Complete Medicare Part D Notice and Subsidy Recovery Services

Medicare Part D offers many employers and unions significant cash incentives for continuing to provide prescription drug coverage to their retirees. To receive Retiree Drug Subsidy (RDS) payments, eligible groups must comply with a series of complex policies and administrative rules which require abundant time and skills.

Part D Advisors, Inc. is dedicated exclusively to providing virtually all required services to receive the tax-free 28% subsidies. We were founded in 2005 by specialists in data management, pharmacy benefits, health care consulting and federal health regulations.

Clients such as private employers, municipalities, Taft-Hartley health funds, third party administrators and pharmacy benefit managers rely on Part D Advisors to:

- Fulfill Part D Participant Notice Requirements (including mailing)
- Prepare Federal Subsidy Applications for Filing with CMS
- Provide Actuarial Equivalency Attestations as Required for Federal Subsidy
- Satisfy Ongoing Federal Reporting Requirements (including monthly file updates)
- Electronically Respond to CMS on Rejected Subsidy Applications
- Prepare and Submit Monthly Subsidy Payment Requests to CMS
- Electronically Respond to CMS on Rejected Subsidy Payment Requests
- Provide Full Customer Service Team for Inquiries from Retirees regarding Notices
- Counsel Health Funds to Maximize Federal Subsidy Opportunities

Part D Advisors is ready to help handle your whole subsidy process or just specific administrative tasks. We can help increase your subsidy recovery payments.

Part D Subsidies.
That's All We Do.

(888) 447-2783

Scope of Services

1. **Complete initial application and renewal steps**
2. **PBM/vendor coordination**
3. **Account Manager functions**
4. **Actuarial attestation**
5. **Payment set-up and Verification Forms**
6. **Creditable Coverage Notices (“CCN”)**
7. **CMS annual disclosure requirements for CCN**
8. **Management of claims and eligibility files**
9. **Drug filter processing**
10. **Cost reporter functions**
11. **Payment requester functions**
12. **Monitor EFT transactions**
13. **Identification of Retired Medicare Eligible Individuals (“RMEIs”)**
14. **Member file uploads and updates**
15. **Research for missing member data and rejections**
16. **Work with RDS call center for problem resolution**
17. **File extensions and/or appeals as needed**
18. **Gathering of rebate and price concessions data**
19. **Complete annual reconciliation – 12 step process**
20. **Consult for audits (if required)**
21. **Provide record retention for 6 years**
22. **Monitor of RDS requirements and announcements**
23. **Consultation of plan design for maximizing revenue**

- **Satisfying Creditable Coverage Notice requirements under Medicare Part D.**
- **Preparing Medicare Part D subsidy application(s) including:**
  - Assessing drug coverage funding and relevant “Benefit Options” (“BO”). Part D Advisors (“PDA”) will determine the Plan Sponsor contribution amounts and RMEIs’ contribution amounts that are applicable for federal subsidy purposes.
  - Assisting in selecting an individual within the organization who will be the Authorized Representative.
  - Assisting the Authorized Representative to register at the CMS RDS web site, obtain a logon ID and establish an electronic signature.
  - Serving as the Account Manager for the Subsidy Application, performing the following tasks within the Retiree Drug Subsidy secure web site maintained by CMS:
    - Obtain unique Plan Sponsor ID number for each Group Health Plan (“GHP”)
    - Obtain unique application ID number for each GHP
    - Identify the Authorized Representative for each GHP

- Register the dedicated e-mail addresses for CMS communications
- Live-time assistance for the Authorized Representative in signing onto the RDS web site.
- Complete all portions of the Application Form (other than signature), including General Contact Information, Qualified Basic Plan Information, Actuary Assignment, Electronic Fund Transfer, Payment Frequency arrangements, Retiree List Submission with 12 fields of formatted demographic and other information for each RMEI.

- Providing electronic actuarial attestation via PDA's actuary (or the Plan Sponsor's actuary, with the consent of PDA).
- Assisting the Authorized Representative with electronic signature of the Subsidy Application.

Receiving and electronically responding to any CMS partial or complete rejections of the Subsidy Application within the required 15-day period.

Electronically updating the RMEI file on an ongoing basis (monthly, in order to maximize cash flow), including during Subsidy Payment process, using the CMS format.

Preparing and filing monthly (or other periodic) Subsidy Payment Requests, which entail the following tasks:

- Collecting prior months' eligibility file and claim file from the pharmacy benefit manager(s).
- Identifying and adjusting for non-Part D drugs.
- Calculating the subsidy amount for each RMEI.
- Aggregating the individual RMEI subsidy calculations.
- Electronically submitting cost data for all of the qualifying RMEI's in each BO (multiple submissions if multiple BO's), including:
  - Aggregate gross retiree costs (drug only) for the previous month
  - Aggregate threshold reduction ($250 – 2006, $265 – 2007, $275 – 2008 & $295 – 2009)
  - Aggregate limit reduction ($5,000 – 2006, $5,350 – 2007, $5,600 – 2008 & $6,000 – 2009)
  - Estimated cost adjustments (e.g., drug rebate payments from manufacturers)
  - Reconciling any changes for the previous months' payment requests.
- Providing electronic confirmation to CMS that cost data is to be included in the subsidy payment request.
- Reviewing any and all subsidy payment rejections and making any appropriate appeals.

- Electronically submitting subsidy payment request on behalf of the Plan Sponsor.
- Confirming receipt of EFT deposit in the Plan Sponsor's bank account.
- Responding to questions, demands or denials issued by CMS which may include:
  - Filing a 15-day appeal of a denied subsidy payment
  - Requesting a hearing within 15 days of a denied appeal
  - Requesting a reopening of a denial

Performing annual subsidy reconciliation as required by CMS within 15 months after the end of the plan year. This task includes the electronic filing of the following data for each RMEI for each month: *(Note: There is no alternative annual reconciliation reporting mechanism for insured group health plans.)*

- Subsidy application number
- Unique benefit option identifier applicable to that RMEI for that month
- RMEI Social Security Number or appropriate identifier
- Amount of drug costs incurred each month during the plan year
- RMEI's name, date of birth, and gender
- 12 months' gross retiree costs, threshold reduction, limit reduction, and actual cost adjustments
- Date and time of data file creation

Responding to any questions, demands or denials issued by CMS in connection with annual subsidy reconciliation. These responses may include:

- Filing a 15-day Appeal of a denied Subsidy payment
- Requesting a hearing within 15 days of a denied Appeal

Managing and coordinating all levels of the appeals process

Complete annual subsidy reconciliation – 12 step process

Providing Plan Sponsor with data and information necessary to assist in the event the Plan Sponsor is selected by CMS for audit during the six-year period following receipt of a subsidy payment.

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