

**SPAP/ADAP Attestation Quick  
Reference Guide:**

**How to Manage and Submit  
SPAP/ADAP Attestations**

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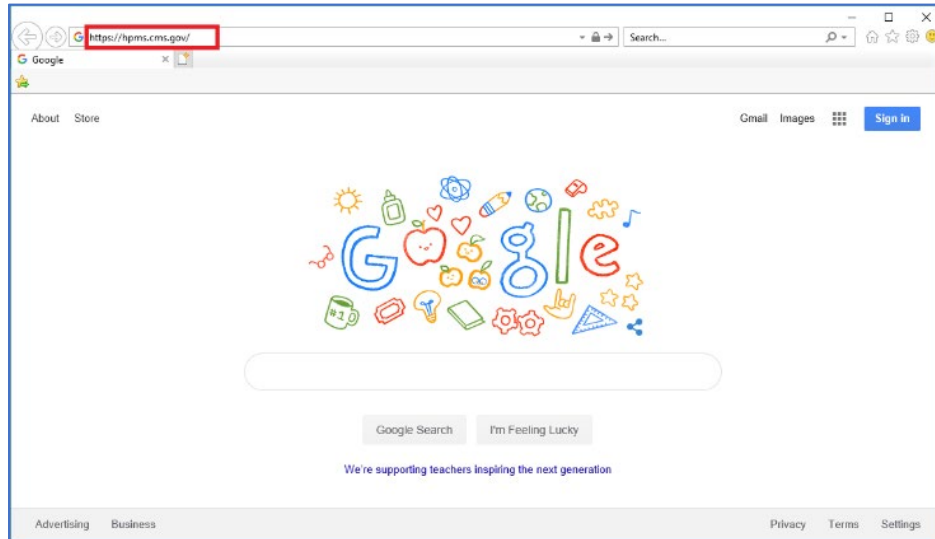
## INTRODUCTION

State users will use the Health Plan Management System (HPMS) of the Centers for Medicare & Medicaid Services (CMS) to submit their attestations for State Pharmaceutical Assistance Programs (SPAPs) and AIDS Drug Assistance Programs (ADAPs). The SPAP/ADAP module in the HPMS enables users to manage program attestation data; upload supporting documents as needed; certify and attest to the conditions of the program; review, update, and electronically sign the attestation; and view reports.

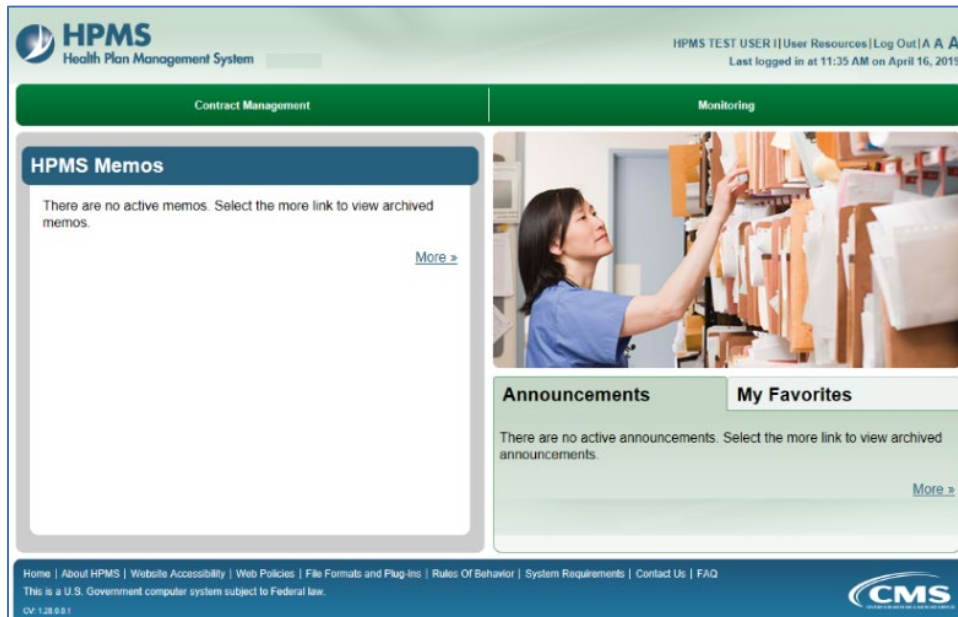
**NOTE:** For initial SPAP/ADAP attestation submissions, only state users who have been assigned the HPMS access to electronically sign and submit attestations may submit the attestations.

# GETTING STARTED: HOW TO ACCESS THE SPAP/ADAP START PAGE

1. Launch a web browser and enter <https://hpms.cms.gov> in the address bar to advance to the HPMS Home page.

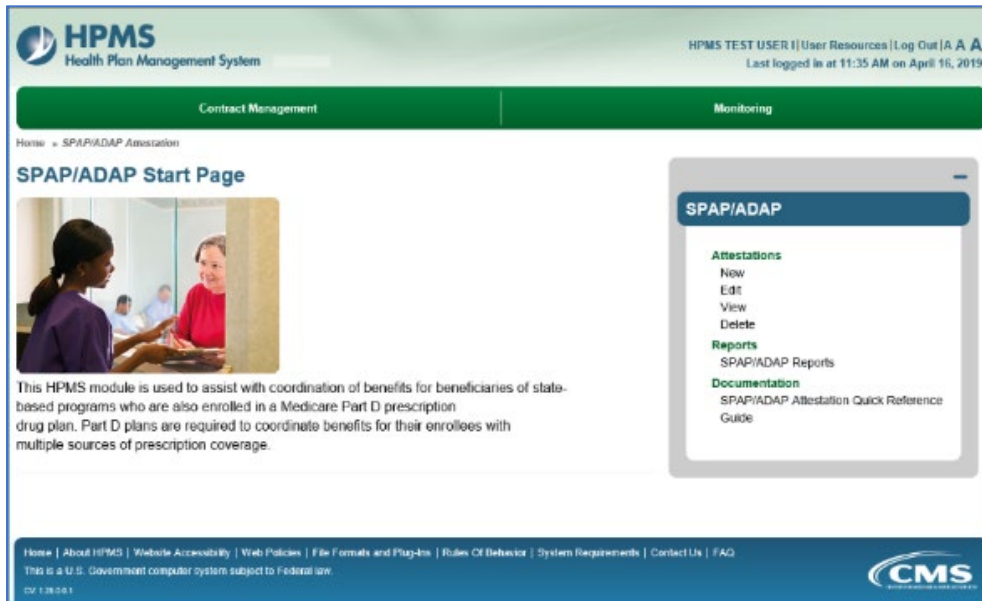


2. On the **HPMS Home Page**, select **Contract Management** in the top navigation bar. Then, click **SPAP/ADAP Attestation** in the flyout menu.



The **SPAP/ADAP Start Page** displays.

**NOTE:** To access a page directly from the **HPMS Home Page** in future, click the **Add to My Favorites** link in the top right of the page the user wishes to access. On the **HPMS Home Page**, click the **My Favorites** tab to access the Favorite.



3. To expand/contract the SPAP/ADAP menu, click the right-hand **SPAP/ADAP** menu bar. Expanding the menu enables the user to access all links from any **SPAP/ADAP** page.

# HOW TO ENTER DATA FOR AN INITIAL ADAP OR SPAP ATTESTATION

1. On the **SPAP/ADAP Start Page**, click **New** in the menu.
2. On the **Enter New Attestation** program-type selection page, select ADAP or SPAP, and click **Next**.

**NOTE:** The sample screenshots below show ADAP data entry fields, but the data-entry process is the same for ADAP and SPAP.

The screenshot displays the HPMS (Health Plan Management System) interface for entering a new attestation. The page title is "Enter New Attestation" and it includes a breadcrumb trail: "Home > SPAP/ADAP Attestation > New". A navigation bar at the top has "Contract Management" and "Monitoring" tabs. A "SPAP/ADAP" button with a plus sign is visible. The main content area features a note: "An asterisk (\*) indicates a required field." Below this is a form field labeled "\*Program Type" with a dropdown menu showing "Select One". At the bottom of the form area are "Back" and "Next" buttons. The footer contains a navigation menu with links like "Home", "About HPMS", "Website Accessibility", "Web Policies", "File Formats and Plug-ins", "Rules Of Behavior", "System Requirements", "Contact Us", and "FAQ". The CMS logo is also present in the footer.

3. On the **Program Information** page, enter the applicable data.
  - The highlighted tab at the top of a data-entry page identifies the page the user is on.
  - On all data-entry pages, required fields are marked with an asterisk (\*).

**HPMS**  
Health Plan Management System

HPMS TEST USER | User Resources | Log Out | A A A  
Last logged in at 11:23 AM on April 29, 2019

Contract Management | Monitoring

Home » SPAP/ADAP Attestation » SPAP/ADAP Attestation Program Information

**Enter New Attestation** SPAP/ADAP +

**Program Information** | Contact | Eligibility | Enrollment | Attach Documents | Assurances

An asterisk (\*) indicates a required field.

**Program Details**

Program Type: ADAP  
Program State: California  
Group ID:

\*Does your program have a BIN?  
 **Yes, please provide:**

\*BIN:  \*PCN:  Effective Start Date:  Effective End Date:

BIN:  PCN:  Effective Start Date:  Effective End Date:

BIN:  PCN:  Effective Start Date:  Effective End Date:

**No**

\*Program Name:

Program Website:

\*Do you currently have a Data Sharing Agreement (DSA) in place?  
 **Yes, please provide your DSA Plan ID:**   
 **No/Unsure**

**Contact Information for beneficiary inquiries:**

Title:  \*First Name:  \*Last Name:

\*Phone:  Ext:  Fax:


Alternate Phone:  \*Email:

\*Address:

Address2:

\*City:  \*State:  \*Zip Code:

URL:

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### User Tips:

- Click **Save & Next** to save data and advance to the next data-entry page.
- Click **Save** to save data and refresh the page to display a Note confirming data has been saved and providing the Attestation Number.
  - The user can exit the HPMS and return later to complete data entry.
  - To resume data entry, refer to “How to Edit Attestation Data” in this guide.

HPMS Health Plan Management System

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Contract Management Monitoring

Home » SPAP/ADAP Attestation » SPAP/ADAP Attestation Program Information

Enter New Attestation SPAP/ADAP +

Note(s):

- Program Information saved for ADAP 2020 Example Program (10093)

- After entering data, click **Save & Next**. Required data must be entered before saving.
- On the **Contact** page, the Attestation Number displays. Note it down for future reference.
  - If data fields are populated:** A state user from the same state has already entered the contact data. This contact data applies for all SPAP/ADAP programs in that state. Users can update the data on this page.
  - If data fields are blank:** Enter data.

HPMS Health Plan Management System

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Contract Management Monitoring

Home » SPAP/ADAP Attestation » SPAP/ADAP Attestation Contact Information

Enter New Attestation SPAP/ADAP +

Note(s):

- Contact Information saved.

Program Information **Contact** Eligibility Enrollment Attach Documents Assurances

Program 10093 - ADAP 2020 Example Program

An asterisk (\*) indicates a required field.  
This contact information collected below will apply to every program within your state. This contact info will be used by CMS to contact your program in the event of questions. It will not be shared publicly or with beneficiaries.

Program Agency Contact Information (DSA Administrative Contact)

Title:  \*First Name:  \*Last Name:   
\*Phone:  Ext:   
\*Email:   
\*Address:   
Address2:   
\*City:  \*State:  \*Zip Code:

Program Processor Contact Information (DSA Technical Contact)

Title:  \*First Name:  \*Last Name:   
\*Phone:  Ext:   
\*Email:   
\*Address:   
Address2:   
\*City:  \*State:  \*Zip Code:

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CMS

- After entering/reviewing/updating data, click **Save & Next**.
- On the **Eligibility** page, enter the applicable data.

**NOTE:** On this and subsequent pages, some fields become enabled/disabled based on user selections.
- If entering an ADAP, users must select “Yes” for the “Is SPAP/ADAP eligibility disease/condition dependent?” question and must click the related “HIV/AIDs” checkbox.



9. To access the *Medicare & You* Handbook, click the **LIS** link mid-page.

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Health Plan Management System

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Contract Management | Monitoring

Home » SPAP/ADAP Attestation » SPAP/ADAP Attestation Eligibility Information

**Edit Attestation** **SPAP/ADAP**

Program Information | Contact | **Eligibility** | Enrollment | Attach Documents | Assurances

Program 10093 - ADAP 2020 Example Program

An asterisk (\*) indicates a required field.

\*Is SPAP/ADAP eligibility determined by Income?  
 Yes, specify maximum qualifying level   
 No

\*Is SPAP/ADAP eligibility based on Asset threshold?  
 Yes, specify maximum qualifying level   
 No

\*Is SPAP/ADAP eligibility disease/condition dependent?  
 Yes, check all that apply  HIV/AIDS  Other (please specify)   
 No

\*Is SPAP/ADAP eligibility determined by Age?  
 Yes, enter age range   
 No

\*Is SPAP/ADAP eligibility conditioned upon LIS application?  
 Yes  
 No

\*For Medicare eligible beneficiaries, is SPAP/ADAP eligibility conditioned upon Part D enrollment?  
 Yes  
 No

\*Is SPAP/ADAP eligibility conditioned upon employment status?  
 Yes  
 No

\*Is SPAP/ADAP eligibility determined by other factors?  
 Yes, please specify   
 No

\*Does the SPAP/ADAP processor allow for online point of sale pharmacy claims?  
 Yes  
 No

\*Are there a limited number of participating pharmacies on the SPAP/ADAP pharmacy network?  
 Yes, please specify   
 No

Back Save Save & Next

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10. After entering data, click **Save & Next**.
11. On the **Enrollment** page, enter data.
12. A user who selects “Non-random assignment” for the state’s enrollment/assignment process will be required to attach an Algorithm document on the **Attach Documents** tab.

HPMS Health Plan Management System

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Contract Management Monitoring

Home » SPAP/ADAP Attestation » SPAP/ADAP Attestation Enrollment Information

Edit Attestation SPAP/ADAP +

Program Information Contact Eligibility **Enrollment** Attach Documents Assurances

Program 10093 - ADAP 2020 Example Program

An asterisk (\*) indicates a required field.

\*Can the state enroll on behalf of your members as their authorized representative under state law?  
 Yes  
 No

Provide the state's enrollment/assignment process:

**Random assignment. State enrolls members (spouses or member of the same household) randomly among:**  
 All plans in the state's region  
 Plans at or below your region's low-income benchmark premium

**Non-random assignment. State enrolls members, using a member's unique characteristics such as prescription drug utilization. Please attach a detailed description of the algorithm the state will use, including all of the steps you will use to arrive at the plan assignment.**  
*Please use the Attach Document tab to upload your Algorithm document.*

**Limit enrollment to particular plans based on established coordination criteria.**

Indicate when the state intends to enroll its members into Part D plans for the upcoming year.  
 Enrollment Date:

Back Save Save & Next

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CMS

13. After entering data, click **Save & Next**.

14. The **Attach Documents** summary page indicates whether the user is required to upload an Algorithm to support the attestation. To attach a file, click **Add**.

HPMS Health Plan Management System

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Contract Management Monitoring

Home » SPAP/ADAP Attestation » SPAP/ADAP Attestation Attachment Information

Edit Attestation SPAP/ADAP +

Program Information Contact Eligibility Enrollment **Attach Documents** Assurances

Program 10093 - ADAP 2020 Example Program

Add  
Delete

NOTE: Based upon data entry, you are not required to upload any document(s).

Back Save Save & Next

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CMS

15. On the **Attach Documents** page, do the following:

- Make a selection from the **Document Type** drop-down menu.
- Click **Browse** to locate the document to upload.
- Click **Upload**. If an error displays, correct the file and re-upload.

The screenshot shows the HPMS (Health Plan Management System) interface. At the top, there is a navigation bar with 'Contract Management' and 'Monitoring' tabs. Below this, the breadcrumb trail reads 'Home > SPAP/ADAP Attestation > SPAP/ADAP Attestation Attachment Information'. The main heading is 'Edit Attestation' with a 'SPAP/ADAP' button. A horizontal menu contains tabs for 'Program Information', 'Contact', 'Eligibility', 'Enrollment', 'Attach Documents' (highlighted with a red box), and 'Assurances'. The page title is 'Program 10093 - ADAP 2020 Example Program'. Instructions for users are provided: 'Step 1: Select an option from the "Document Type" dropdown field to indicate the attachment type.', 'Step 2: Select the "Browse" button to locate the file.', and 'Step 3: Select the "Upload" button to upload the document'. A list of accepted file types is shown: DOC (Word Documents), DOCX (Word Documents 2007 or greater), PDF (Adobe PDF Files), TXT (ASCII Text Files), XLSX (Excel Spreadsheets 2007 or greater), and ZIP (WinZip Files). A note states: 'NOTE: Based upon data entry, you are required to upload Algorithm document(s)'. The form includes a 'Document Type' dropdown menu set to 'Select One', a 'Select File for Upload:' section with a 'Browse...' button, an 'Upload' button, and a footer with 'Back', 'Save', and 'Save & Next' buttons. The footer also contains a navigation menu, a disclaimer, and the CMS logo.

16. After a successful upload, the user advances to the upload summary page, which displays details about the uploaded file.

If a file was uploaded in error, and the user wishes to re-upload, select the file to delete and click the **Delete** button.

17. After all files have been successfully uploaded, click **Save & Next**.

18. On the **Assurances** page, select all the checkboxes **except** for Data Sharing Agreement.
19. Click **Save & Next**.

20. On the **Confirm Attestation** page, review the data.
21. If applicable, enter additional information in the Additional Information textbox.
22. Click **Back** to make corrections or click **Confirm**.

**HPMS**  
Health Plan Management System

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Contract Management
Monitoring

Home » SPAP/ADAP Attestation » SPAP/ADAP Submit Attestation

SPAP/ADAP

+

### Confirm Updated Attestation

#### Program 10093 - ADAP 2020 Example Program

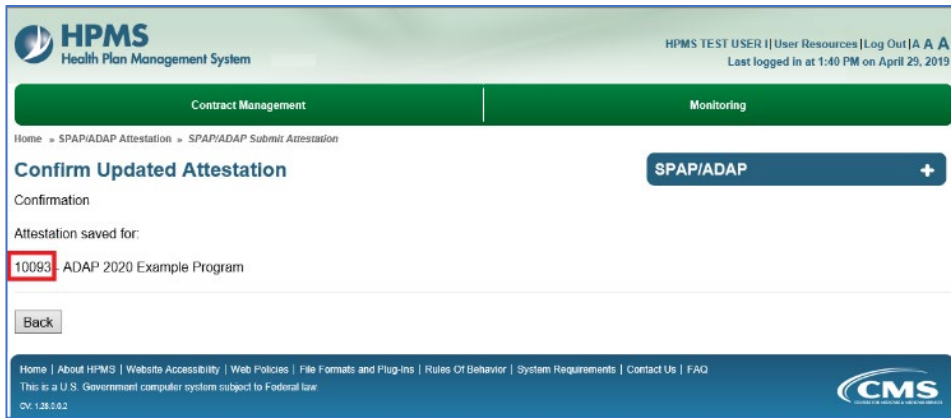
| Program Information                                                                                                                                                                                               |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                    |        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
| Program Details                                                                                                                                                                                                   |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                    |        |
| 10093 - ADAP 2020 Example Program                                                                                                                                                                                 | ADAP<br>Program Status: Open                                                                                                                                                                                                                             | Program State: CA                                                                                                                                                                                                                                                                                                  | Group: |
| Does your program have a BIN? No                                                                                                                                                                                  |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                    |        |
| Do you currently have a Data Sharing Agreement (DSA) in place? No/Unsure                                                                                                                                          |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                    |        |
| Contact Information                                                                                                                                                                                               |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                    |        |
| Beneficiary                                                                                                                                                                                                       | Agency                                                                                                                                                                                                                                                   | Processor                                                                                                                                                                                                                                                                                                          |        |
| Jim Doe<br>101 Main Street Downey, CA 90239<br>(562) 333-9898<br>jim.D@test.com                                                                                                                                   | Jone Doe<br>2525 Captain Ave Lakewood, CA 90711<br>(562) 888-2323<br>jone.D@test.com                                                                                                                                                                     | Jill Doe<br>2525 Captain Ave Lakewood, CA 90711<br>(562) 888-2323<br>jill.D@test.com                                                                                                                                                                                                                               |        |
| Eligibility                                                                                                                                                                                                       |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                    |        |
| Is SPAP/ADAP eligibility determined by Income?<br>No                                                                                                                                                              | Is SPAP/ADAP eligibility based on Asset threshold?<br>No                                                                                                                                                                                                 | Is SPAP/ADAP eligibility disease/condition dependent?<br>No                                                                                                                                                                                                                                                        |        |
| Is SPAP/ADAP eligibility determined by Age?<br>No                                                                                                                                                                 | Is SPAP/ADAP eligibility conditioned upon LIS application?<br>No                                                                                                                                                                                         | For Medicare eligible beneficiaries, is SPAP/ADAP eligibility conditioned upon Part D enrollment?<br>No                                                                                                                                                                                                            |        |
| Is SPAP/ADAP eligibility conditioned upon employment status?<br>No                                                                                                                                                | Is SPAP/ADAP eligibility determined by other factors?<br>No                                                                                                                                                                                              | Does the SPAP/ADAP processor allow for online point of sale pharmacy claims?<br>No                                                                                                                                                                                                                                 |        |
| Are there a limited number of participating pharmacies on the SPAP/ADAP pharmacy network?<br>No                                                                                                                   |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                    |        |
| Enrollment                                                                                                                                                                                                        |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                    |        |
| Can the state enroll on behalf of your members as their authorized representative under state law?<br>Yes                                                                                                         | Provide the state's enrollment/assignment process:<br>Non-Random                                                                                                                                                                                         | Part D Enrollment Date<br>06/03/2019                                                                                                                                                                                                                                                                               |        |
| Documents                                                                                                                                                                                                         |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                    |        |
| Algorithm Upload File:<br><a href="#">Example Upload File.txt</a>                                                                                                                                                 |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                    |        |
| Assurances                                                                                                                                                                                                        |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                    |        |
| I certify that at least annually, the State will submit a template by August 1. If the information contained in this template changes during the year, the State will submit a revised template for CMS approval. | The information contained in this template is correct and in accordance with 42 CFR 423.464, Chapter 14 of the Medicare Prescription Drug Benefit Manual as it applies to SPAPs, and enrollment guidance provided in the Qualified SPAP/ADAP Guidelines. | I certify that the SPAP/ADAP adheres to the coordination of benefits (COB) process as adopted by industry and uses the same 4Rx information (RxBIN/RxPCN/RxGroup) used to process claims secondary to Part D as what is reported on the monthly coordination of benefits (COBC) file submitted to CMS' contractor. |        |
| <a href="#">I certify that I have read and understand all applicable CMS requirements for approval of this program (click to view)</a>                                                                            |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                    |        |
| <a href="#">Data Sharing Agreement (click to review)</a>                                                                                                                                                          |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                    |        |
| State User/Review Status                                                                                                                                                                                          |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                    |        |
| HPMS TEST USER I<br>06/29/2019                                                                                                                                                                                    | Part D:<br>Awaiting Submission                                                                                                                                                                                                                           | Enrollment:<br>Awaiting Submission                                                                                                                                                                                                                                                                                 |        |
| Additional Information                                                                                                                                                                                            |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                    |        |
| Enter any additional information below, if applicable:                                                                                                                                                            |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                    |        |
|                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                    |        |
| <input type="button" value="Back"/>                                                                                                                                                                               | <input type="button" value="Confirm"/>                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                    |        |

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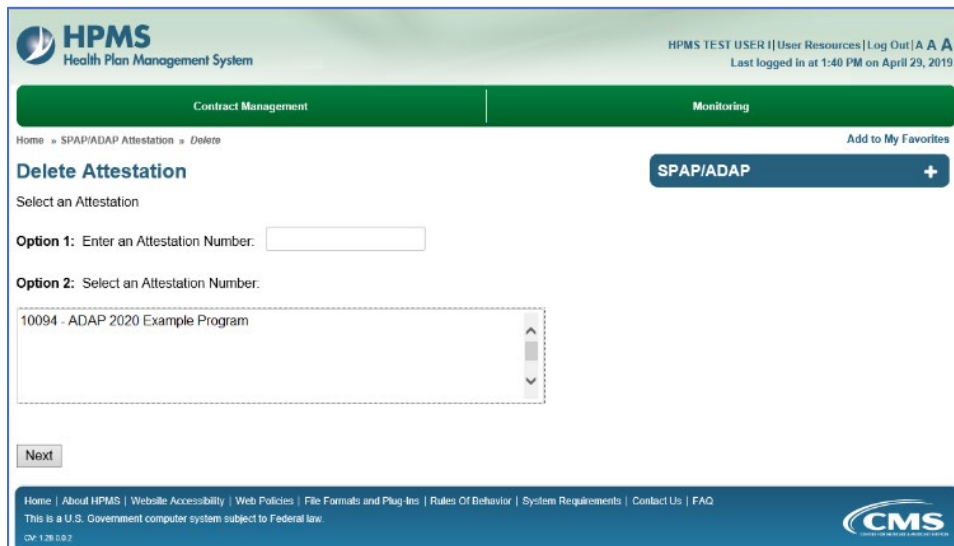
23. On the **Confirmation** page, the **Attestation Number** displays. Note it down for future reference.
24. To begin a new attestation, click **Back** to return to the **Enter New Attestation** program-selection page.
25. For more options, click the **SPAP/ADAP** menu bar.



## HOW TO DELETE AN INITIAL ADAP OR SPAP ATTESTATION BEFORE IT HAS BEEN SUBMITTED

After an attestation has been created, a state user can delete the attestation prior to its being electronically signed and submitted.

1. Click **Delete** in the menu.
2. On the attestation-selection page, enter or select the Attestation Number.



3. The user advances to the **Delete Attestation** review page. Review the information.
4. Click **Delete**.

Contract Management

Monitoring

Home » SPAP/ADAP Attestation » SPAP/ADAP Submit Attestation

**Delete Attestation**

SPAP/ADAP

**Program 10094 - ADAP 2020 Example Program**

| Program Information                                                                                                                                                                                               |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                    |        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
| Program Details                                                                                                                                                                                                   |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                    |        |
| 10094 - ADAP 2020 Example Program                                                                                                                                                                                 | ADAP<br>Program Status: Open                                                                                                                                                                                                                             | Program State: CA                                                                                                                                                                                                                                                                                                  | Group: |
| Does your program have a BIN? No                                                                                                                                                                                  |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                    |        |
| Do you currently have a Data Sharing Agreement (DSA) in place? No/Unsure                                                                                                                                          |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                    |        |
| Contact Information                                                                                                                                                                                               |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                    |        |
| Beneficiary                                                                                                                                                                                                       | Agency                                                                                                                                                                                                                                                   | Processor                                                                                                                                                                                                                                                                                                          |        |
| Jim Doe<br>101 Main Street Downey, CA 90239<br>(562) 333-9898<br>Jim.D@test.com                                                                                                                                   | Jone Doe<br>2525 Captain Ave Lakewood, CA 90711<br>(562) 888-2323<br>jone.D@test.com                                                                                                                                                                     | Jill Doe<br>2525 Captain Ave Lakewood, CA 90711<br>(562) 888-2323<br>jill.D@test.com                                                                                                                                                                                                                               |        |
| Eligibility                                                                                                                                                                                                       |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                    |        |
| Is SPAP/ADAP eligibility determined by income?<br>No                                                                                                                                                              | Is SPAP/ADAP eligibility based on Asset threshold?<br>No                                                                                                                                                                                                 | Is SPAP/ADAP eligibility disease/condition dependent?<br>No                                                                                                                                                                                                                                                        |        |
| Is SPAP/ADAP eligibility determined by Age?<br>No                                                                                                                                                                 | Is SPAP/ADAP eligibility conditioned upon LIS application?<br>No                                                                                                                                                                                         | For Medicare eligible beneficiaries, is SPAP/ADAP eligibility conditioned upon Part D enrollment?<br>No                                                                                                                                                                                                            |        |
| Is SPAP/ADAP eligibility conditioned upon employment status?<br>No                                                                                                                                                | Is SPAP/ADAP eligibility determined by other factors?<br>No                                                                                                                                                                                              | Does the SPAP/ADAP processor allow for online point of sale pharmacy claims?<br>No                                                                                                                                                                                                                                 |        |
| Are there a limited number of participating pharmacies on the SPAP/ADAP pharmacy network?<br>No                                                                                                                   |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                    |        |
| Enrollment                                                                                                                                                                                                        |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                    |        |
| Can the state enroll on behalf of your members as their authorized representative under state law?<br>Yes                                                                                                         | Provide the state's enrollment/assignment process:<br>Non-Random                                                                                                                                                                                         | Part D Enrollment Date<br>06/03/2019                                                                                                                                                                                                                                                                               |        |
| Documents                                                                                                                                                                                                         |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                    |        |
| Algorithm Upload File:<br><a href="#">Example Upload File.txt</a>                                                                                                                                                 |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                    |        |
| Assurances                                                                                                                                                                                                        |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                    |        |
| I certify that at least annually, the State will submit a template by August 1. If the information contained in this template changes during the year, the State will submit a revised template for CMS approval. | The information contained in this template is correct and in accordance with 42 CFR 423.464, Chapter 14 of the Medicare Prescription Drug Benefit Manual as it applies to SPAPs, and enrollment guidance provided in the Qualified SPAP/ADAP Guidelines. | I certify that the SPAP/ADAP adheres to the coordination of benefits (COB) process as adopted by industry and uses the same 4Rx information (RxBIN/RxPCN/RxGroup) used to process claims secondary to Part D as what is reported on the monthly coordination of benefits (COBC) file submitted to CMS' contractor. |        |
| <a href="#">I certify that I have read and understand all applicable CMS requirements for approval of this program (click to view)</a>                                                                            |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                    |        |
| <a href="#">Data Sharing Agreement (click to review)</a>                                                                                                                                                          |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                    |        |
| State User/Review Status                                                                                                                                                                                          |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                    |        |
| HPMS TEST USER I<br>06/29/2019                                                                                                                                                                                    | Part D:<br>Awaiting Submission                                                                                                                                                                                                                           | Enrollment:<br>Awaiting Submission                                                                                                                                                                                                                                                                                 |        |
| Additional Information                                                                                                                                                                                            |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                    |        |
| Enter any additional information below, if applicable:<br><br><div style="border: 1px solid #ccc; height: 40px;"></div>                                                                                           |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                    |        |



5. The user advances to a **Confirmation** page. Click the **SPAP/ADAP** menu bar for more options.

The screenshot displays the HPMS (Health Plan Management System) interface. At the top left is the HPMS logo and name. The top right shows the user is logged in as 'HPMS TEST USER' and provides navigation links for 'User Resources' and 'Log Out'. A green navigation bar contains 'Contract Management' and 'Monitoring' tabs. Below this, a breadcrumb trail reads 'Home > SPAP/ADAP Attestation > Delete'. A 'Delete Attestation' header is followed by a 'SPAP/ADAP' menu button with a plus sign. The main content area is titled 'Confirmation' and contains the message: 'Attestation 10094 - ADAP 2020 Example Program has been deleted.' The footer includes a list of links: 'Home | About HPMS | Website Accessibility | Web Policies | File Formats and Plug-ins | Rules Of Behavior | System Requirements | Contact Us | FAQ', a disclaimer: 'This is a U.S. Government computer system subject to Federal law', the version number 'CV 1.28.0.02', and the CMS logo.




# HOW TO SUBMIT AN INITIAL ADAP OR SPAP ATTESTATION

Only state users who have been assigned the HPMS access to electronically sign and submit attestations can perform this step.

1. On the **SPAP/ADAP Start Page**, click **Edit** in the menu.
2. On the attestation-selection page, enter or select the Attestation Number.

The screenshot shows the HPMS (Health Plan Management System) interface. At the top, there is a header with the HPMS logo and the text 'Health Plan Management System'. To the right, it says 'HPMS TEST USER H | User Resources | Log Out | A A A' and 'Last logged in at 9:18 AM on April 29, 2019'. Below the header, there are two tabs: 'Contract Management' and 'Monitoring'. The main content area is titled 'Edit Attestation' and has a breadcrumb 'Home > SPAP/ADAP Attestation > Edit'. There is a 'SPAP/ADAP' button with a plus sign. The page contains two options for selecting an attestation: 'Option 1: Enter an Attestation Number:' with a text input field, and 'Option 2: Select an Attestation Number:' with a dropdown menu showing '10093 - ADAP 2020 Example Program'. There are 'Back' and 'Next' buttons at the bottom. The page footer includes navigation links, a disclaimer, and the CMS logo.

3. The user advances to the **Program Information** page, as identified by the highlighted tab at the top of the page.


HPMS TEST USER H | User Resources | Log Out | A A A  
Last logged in at 9:18 AM on April 29, 2019

Contract Management
Monitoring

[Home](#) > [SPAP/ADAP Attestation](#) > [SPAP/ADAP Attestation Program Information](#)

SPAP/ADAP
+

Program Information
Contact
Eligibility
Enrollment
Attach Documents
Assurances

**Program 10093 - ADAP 2020 Example Program**

An asterisk (\*) indicates a required field.

**Program Details**

Program Type: ADAP  
 Program State: California  
 Group ID:

\*Does your program have a BIN?  
 Yes, please provide:

\*BIN:  \*PCN:  Effective Start Date:  Effective End Date:

BIN:  PCN:  Effective Start Date:  Effective End Date:

BIN:  PCN:  Effective Start Date:  Effective End Date:

No

\*Program Name:

Program Website:

\*Do you currently have a Data Sharing Agreement (DSA) in place?  
 Yes, please provide your DSA Plan ID:   
 No/Unsure

**Contact information for beneficiary inquiries:**

Title:  \*First Name:  \*Last Name:

\*Phone:  Ext:  Fax:


Alternate Phone:  \*Email:

\*Address:   
 Address2:

\*City:  \*State:  \*Zip Code:


URL:

[Home](#) | [About HPMS](#) | [Website Accessibility](#) | [Web Policies](#) | [File Formats and Plug-ins](#) | [Rules Of Behavior](#) | [System Requirements](#) | [Contact Us](#) | [FAQ](#)  
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 CV 1.28.0.0.2



4. To review data, click the desired tab.
5. To electronically sign and submit the attestation, click the **Assurances** tab.
6. On the **Assurances** page, review the information, and click to select the checkbox for the Data Sharing Agreement.

The checkbox requires the user to click the hyperlink to display the information to be reviewed. Users cannot proceed without reviewing this information.


HPMS TEST USER H | User Resources | Log Out | A A A  
Last logged in at 9:18 AM on April 29, 2019

Contract Management
Monitoring

[Home](#) » [SPAP/ADAP Attestation](#) » [SPAP/ADAP Attestation Assurance Information](#)

SPAP/ADAP
+

Program Information
Contact
Eligibility
Enrollment
Attach Documents
Assurances

**Program 10093 - ADAP 2020 Example Program**

An asterisk (\*) indicates a required field.

I certify that at least annually, the State will submit a template by August 1. If the information contained in this template changes during the year, the State will submit a revised template for CMS approval.

The information contained in this template is correct and in accordance with 42 CFR 423.464, Chapter 14 of the Medicare Prescription Drug Benefit Manual as it applies to SPAPs, and enrollment guidance provided in the Qualified SPAP/ADAP Guidelines.


I certify that the SPAP/ADAP adheres to the coordination of benefits (COB) process as adopted by industry and uses the same 4Rx information (RxBIN/RxPCN/RxGroup) used to process claims secondary to Part D as what is reported on the monthly coordination of benefits (COBC) file submitted to CMS' contractor.

I certify that I have read and understand all applicable CMS requirements for approval of this program ([click to review](#))

[Data Sharing Agreement \(click to review\)](#)

Back
Save
Save & Next

[Home](#) | [About HPMS](#) | [Website Accessibility](#) | [Web Policies](#) | [File Formats and Plug-Ins](#) | [Rules Of Behavior](#) | [System Requirements](#) | [Contact Us](#) | [FAQ](#)  
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 CV 1.28.0.0.2



7. Click **Save & Next**.
8. On the **Submit Attestation** page, review the data.
9. Enter additional information, if applicable, in the **Additional Information** textbox.
10. Click **Back** to make corrections. Or, click **Submit**.

**HPMS**  
Health Plan Management System

HPMS TEST USER H | User Resources | Log Out | A A A  
Last logged in at 9:18 AM on April 29, 2019

Contract Management
Monitoring

Home » SPAP/ADAP Attestation » SPAP/ADAP Submit Attestation

SPAP/ADAP +

### Submit Updated Attestation

#### Program 10093 - ADAP 2020 Example Program

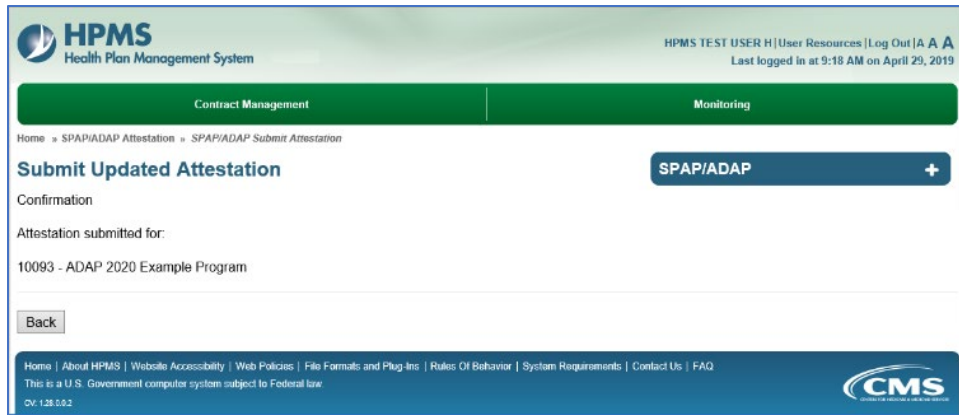
| Program Information                                                                                                                                                                                               |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                    |        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
| Program Details                                                                                                                                                                                                   |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                    |        |
| 10093 - ADAP 2020 Example Program                                                                                                                                                                                 | ADAP<br>Program Status: Open                                                                                                                                                                                                                             | Program State: CA                                                                                                                                                                                                                                                                                                  | Group: |
| Does your program have a BIN? No                                                                                                                                                                                  |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                    |        |
| Do you currently have a Data Sharing Agreement (DSA) in place? No/Unsure                                                                                                                                          |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                    |        |
| Contact Information                                                                                                                                                                                               |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                    |        |
| Beneficiary                                                                                                                                                                                                       | Agency                                                                                                                                                                                                                                                   | Processor                                                                                                                                                                                                                                                                                                          |        |
| Jim Doe<br>101 Main Street Downey, CA 90239<br>(562) 333-9898<br>Jim.D@test.com                                                                                                                                   | Jone Doe<br>2525 Captain Ave Lakewood, CA 90711<br>(562) 888-2323<br>jone.D@test.com                                                                                                                                                                     | Jill Doe<br>2525 Captain Ave Lakewood, CA 90711<br>(562) 888-2323<br>jill.D@test.com                                                                                                                                                                                                                               |        |
| Eligibility                                                                                                                                                                                                       |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                    |        |
| Is SPAP/ADAP eligibility determined by Income?<br>No                                                                                                                                                              | Is SPAP/ADAP eligibility based on Asset threshold?<br>No                                                                                                                                                                                                 | Is SPAP/ADAP eligibility disease/condition dependent?<br>No                                                                                                                                                                                                                                                        |        |
| Is SPAP/ADAP eligibility determined by Age?<br>No                                                                                                                                                                 | Is SPAP/ADAP eligibility conditioned upon LIS application?<br>No                                                                                                                                                                                         | For Medicare eligible beneficiaries, is SPAP/ADAP eligibility conditioned upon Part D enrollment?<br>No                                                                                                                                                                                                            |        |
| Is SPAP/ADAP eligibility conditioned upon employment status?<br>No                                                                                                                                                | Is SPAP/ADAP eligibility determined by other factors?<br>No                                                                                                                                                                                              | Does the SPAP/ADAP processor allow for online point of sale pharmacy claims?<br>No                                                                                                                                                                                                                                 |        |
| Are there a limited number of participating pharmacies on the SPAP/ADAP pharmacy network?<br>No                                                                                                                   |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                    |        |
| Enrollment                                                                                                                                                                                                        |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                    |        |
| Can the state enroll on behalf of your members as their authorized representative under state law?<br>Yes                                                                                                         | Provide the state's enrollment/assignment process:<br>Non-Random                                                                                                                                                                                         | Part D Enrollment Date<br>06/03/2019                                                                                                                                                                                                                                                                               |        |
| Documents                                                                                                                                                                                                         |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                    |        |
| Algorithm Upload File:<br><a href="#">Example Upload File.txt</a>                                                                                                                                                 |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                    |        |
| Assurances                                                                                                                                                                                                        |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                    |        |
| I certify that at least annually, the State will submit a template by August 1. If the information contained in this template changes during the year, the State will submit a revised template for CMS approval. | The information contained in this template is correct and in accordance with 42 CFR 423.464, Chapter 14 of the Medicare Prescription Drug Benefit Manual as it applies to SPAPs, and enrollment guidance provided in the Qualified SPAP/ADAP Guidelines. | I certify that the SPAP/ADAP adheres to the coordination of benefits (COB) process as adopted by industry and uses the same 4Rx information (RxBIN/RxPCN/RxGroup) used to process claims secondary to Part D as what is reported on the monthly coordination of benefits (COBC) file submitted to CMS' contractor. |        |
| I certify that I have read and understand all applicable CMS requirements for approval of this program ( <a href="#">click to view</a> )                                                                          |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                    |        |
| <a href="#">Data Sharing Agreement (click to view)</a>                                                                                                                                                            |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                    |        |
| State User/Review Status                                                                                                                                                                                          |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                    |        |
| HPMS TEST USER I<br>06/29/2019                                                                                                                                                                                    | Part D:<br>Awaiting Submission                                                                                                                                                                                                                           | Enrollment:<br>Awaiting Submission                                                                                                                                                                                                                                                                                 |        |
| Additional Information                                                                                                                                                                                            |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                    |        |
| Enter any additional information below, if applicable:                                                                                                                                                            |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                    |        |
|                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                    |        |
| <input type="button" value="Back"/>                                                                                                                                                                               | <input type="button" value="Submit"/>                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                    |        |

Home | About HPMS | Website Accessibility | Web Policies | File Formats and Plug-Ins | Rules Of Behavior | System Requirements | Contact Us | FAQ

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CV: 1.28.0.2

11. The user advances to the **Confirmation** page.



12. To submit another attestation, click **Back** to return to the attestation-selection page.

13. For other options, click the **SPAP/ADAP** menu bar.

# HOW TO EDIT AN ATTESTATION

The user can use the **Edit** function to:

- Update the BIN, PCN, and/or Contact information of an approved attestation.
  - Update and resubmit the data for an attestation that CMS has rejected.
  - Update/complete an attestation that was saved before data-entry was complete.
1. On the **SPAP/ADAP Start Page**, click **Edit** from the menu.
  2. On the attestation-selection page, enter or select an Attestation Number. Only approved or not-yet-submitted Attestations display in the selection list.
  3. Click **Next**.

The screenshot displays the 'Edit Attestation' interface within the HPMS system. The header includes the HPMS logo and user information: 'HPMS TEST USER H | User Resources | Log Out | A A A' and 'Last logged in at 3:52 PM on April 29, 2019'. The main navigation bar has 'Contract Management' and 'Monitoring' tabs. The breadcrumb trail is 'Home > SPAP/ADAP Attestation > Edit'. The page title is 'Edit Attestation' and there is a 'SPAP/ADAP' button with a plus icon. The form contains two selection options: 'Option 1: Enter an Attestation Number.' with a text input field, and 'Option 2: Select an Attestation Number.' with a dropdown menu. The dropdown menu is open, showing '10093 - ADAP 2020 Example Program'. Below the form are 'Back' and 'Next' buttons. The footer includes links for Home, About HPMS, Website Accessibility, Web Policies, File Formats and Plug-ins, Rules Of Behavior, System Requirements, Contact Us, and FAQ. A disclaimer states 'This is a U.S. Government computer system subject to Federal law.' and the version number 'v. 1.23.0.1' is shown. The CMS logo is in the bottom right corner.

4. The user who wishes to:
  - **Edit data** will advance to the **Program Information** tab. Click tab(s) to edit data, using the Save and/or Save & Next buttons as appropriate.
  - **Resume data entry after using the Save button** will advance to the tab where the user exited. Refer to Section I. above to pick up where the user left off.
5. On the **SPAP/ADAP Start Page**, click **View** from the menu.
6. On the attestation-selection page, enter or select an Attestation Number. Then, click **Next**.

The screenshot shows the HPMS (Health Plan Management System) interface. At the top left is the HPMS logo and name. At the top right, it displays the user 'HPMS TEST USER H', links for 'User Resources' and 'Log Out', and the text 'Last logged in at 3:52 PM on April 29, 2019'. Below this is a green navigation bar with 'Contract Management' and 'Monitoring' tabs. The breadcrumb trail reads 'Home > SPAP/ADAP Attestation > View'. A blue button labeled 'SPAP/ADAP' with a plus sign is on the right. The main heading is 'View Attestation', followed by the instruction 'Select an Attestation'. There are two options: 'Option 1: Enter an Attestation Number:' with an empty text input field, and 'Option 2: Select an Attestation Number:' with a dropdown menu. The dropdown menu is open, showing '10093 - ADAP 2020 Example Program'. Below the dropdown are 'Back' and 'Next' buttons. At the bottom, there is a footer with navigation links, a disclaimer 'This is a U.S. Government computer system subject to Federal law.', and the CMS logo.

7. On the **View Attestation** results page, the user can click **Create PDF** to save the details of the Attestation.

Contract Management

Monitoring

Home » SPAP/ADAP Attestation » View

Add to My Favorites

**View Attestation**

SPAP/ADAP



**Program 10093 - ADAP 2020 Example Program**

| Program Information                                                                                                                                                                                               |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                    |        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
| Program Details                                                                                                                                                                                                   |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                    |        |
| 10093 - ADAP 2020 Example Program                                                                                                                                                                                 | ADAP<br>Program Status: Submitted                                                                                                                                                                                                                        | Program State: CA                                                                                                                                                                                                                                                                                                  | Group: |
| Does your program have a BIN? No                                                                                                                                                                                  |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                    |        |
| Do you currently have a Data Sharing Agreement (DSA) in place? No/Unsure                                                                                                                                          |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                    |        |
| Contact Information                                                                                                                                                                                               |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                    |        |
| Beneficiary                                                                                                                                                                                                       | Agency                                                                                                                                                                                                                                                   | Processor                                                                                                                                                                                                                                                                                                          |        |
| Jim Doe<br>101 Main Street Downey, CA 90239<br>(562) 333-9898<br>jim.D@test.com                                                                                                                                   | Jone Doe<br>2525 Captain Ave Lakewood, CA 90711<br>(562) 888-2323<br>jone.D@test.com                                                                                                                                                                     | Jill Doe<br>2525 Captain Ave Lakewood, CA 90711<br>(562) 888-2323<br>jill.D@test.com                                                                                                                                                                                                                               |        |
| Eligibility                                                                                                                                                                                                       |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                    |        |
| Is SPAP/ADAP eligibility determined by Income?<br>No                                                                                                                                                              | Is SPAP/ADAP eligibility based on Asset threshold?<br>No                                                                                                                                                                                                 | Is SPAP/ADAP eligibility disease/condition dependent?<br>No                                                                                                                                                                                                                                                        |        |
| Is SPAP/ADAP eligibility determined by Age?<br>No                                                                                                                                                                 | Is SPAP/ADAP eligibility conditioned upon LIS application?<br>No                                                                                                                                                                                         | For Medicare eligible beneficiaries, is SPAP/ADAP eligibility conditioned upon Part D enrollment?<br>No                                                                                                                                                                                                            |        |
| Is SPAP/ADAP eligibility conditioned upon employment status?<br>No                                                                                                                                                | Is SPAP/ADAP eligibility determined by other factors?<br>No                                                                                                                                                                                              | Does the SPAP/ADAP processor allow for online point of sale pharmacy claims?<br>No                                                                                                                                                                                                                                 |        |
| Are there a limited number of participating pharmacies on the SPAP/ADAP pharmacy network?<br>No                                                                                                                   |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                    |        |
| Enrollment                                                                                                                                                                                                        |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                    |        |
| Can the state enroll on behalf of your members as their authorized representative under state law?<br>Yes                                                                                                         | Provide the state's enrollment/assignment process:<br>Non-Random                                                                                                                                                                                         | Part D Enrollment Date<br>06/03/2019                                                                                                                                                                                                                                                                               |        |
| Documents                                                                                                                                                                                                         |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                    |        |
| Algorithm Upload File:<br><a href="#">Example Upload File.txt</a>                                                                                                                                                 |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                    |        |
| Assurances                                                                                                                                                                                                        |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                    |        |
| I certify that at least annually, the State will submit a template by August 1. If the information contained in this template changes during the year, the State will submit a revised template for CMS approval. | The information contained in this template is correct and in accordance with 42 CFR 423.464, Chapter 14 of the Medicare Prescription Drug Benefit Manual as it applies to SPAPs, and enrollment guidance provided in the Qualified SPAP/ADAP Guidelines. | I certify that the SPAP/ADAP adheres to the coordination of benefits (COB) process as adopted by industry and uses the same 4Rx information (RxBIN/RxPCN/RxGroup) used to process claims secondary to Part D as what is reported on the monthly coordination of benefits (COBC) file submitted to CMS' contractor. |        |
| <a href="#">I certify that I have read and understand all applicable CMS requirements for approval of this program (click to view)</a>                                                                            |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                    |        |
| <a href="#">Data Sharing Agreement (click to view)</a>                                                                                                                                                            |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                    |        |
| State User/Review Status                                                                                                                                                                                          |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                    |        |
| HPMS TEST USER H<br>04/29/2019                                                                                                                                                                                    | Part D:<br>Under Review                                                                                                                                                                                                                                  | Enrollment:<br>Under Review                                                                                                                                                                                                                                                                                        |        |
| Additional Information                                                                                                                                                                                            |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                    |        |
| Enter any additional information below, if applicable:<br><br><div style="border: 1px solid #ccc; height: 30px;"></div>                                                                                           |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                    |        |

Back

Create PDF



# HOW TO SUBMIT AN ANNUAL ATTESTATION FOR AN EXISTING SPAP/ADAP

1. On the **SPAP/ADAP Start Page**, click **Edit** from the menu.
2. On the attestation-selection page, enter or select the Attestation Number.
3. The user advances to the **Program Information** page, as identified by the highlighted tab at the top of the page.
  - The user must answer the “Do you currently have a Data Sharing Agreement (DSA) in place?” question.
  - Make edits as applicable to this page.

**HPMS**  
Health Plan Management System

HPMS TEST USER H | User Resources | Log Out | A A A  
Last logged in at 3:52 PM on April 29, 2019

Contract Management | Monitoring

Home > SPAP/ADAP Attestation > SPAP/ADAP Attestation Program Information

**Edit Attestation** SPAP/ADAP +

**Program Information** | Contact | Eligibility | Enrollment | Attach Documents | Assurances

**Program 10001 - SPAP 2019 Example Program**

An asterisk (\*) indicates a required field.

**Program Details**

Program Type: SPAP

I attest that no federal grants have been used to fund this program.

Program State: California

Group ID:

\*Does your program have a BIN?

Yes, please provide:

\*BIN:  \*PCN:  Effective Start Date:  Effective End Date:

BIN:  PCN:  Effective Start Date:  Effective End Date:

BIN:  PCN:  Effective Start Date:  Effective End Date:

No

\*Program Name:

Program Website:

\*Do you currently have a Data Sharing Agreement (DSA) in place?

Yes, please provide your DSA Plan ID:

No/Unsure

**Contact Information for beneficiary inquiries:**

Title:  \*First Name:  \*Last Name:

\*Phone:  Ext:  Fax:

Alternate Phone:  \*Email:

\*Address:

Address2:

\*City:  \*State:  \*Zip Code:

URL:

Home | About HPMS | Website Accessibility | Web Policies | File Formats and Plug-Ins | Rules Of Behavior | System Requirements | Contact Us | FAQ  
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CV 1288.01

**CMS**

4. Click **Save and Next**.
5. The user advances to the **Contact** tab page. Follow the same instructions to edit data on this page, and other pages by clicking the appropriate tab. (For data-entry instructions tab by tab, see “How to Enter Data for an Initial SPAP or ADAP” section above.)
6. To electronically sign and submit the attestation, click the **Assurances** tab.
7. On the **Assurances** page, review the information, and click the checkboxes. The last checkbox requires the user to click a link to display information to be reviewed. Users cannot proceed without reviewing this information.

The screenshot displays the HPMS Health Plan Management System interface. At the top, the HPMS logo and 'Health Plan Management System' are visible on the left, and user information 'HPMS TEST USER H | User Resources | Log Out | A A A' and 'Last logged in at 9:53 AM on April 30, 2019' are on the right. Below this is a green navigation bar with 'Contract Management' and 'Monitoring' tabs. The main content area shows a breadcrumb trail: 'Home » SPAP/ADAP Attestation » SPAP/ADAP Attestation Assurance Information'. The 'Edit Attestation' section has a 'SPAP/ADAP' dropdown menu and a row of tabs: 'Program Information', 'Contact', 'Eligibility', 'Enrollment', 'Attach Documents', and 'Assurances' (which is highlighted with a red box). Below the tabs, the program is identified as 'Program 10001 - SPAP 2019 Example Program'. A note states: 'An asterisk (\*) indicates a required field.' There are three checkboxes with associated text:
 

- I certify that at least annually, the State will submit a template by August 1. If the information contained in this template changes during the year, the State will submit a revised template for CMS approval.
- The information contained in this template is correct and in accordance with 42 CFR 423.464, Chapter 14 of the Medicare Prescription Drug Benefit Manual as it applies to SPAPs, and enrollment guidance provided in the Qualified SPAP/ADAP Guidelines.
- I certify that the SPAP/ADAP adheres to the coordination of benefits (COB) process as adopted by industry and uses the same 4Rx information (RxBIN/RxPCN/RxGroup) used to process claims secondary to Part D as what is reported on the monthly coordination of benefits (COBC) file submitted to CMS' contractor.

 A fourth checkbox is followed by a link:  I certify that I have read and understand all applicable CMS requirements for approval of this program ([click to review](#)). At the bottom of the form are three buttons: 'Back', 'Save', and 'Save & Next'. The footer contains a navigation menu with links like 'Home', 'About HPMS', 'Website Accessibility', etc., and the CMS logo.

8. Click **Save & Next**.
9. On the **Submit Attestation** page, review the data.
10. Enter additional information, if applicable, in the Additional Information textbox.
11. Click **Back** to make corrections or click **Submit**.

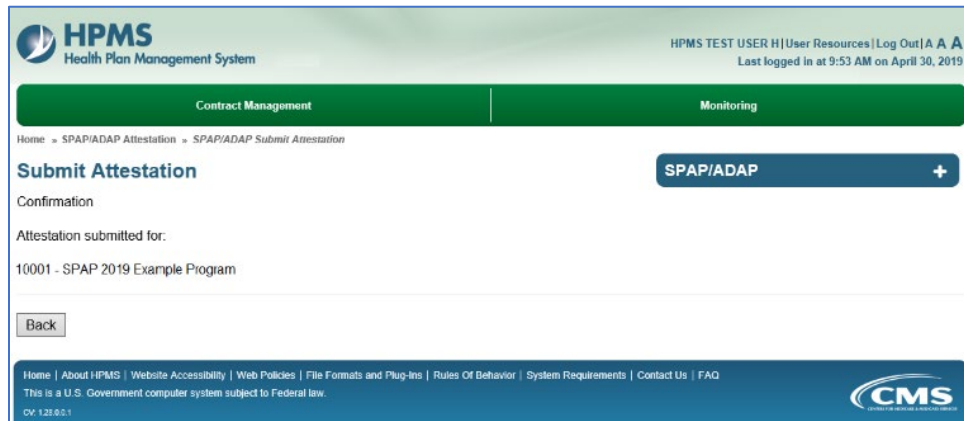
**Submit Attestation**

SPAP/ADAP

**Program 10001 - SPAP 2019 Example Program**

| Program Information                                                                                                                                                                                               |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                    |              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| Program Details                                                                                                                                                                                                   |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                    |              |
| 10095 - SPAP 2019 Example Program<br>Attestation: I attest that no federal grants have been used to fund this program.                                                                                            | SPAP<br>Program Status: Open                                                                                                                                                                                                                             | Program State: CA                                                                                                                                                                                                                                                                                                  | Group: A1234 |
| Does your program have a BIN? No                                                                                                                                                                                  |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                    |              |
| Do you currently have a Data Sharing Agreement (DSA) in place? Yes, DSA Plan ID: X1234                                                                                                                            |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                    |              |
| Contact Information                                                                                                                                                                                               |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                    |              |
| Beneficiary                                                                                                                                                                                                       | Agency                                                                                                                                                                                                                                                   | Processor                                                                                                                                                                                                                                                                                                          |              |
| Juliet Garfield<br>888 Great Plain Ave Austin, TX 73301<br>(512) 334-5656<br>juliet.G@Test.com                                                                                                                    | Jack Doe<br>1010 Vermont Ave Washington, DC 20037<br>(240) 454-7788<br>Jack.D@Test.com                                                                                                                                                                   | Jim Doe<br>1010 Vermont Ave Washington, DC 20037<br>(240) 454-7788<br>Jim.D@Test.com                                                                                                                                                                                                                               |              |
| Eligibility                                                                                                                                                                                                       |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                    |              |
| Is SPAP/ADAP eligibility determined by Income?<br>Yes<br><br>Example                                                                                                                                              | Is SPAP/ADAP eligibility based on Asset threshold?<br>Yes<br><br>Example                                                                                                                                                                                 | Is SPAP/ADAP eligibility disease/condition dependent?<br>Yes<br><br>HIV/AIDS                                                                                                                                                                                                                                       |              |
| Is SPAP/ADAP eligibility determined by Age?<br>Yes<br><br>Example                                                                                                                                                 | Is SPAP/ADAP eligibility conditioned upon LIS application?<br>Yes                                                                                                                                                                                        | For Medicare eligible beneficiaries, is SPAP/ADAP eligibility conditioned upon Part D enrollment?<br>Yes                                                                                                                                                                                                           |              |
| Is SPAP/ADAP eligibility conditioned upon employment status?<br>Yes                                                                                                                                               | Is SPAP/ADAP eligibility determined by other factors?<br>Yes<br><br>Example                                                                                                                                                                              | Does the SPAP/ADAP processor allow for online point of sale pharmacy claims?<br>Yes                                                                                                                                                                                                                                |              |
| Are there a limited number of participating pharmacies on the SPAP/ADAP pharmacy network?<br>No                                                                                                                   |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                    |              |
| Enrollment                                                                                                                                                                                                        |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                    |              |
| Can the state enroll on behalf of your members as their authorized representative under state law?<br>Yes                                                                                                         | Provide the state's enrollment/assignment process:<br>Random<br>All plans in the state's region                                                                                                                                                          | Part D Enrollment Date<br>06/03/2019                                                                                                                                                                                                                                                                               |              |
| Documents                                                                                                                                                                                                         |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                    |              |
| Algorithm Upload File:<br>N/A                                                                                                                                                                                     |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                    |              |
| Assurances                                                                                                                                                                                                        |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                    |              |
| I certify that at least annually, the State will submit a template by August 1. If the information contained in this template changes during the year, the State will submit a revised template for CMS approval. | The information contained in this template is correct and in accordance with 42 CFR 423.464, Chapter 14 of the Medicare Prescription Drug Benefit Manual as it applies to SPAPs, and enrollment guidance provided in the Qualified SPAP/ADAP Guidelines. | I certify that the SPAP/ADAP adheres to the coordination of benefits (COB) process as adopted by industry and uses the same 4Rx information (RxBIN/RxPCN/RxGroup) used to process claims secondary to Part D as what is reported on the monthly coordination of benefits (COBC) file submitted to CMS' contractor. |              |
| I certify that I have read and understand all applicable CMS requirements for approval of this program. <a href="#">(click to view)</a>                                                                           |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                    |              |
| <a href="#">Data Sharing Agreement (click to view)</a>                                                                                                                                                            |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                    |              |
| State User/Review Status                                                                                                                                                                                          |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                    |              |
| HPMS TEST USER H<br>04/30/2019                                                                                                                                                                                    | Part D:<br>Awaiting Submission                                                                                                                                                                                                                           | Enrollment:<br>Awaiting Submission                                                                                                                                                                                                                                                                                 |              |
| Additional Information                                                                                                                                                                                            |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                    |              |
| Enter any additional information below, if applicable:<br><br><div style="border: 1px solid #ccc; height: 30px;"></div>                                                                                           |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                    |              |

12. The user advances to the **Confirmation** page.



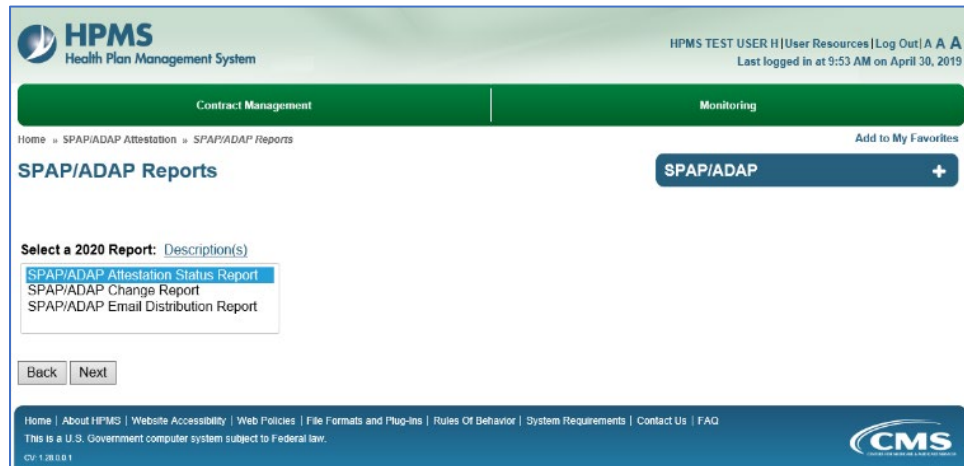
13. Click **Back** to return to the **Edit Attestations** attestation-selection page. For other options, click the **SPAP/ADAP** menu bar.

# HOW TO VIEW REPORTS

1. Click on **SPAP/ADAP Reports** in the menu.
2. On the **Select a Year** page, make a year selection. Then, click **Next**.



3. Select a report from the picklist and click **Next**.
  - The **SPAP/ADAP Attestation Status Report** displays SPAP/ADAP Attestation Data.
  - The **SPAP/ADAP Change Report** displays a comparison of changes to data entry submitted by state users. (New for 2019)
  - The **SPAP/ADAP Email Distribution Report** displays the details and recipients of system-sent emails. (New for 2019)



4. The user advances to the criteria-selection page. To make multiple selections in the Attestation Number picklist, hold down the <Ctrl> key.
5. After choosing criteria to create a search, click **Search**.
6. On the report results page users can do the following:
  - Click a column head to sort data.
  - Click a link to view details.
  - Click **Download to Excel** to download the report.

If you need technical assistance, contact [HPMS@CMS.HHS.GOV](mailto:HPMS@CMS.HHS.GOV).