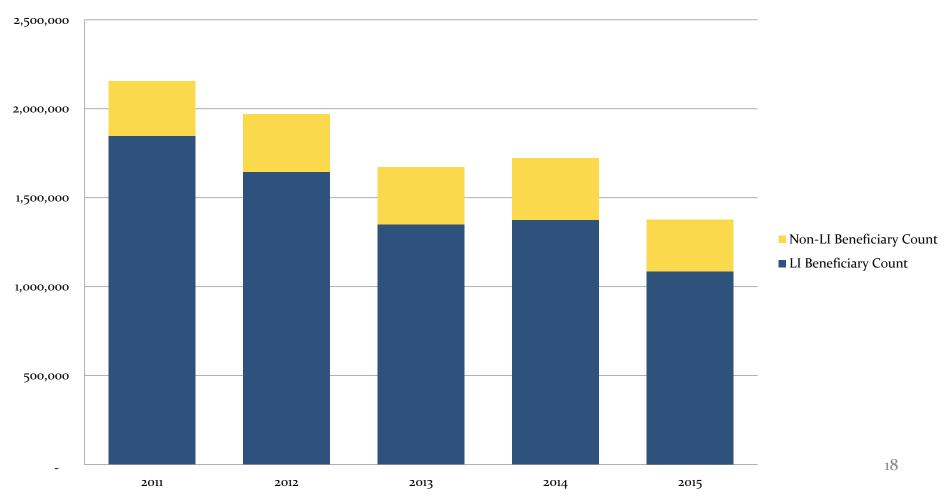
#### Program Wide Beneficiary Count Distribution

#### Program Wide -LI vs Non-LI Beneficiary Trend by Benefit Year Counts Based on Part D Utilization

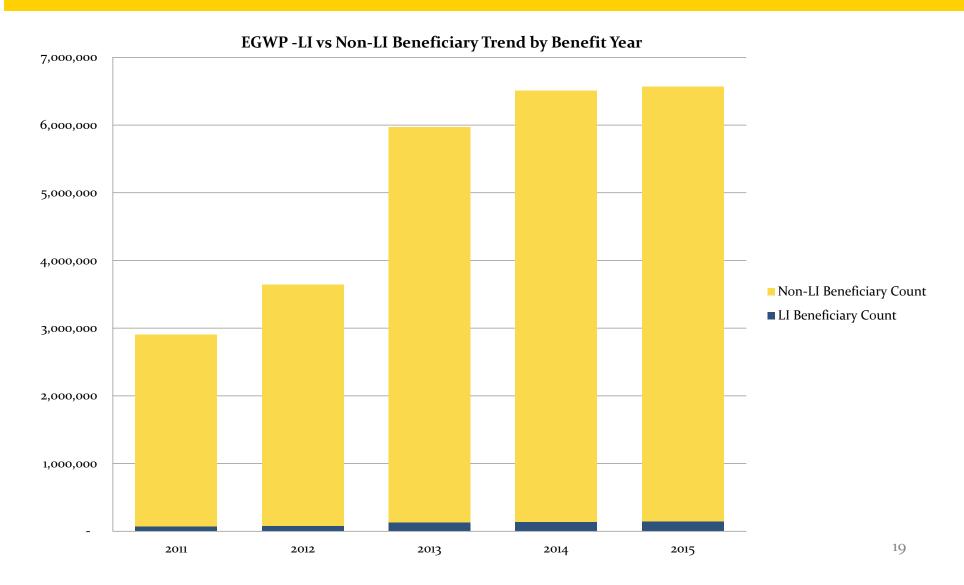


# Non-Low Income (LI) Beneficiaries in Defined Standard Plan

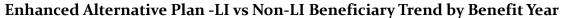
#### Defined Standard Benefit Plan - LI vs Non-LI Beneficiary Trend by Year Counts Based on Part D Utilization

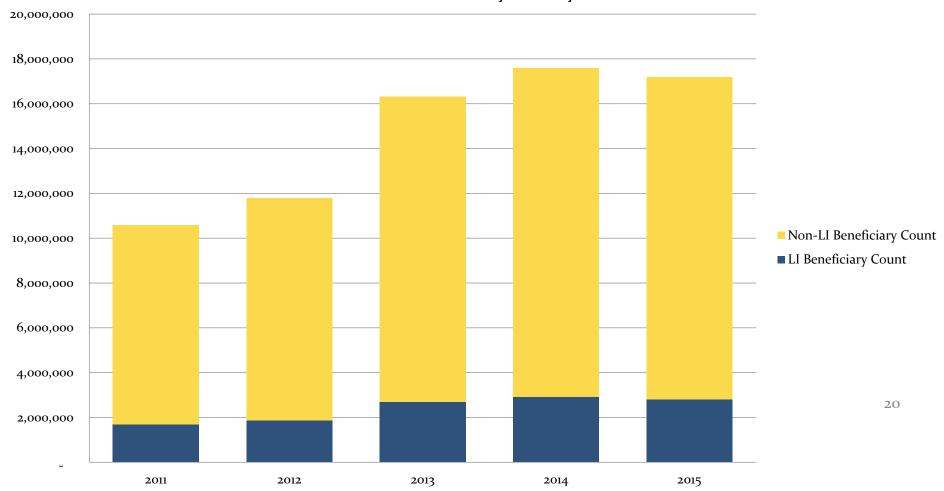


### Non- LI Beneficiaries in Employer Group Waiver Plans



#### Non-LI Beneficiaries in Enhanced Alternative Plans





# Retiree Drug Subsidy (RDS) Program Statistics

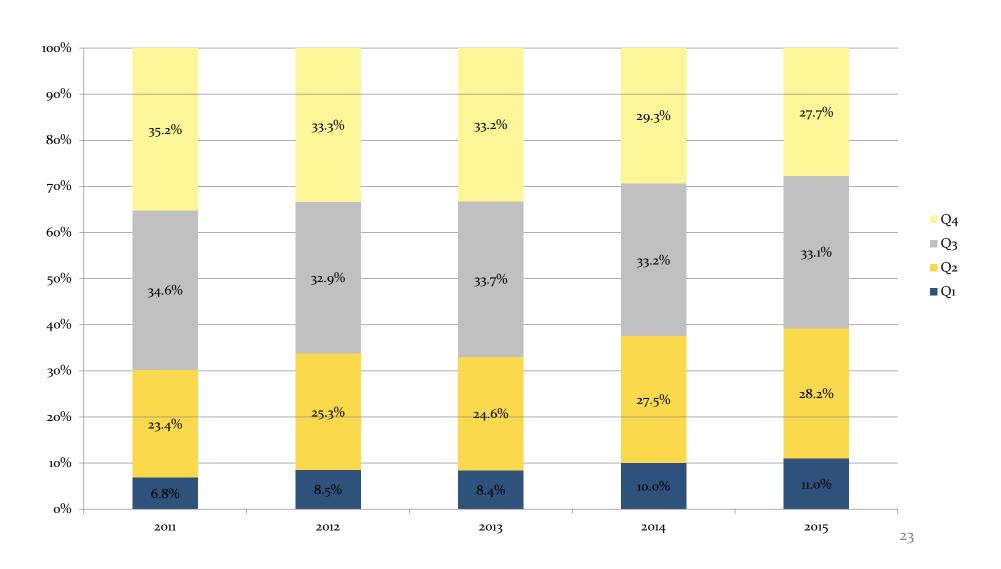
 Section 186oD-22 of the Social Security Act describes the Retiree Drug Subsidy Program

Year	Beneficiaries	Sponsors
2006	7,854,930	4,220
2007	7,676,994	3,978
2008	7,478,720	3,576
2009	7,263,096	3,551
2010	7,316,951	3,486
2011	6,918,581	3,347
2012	6,217,640	3,083
2013	4,161,090	2,851
2014	3,039,813	2,533

#### 2014 RDS Program Participants

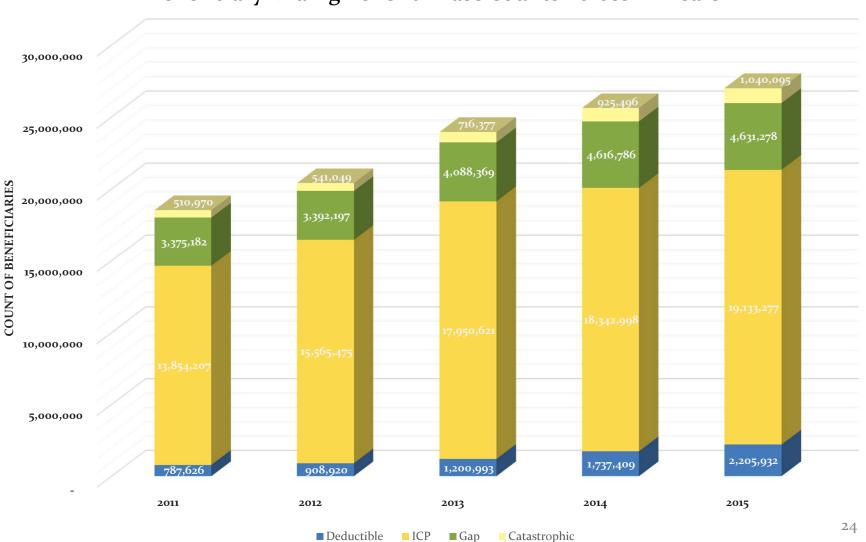
- Approximately 30% of sponsors have <100 beneficiaries</li>
- Just over 80% of sponsors have less than 1,000 beneficiaries
- 1 sponsor has over 100,000 beneficiaries

## Quarter non-LI Beneficiaries Enter the Coverage Gap

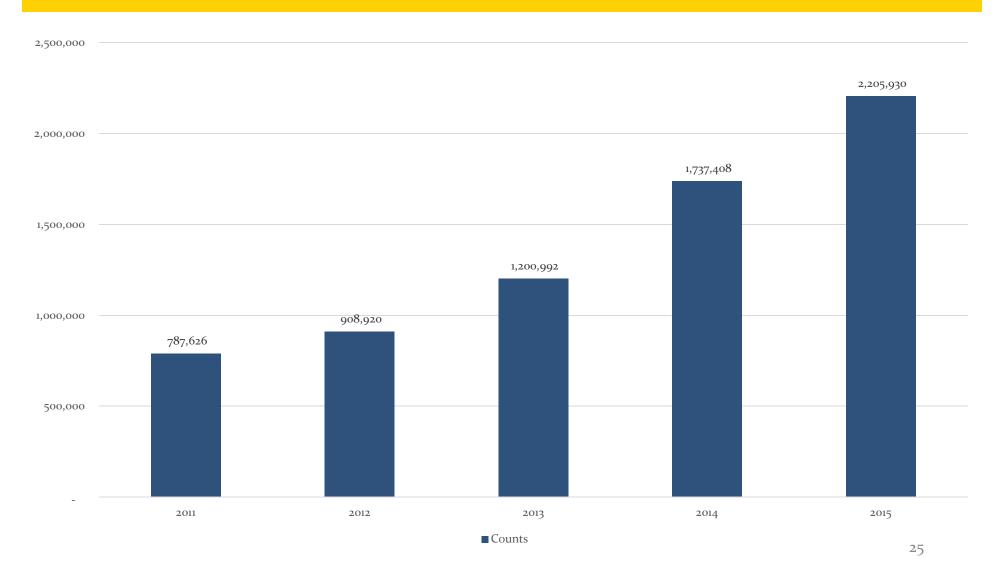


#### Non-LI Beneficiary Ending Benefit Phase Counts Across All Years

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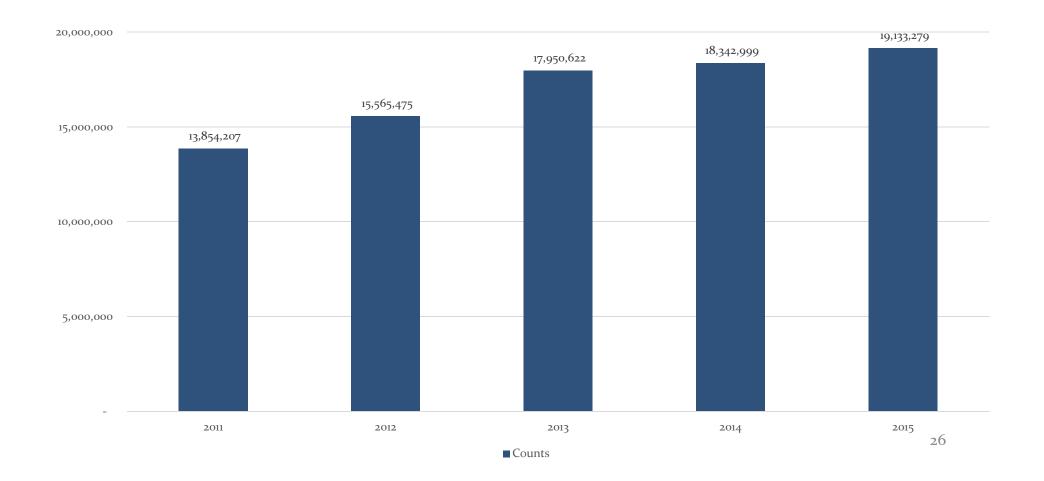


## Non-LI Beneficiary Counts Ending in the Deductible Phase

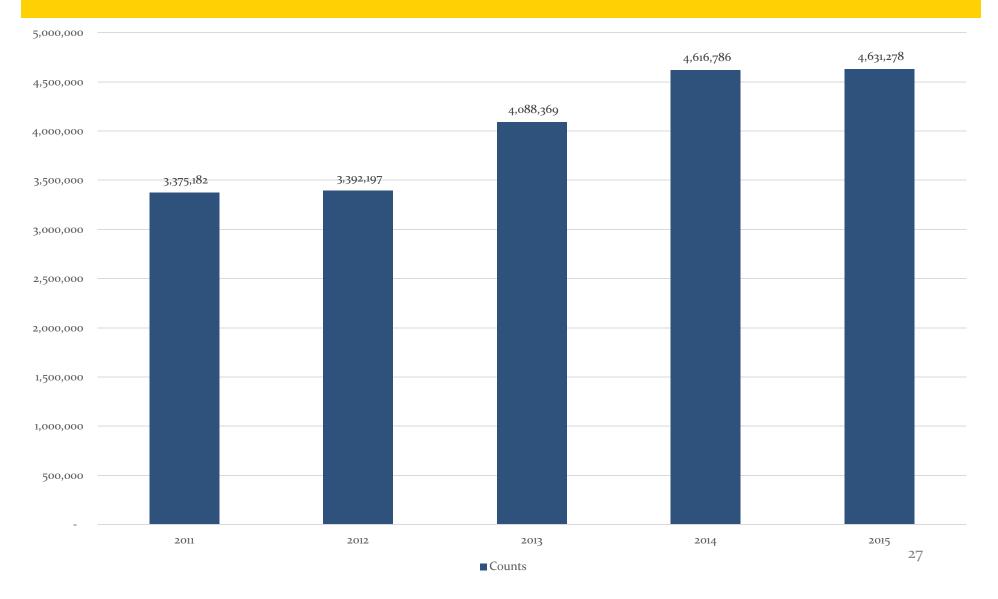


# Non-LI Beneficiary Counts Ending in the Initial Coverage Phase

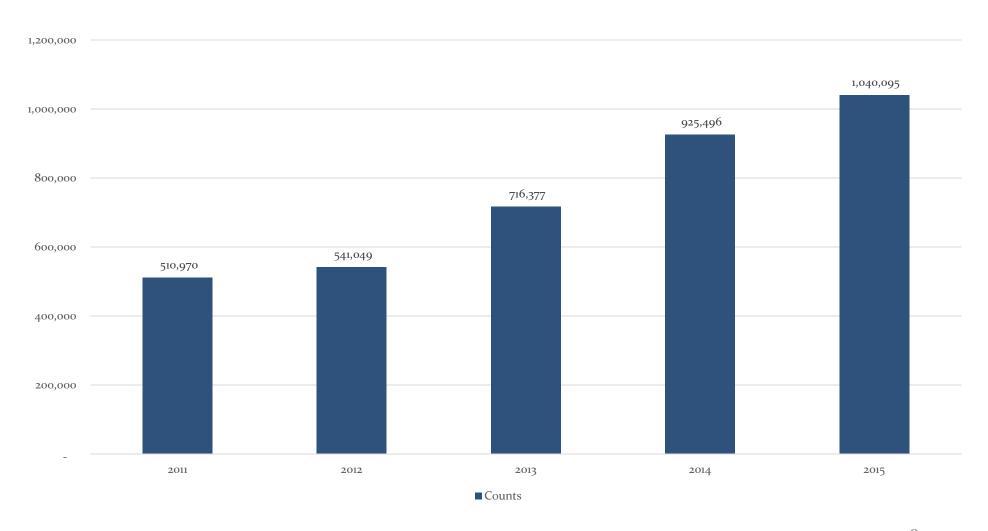
25,000,000



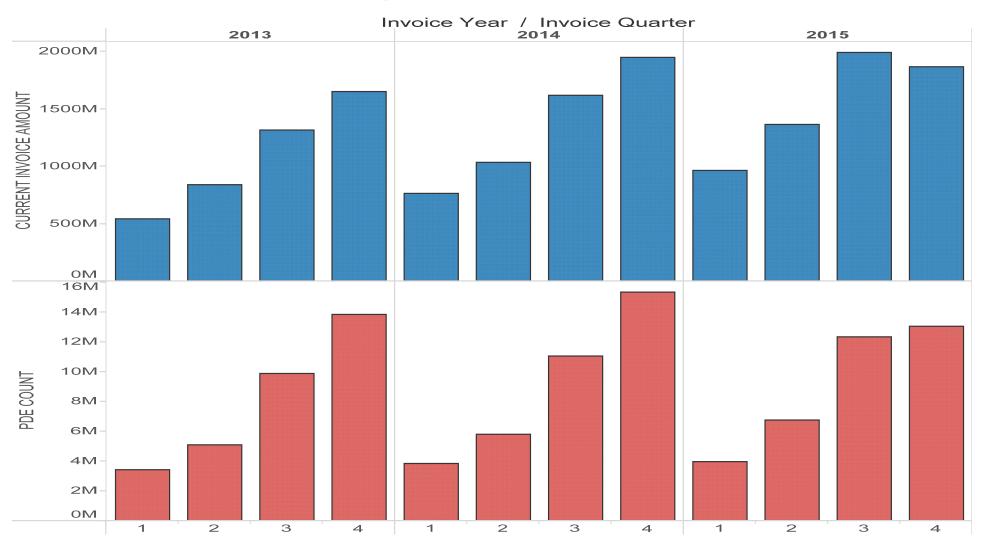
### Non- LI Beneficiary Counts Ending in the Gap Phase



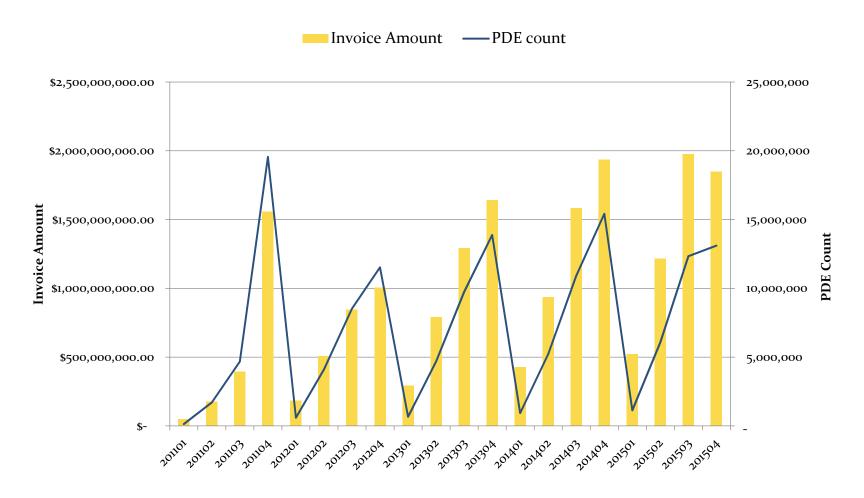
### Non-LI Beneficiary Counts Ending in the Catastrophic Phase



# Invoice Amounts and PDE Counts by Quarter

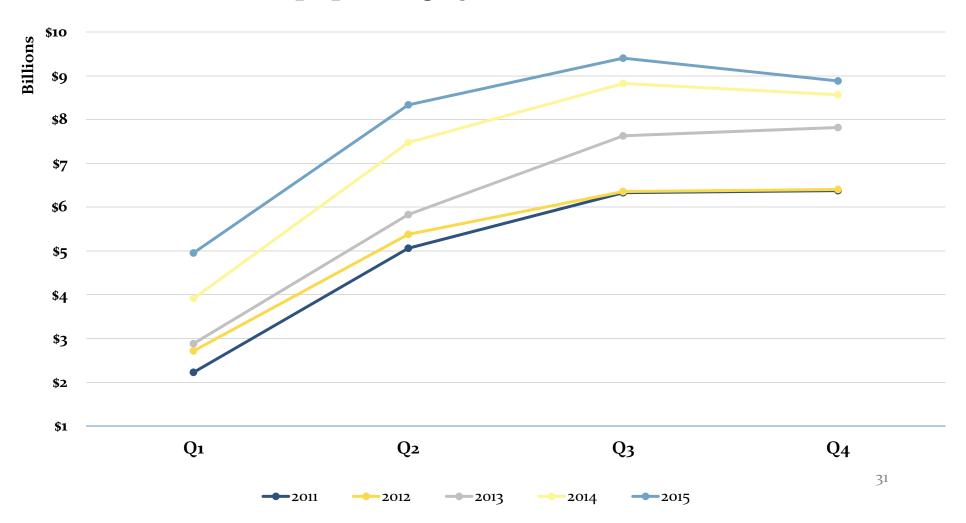


# Invoice Amount and PDE Count Trending by Quarter

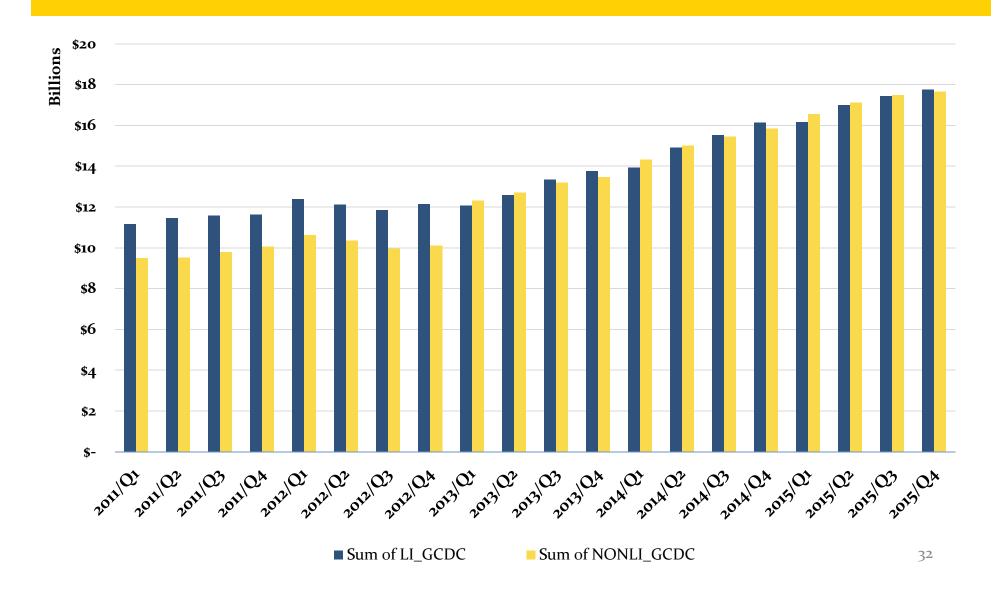


# Drug Costs in the Coverage Gap by Calendar Year and Quarter

#### Total Gap Spending by Benefit Year/Quarter

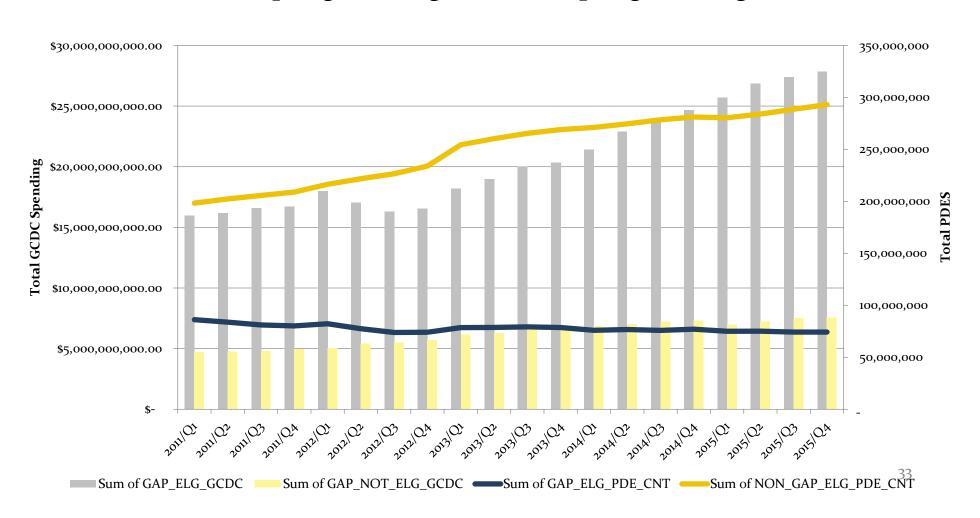


# Total GCDC Spending by Quarter for LI vs Non-LI Beneficiaries



# Gap Eligible Drugs vs Non-Gap Eligible Drugs

#### Gap Eligible Drugs vs. Non-Gap Eligible Drugs



### **CGDP Data Analysis Summary**

- Medicare Part D enrollment continues to grow
- Significant RDS program enrollment decreased from 2012 to 2013 contributing to increased EGWP participation
- Number of PDEs per beneficiary continues to decrease
- Average Coverage Gap discount amount per beneficiary and average invoice amount per PDE is increasing
- Beneficiaries are entering the Gap earlier and more beneficiaries are entering the Gap

### Contacting the TPA

- TPA website <a href="http://tpadministrator.com">http://tpadministrator.com</a>
- Phone:
  - Help Line: 1-877-534-2772 Option 1
  - Hours: Monday thru Friday 8am to 7pm ET
- General email inquiries regarding the invoicing and payment process should be sent to <a href="mailto:tpaoperations@tpadministrator.com">tpaoperations@tpadministrator.com</a>
- Webinar slides will be posted to the TPA website

## December 2016 Webinar

Q & A