



OFFICE OF COMMUNICATIONS

DATE: August 8, 2024

TO: All Medicare Advantage, Medicare Prescription Drug Plan, PACE, Cost, and Medicare-Medicaid Plan Organizations

FROM: Erin Pressley
Director, Office of Communications, Creative Services Group

SUBJECT: Contract Year (CY) 2025 “Medicare & You” Handbook - Plan Data Preview

As in past years, CMS is offering your organization an opportunity to preview how your plan data will appear in the CY 2025 “Medicare & You” handbook. This year, the preview period will be **Thursday, August 8 through Monday, August 12 (6:00 p.m., EDT)**. Please review your data as early as possible during the preview period to ensure any updates you have are reflected in the handbook and other Medicare materials in a timely manner.

It’s critical that you preview your data for accuracy. This data will appear in the following places:

- The “Medicare & You” handbook
- Letters and notices mailed to people with Medicare who are eligible for a low-income subsidy (LIS)
- A variety of other materials and resources

You should carefully check all of the following for accuracy, including spelling, punctuation, and capitalization:

- Organization marketing names
- Organization and plan website addresses (**Don’t include the “http://” preface in your URL; include ONLY ONE website address for each organization and plan.**)
- Plan names
- Plan geographic or segment geographic names (**Add spaces between geographic names and abbreviations to ensure proper formatting. Without these spaces, words may be cut in half when the text wraps around to the next line.**)
- Customer service phone numbers

Incorrect data is confusing to consumers and time consuming for customer service representatives. CMS isn’t responsible for misspellings and typos that you don’t correct during the preview period.

Review the following information carefully in preparation for your preview.

For each state/area-specific handbook, there will be five sections of plan data. All organizations and plans are listed alphabetically within the data.

- Medicare Prescription Drug Plans
- Medicare Advantage and other Health Plans (including Medicare Medical Savings Account Plans)
- Medicare Special Needs Plans (SNPs)
- Medicare-Medicaid Plans (MMPs)
- Medicare Program of All-Inclusive Care for the Elderly (PACE) Plans

Medicare Prescription Drug Plans

In the “Medicare Prescription Drug Plans” section, you’ll see the following information about your organizations/plans:

- Organization Marketing Name (as you describe it in the Health Plan Management System, or HPMS)
- Plan Name (as you describe it in HPMS)
- Prospective Member Customer Service Phone Number – Part D (as you enter it in HPMS)
- Organization Website Address (as you enter it in HPMS)
- The member rating of the plan from the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey, if available, presented as a percentage (for the initial release of the handbook)
- Monthly Premium (appearing as blue if the plan is an auto-assign plan or as black if the plan is not an auto-assign plan)
- Annual Deductible (as you defined it in the PBP). The language will display as:
 - \$X for all drugs
 - \$X some drugs; call plan
 - Drugs not covered
 - \$0 will display if a plan answers “yes” and enters \$0 or blank in the PBP for “Do you have a deductible?” or if a plan answers “no” to “Do you have a deductible?”
- Amount You Pay for Each Prescription (this cost-sharing range includes copays/coinsurances for a 1-month supply of Part D drugs during the Pre-ICL)

Medicare Advantage and other Health Plans (including Cost Plans and Medicare Medical Savings Accounts)

In the “Medicare Advantage and other Health Plans” section, you’ll see the same information about your organizations/plans (for all except Medicare Medical Savings Account Plans) as described above, with the following differences:

- Organization Marketing Name (as you describe it in HPMS)
- Plan Name (as you describe it in HPMS)
- Plan Type (as defined in HPMS)
- Annual Deductible (as you defined it in the PBP)
- Plan Service Area (as you describe it in the plan geographic name field in HPMS)
- Prospective Member Customer Service Phone Number (as you enter it in HPMS)
- Plan Website Address, if available and less than 50 characters, or Organization Website Address (as you enter it in HPMS)

- The member rating of the plan from the CAHPS survey, if available, presented as a percentage (for the initial release of the handbook)
- Monthly Premium (a combination of your Part C & D premiums)
- Out-of-Pocket Limits (amounts for combined, in-network and/or out-of-network, and non-network limits, as applicable)
- Primary Care Visit (a range of copay/coinsurance amounts, one for in-network and one for out-of-network, or one combined with no distinction)
- Specialist Visit (a range of copay/coinsurance amounts, one for in-network and one for out-of-network, or one combined with no distinction)
- Chemo Drugs (a range of copay/coinsurance amounts, one for in-network and one for out-of-network, or one combined with no distinction)
- Other Part B Drugs (a range of copay/coinsurance amounts, one for in-network and one for out-of-network, or one combined with no distinction)
- Home Health Care (a range of copay/coinsurance amounts, one for in-network and one for out-of-network, or one combined with no distinction)
- DME (a range of copay/coinsurance amounts, one for in-network and one for out-of-network, or one combined with no distinction)
- Offers Extra Benefits, “Yes” or “No.”

In the “Medicare Medical Savings Account Plans” listings, you’ll see the following information about your organizations/plans:

- Organization Marketing Name (as you describe it in HPMS)
- Plan Name (as you describe it in HPMS)
- Plan Type (as defined in HPMS)
- Prospective Member Customer Service Phone Number (as you enter it in HPMS)
- Organization Website Address (as you enter it in HPMS)
- The member rating of the plan from the CAHPS survey, if available, presented as a percentage (for the initial release of the handbook)
- Plan Service Area (as you describe it in the plan geographic name field in HPMS)
- Annual Deductible (as you defined it in the PBP)
- Annual Deposit (as you defined it in the PBP)
- Cost-Sharing After Deductible (For MSA plans, this will always be \$0)
- Out-of-Pocket Maximum (For MSA plans, it will read “Call plan for details”)

Medicare Special Needs Plans

In the “Medicare Special Needs Plans” section, you’ll see the following information about your Special Needs Plans offered by your organizations/plans:

- Organization Marketing Name (as you describe it in HPMS)
- Plan Name (as you describe it in HPMS)
- Prospective Member Customer Service Phone Number (as you enter it in HPMS)
- Organization Website Address (as you enter it in HPMS)
- The member rating of the plan from CAHPS, if available, presented as a percentage (for the initial release of the handbook)
- Plan Service Area (as you describe it in the plan geographic name field in HPMS)
- Special Rules for Enrolling (as defined by your plan SNP type). The language will read either:

- “Must have Medicare and Medicaid” (if Dual Eligible SNP)
- “Must live in an institution (like a nursing home) or require nursing care at home. Call plan for details.” (if Institutional SNP)
- “Must have certain chronic or disabling conditions” (if Chronic or Disabling Condition SNP)

Medicare-Medicaid Plans

NOTE: Medicare-Medicaid Plans in the following states will display in the September 2024 version of the Medicare & You Handbook: Illinois, Massachusetts, Michigan, New York, New York City, Northern California, Ohio, Rhode Island, South Carolina, Southern California, and Texas.

In the “Medicare-Medicaid Plans” section, you’ll see the following information about your organizations/plans:

- Organization Marketing Name (as you describe it in HPMS)
- Plan Name (as you describe it in HPMS)
- Prospective Member Customer Service Phone Number (as you enter it in HPMS)
- Organization Website Address (as you enter it in HPMS)
- The member rating of the plan from CAHPS, if available, presented as a percentage (for the initial release of the handbook)
- Plan Service Area (as you describe it in the plan geographic name field in HPMS)
- Special Rules for Enrolling. The language will read “Must have Medicare and Medicaid.”

PACE Plans

In the “PACE Plans” section, you’ll see the following information about your PACE plans offered by your organizations/plans:

- Organization Marketing Name (as you describe it in HPMS)
- Plan Name (as you describe it in HPMS)
- Prospective Member Customer Service Phone Number (as you enter it in HPMS)
- Organization Website Address (as you enter it in HPMS)
- Plan Service Area (as you describe it in the plan geographic name field in HPMS)
- Special Rules for Enrolling. The language will read “Must be certified as needing nursing home level of care.”

Here’s how you can preview your plan information:

During the preview period, visit the **Handbook Preview** site using the following navigation path: **Plan Bids > Plan Data Previews > Handbook Preview > Contract Year 2025.**

There, you can select your plan(s) to make sure the above information is correct for each. Plans are arranged by state. Select the green check mark icon if all information is correct. If something isn’t correct, select the red “Add Comment” icon and provide comments.

IMPORTANT NOTE: Because of the number of columns needed to replicate the handbook content, the plan preview page may contain horizontal scrolling. To minimize this issue and

ensure easy access to the “Actions” column, we recommend collapsing the left navigation menu. See **Figure 1** below.

Figure 1



Use the following navigation path to update your **Plan Level Website Address**: Plan Bids > Bid Submission > CY2025 > Manage Plans > Edit Marketing Data > Select Contract Number > Update Plan Marketing Data. From this page, complete the field “Marketing Website Address.” If you don’t have a plan level website, leave this field blank and the 2025 Handbook will reflect your organization website address.

Use the following navigation path to update your **Organization Marketing Name** and/or your **Organization Website Address**: Contract Management > Basic Contract Management > Select Contract Number > Org. Marketing Data (under the General Information header)

Use the following navigation path to update your **Plan Names and Plan/Segment Geographic Names**: Plan Bids > Bid Submission > CY2025 > Manage Plans > Edit Marketing Data.

Use the following navigation path to update your **Plan Customer Service Phone Numbers**: Plan Bids > Bid Submission > CY2025 > Manage Plans > Edit Contact Data.

Again, review your data as early as possible during the preview period. Making changes early in the process will help ensure we reflect any updates to your plan data in our Medicare materials.

IMPORTANT NOTE: Any updates you make in HPMS after the plan preview has begun will be reflected in the HPMS Handbook Preview screens. Any changes made in the PBP after the Plan Preview has begun won’t be reflected in the Plan Preview screens.

If you need technical assistance, contact the HPMS Help Desk at either 1-800-220-2028 or hpms@cms.hhs.gov. You may also contact Erica Scott at erica.scott@cms.hhs.gov. For all CAHPS data issues, contact the CAHPS Mailbox at MP-CAHPS@cms.hhs.gov.

Thank you for your participation.