

# Fiscal Soundness Module Plan User Guide

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## 1 Overview

The Health Plan Management System (HPMS) Fiscal Soundness module supports the Centers for Medicare and Medicaid Services' (CMS) ability to collect, store, and review audited annual financial information submitted by Medicare Advantage Organizations (MAOs), Prescription Drug Plans, 1876 Cost Plans, Medicare-Medicaid Plans (MMPs), and Programs of All Inclusive Care for the Elderly (PACE). The Fiscal Soundness module supports tracking and monitoring of CMS fiscal soundness review activities. In addition, the module serves as a data repository for all historical and current MA, 1876 Cost Plans, PACE and Part D financial information and review history.

Note: Contract Year "20XX" in screen prints represents the latest Contract Year. Screen prints and test contract numbers contained in this User Guide are not intended to display complete functionality or actual contracts, and are for demonstration purposes only.

## 1.1 Accessing HPMS

To access the HPMS, Plan users must have a CMS EUA User ID, and must have Internet access. If you have any questions about your connectivity or do not have access to the appropriate contracts, please send your questions to <u>HPMS\_Access@cms.hhs.gov</u>.

If you have any questions about the Fiscal Soundness Reporting Requirements contained within, please send your questions to <u>FinancialReview@cms.hhs.gov</u> or your Financial Management Specialist.

## 1.2 Accessing the Fiscal Soundness Module

- 1. Logon to HPMS and select "Fiscal Soundness" from the "Monitoring" section of the main menu toolbar.
- 2. The Fiscal Soundness Start page (**Figure 1**) displays. From this page, you have the option to select navigation links from the Fiscal Soundness navigation Menu.

Note: The following pages have the ability to be saved as a Favorite within the HPMS site.

- Submission of Financial Information
- Submission of Extension Requests
- Reports

#### Figure 1: Fiscal Soundness Start Page

| HPMS  | sm  |                       | Home                     | <b>O</b><br>My Account | FAQs           | Contact Us           | Eog Out   |
|---|---|-----------------------|--------------------------|------------------------|----------------|----------------------|-----------|
| Fiscal Soundness EX HPN   | MS > Monitoring > Fiscal Soundness  |                       |                          |                        |                |                      |           |
| <ul> <li>\$ Financials ∧</li> <li>Submission of Financial<br/>Information</li> <li>View Financial Data</li> <li>★ Extensions ∧</li> </ul> | scal Soundness Start Page<br>iscal Soundness module supports the elec<br>are-Medicaid plan organizations. | ctronic submission an | nd review of financial i | information from Me    | edicare Advant | age, Part D. PACE, ( | Cost. and |
| Submission of Extension<br>Requests<br>Reports and<br>Documentation  Documents and Forms<br>PRA Disclosure<br>Statement                   |   |                       |                          |                        |                |                      |           |
| About HPMS   Website Accessibility   W<br>UX Framework v7.0.0   | Neb Policies   File Formats and Plug-ins  | Rules of Behavior     | System Requirement       | ts                     |                |                      | (CMS      |

### **1.3 Who's Required to Submit?**

The contract types listed below are required to submit their financial information. These include active contracts that have not been terminated and have a NAIC number assigned to the profile (contracts must indicate if no NAIC number is assigned) that belong to the following plan types:

- HMO
- HMOPOS
- Local PPO
- Fallback
- PSO (State License)
- MSA
- RFB PFFS
- PFFS
- 1876 Cost
- National PACE
- Medicare Prescription Drug Plan
- Employer/Union Only Direct Contract PDP
- Regional PPO
- Employer/Union Only Direct Contract PFFS
- Employer/Union Only Direct Contract LPPO
- RFB HMO
- RFB HMOPOS
- RFB Local

- RFB PSO (State License)
- Financial Alignment HMO
- Financial Alignment HMOPOS
- Financial Alignment PPO

## 1.4 Submission Types

CMS requires organizations to submit financial information at certain intervals (e.g. Submission Types) throughout each year:

- Audited Annual The audited annual (AA) financial statement covers the closure of the previous fiscal year
- **Reporting Period Ending 3/31** For quarters ending between 1/1 3/31
- **Reporting Period Ending 6/30** For quarters ending between 4/1 6/30
- **Reporting Period Ending 9/30** For quarters ending between 7/1 9/30
- **Reporting Period Ending 12/31** For quarters ending between 10/1 12/31. PACE contracts only.

Note: Each Submission Type has a Period End Date (PED) and a Period Due Date (PDD). For more information on Submission Types, PEDs, and PDDs please see Section 6. Organizations may refer to the CY 2021 Fiscal Soundness Reporting Requirements (FSRR) located in the Documents and Forms section of the Fiscal Soundness Module for fiscal soundness submission deadlines.

## 1.5 Extensions

When Non-PACE organizations need more time to submit their audited annual or quarterly financial statements, Plan users may submit extension requests. Once extension requests are submitted, CMS will review the request and approve/deny it. Please refer to Section 4 for details.

Note:

- Extension Requests can be submitted for one or multiple groups of contracts.
- Upon approval, the extension date overrides the original PDD for the Contract Year/Submission *Period/Contract(s)*.
- Regular and Perennial Extensions exist. Perennial extensions are permanent extension requests that carry forward to future Contract Years.
- If a new contract is linked to the same NAIC number of an existing contract that already has an approved perennial extension, the organizations need not submit a new extension request. The system will automatically apply the approved perennial extension to the new contract.

The Extension Status indicates the current disposition of the financial submission. A complete status listing is provided below:

- Not Started This status is assigned by the system when an organization submits an extension request for review. This status is assigned by the system only.
- In Review CMS began review of the request, but did not assign a final status.
- **Approved** Approved based on CMS guidelines.
- **Denied** Denied by CMS.
- Withdrawn Plan or CMS user no longer requires the extension request.

### **1.6 Contract Grouping**

Most licensed insurance companies have been issued a National Association of Insurance Commissioners (NAIC) number. CMS requires that ALL organizations enter the NAIC number in HPMS for each contract number as well as each Parent Organization. For those organizations that do not have a NAIC number for the contract and/or Parent Organization, you must indicate such in the Contract Management module. Organizations that have not completed the NAIC data entry in a timely fashion will <u>not</u> be able to complete their fiscal soundness submissions.

Organizations can access the NAIC data entry fields by navigating the following path in HPMS:

HPMS Start Page > Contract Management > Basic Contract Management > Select Contract Number > NAIC Data.

Note:

- Groups are determined based on NAIC numbers.
  - If a contract does not have a NAIC number and needs to be grouped with another contract, an alternate NAIC is assigned to the contract.
- When contracts are not under the same Parent Organization but have a relationship, they are assigned a Joint Venture NAIC number. For Joint Venture entities, the system validates the grouping based on the Joint Venture NAIC number.
- Groups can change over time. When this happens, and the change occurred after a submission (financial or extension request), the page will alert you that the group has changed.

## 1.7 Understanding the Review Status

The Review Status indicates the current disposition of the financial submission. A complete status listing is provided below:

- Not Reviewed This status is assigned by the system when an organization submits a fiscal soundness submission for review. This status is assigned by the system only.
- **Pending** Reviewed, but missing information (e.g. Audited Annual Financial Statement) or unable to review due to receiving out of sequence (e.g. Quarterly submission prior to AA review).
- **Resubmit** Resubmission has been requested due to incomplete/incorrect data.
- **Meets** Meets CMS's fiscal soundness requirements.
- Meets Based on Parent Meets CMS's fiscal soundness requirements based on the Parent Organization's financials statements.
- Does Not Meet Does not meet CMS's fiscal soundness requirements.
- **Reviewed** Reviewed, but no financial statements are available for the legal entity (e.g. new organization without operations for the Reporting Period End Date).
- **Did Not Resubmit** Plan did not resubmit as requested within the 10 day window. This status is assigned by the system only.

### **1.8 Email Notifications**

The following notification events occur within this module:

- Required to Submit Quarterly Financial Statements
- Resubmit
- Extension Approval
- Extension Denial
- Extension Request Submitted

In addition, the following notification events are triggered on a nightly basis:

- 14 days in advance of any due date
- 3 days after due date
- 14 days after due date

- 21 days after due date
- 100 days after due date

## 2 Submission of Financial Information

The purpose of the **Submission of Financial Information** function is to submit financials for review. Users have three submission choices:

- Submit New First time submitting for a given contract year/submission type/contract.
- Update Updating an existing submission after submission but before the deadline (PDD).
- **Resubmit** Updating an existing submission after CMS has requested resubmission.

### 2.1 Submit New

How to Submit New Financial Information:

- 1. Select Submission of Financial Information from the navigation menu.
- 2. On the Submission of Financial Information page (Figure 2), select desired Contract Number/Name or one from the contract group.

#### Figure 2: Submission of Financial Information Page

| Fisc | al Soundness 🔤                         | HPMS > Monitoring > Fisca        | Soundness > Submission of Financial Information  |                                    |
|------|--|----------------------------------|--|------------------------------------|
| \$   | Financials 🔨                           | Submission of Fina               | ncial Information  | Add to My Favorites                |
|      | Submission of Financial<br>Information |                                  |  |                                    |
|      | View Financial Data                    |                                  | $\begin{array}{c} \bullet \bullet$ | 4                                  |
| 7    | Extensions 🗸                           |                                  |  |                                    |
| Ê    | Reports and V<br>Extracts              | Step                             | of 4: Select a Contract Number / Name or one Contract Numb   | er / Name within a contract group. |
| ≔    | Documentation 🗸                        | A field with an asterisk (*) bet | ore it is a required field.  |                                    |
|      |  | *Contract Number / Name:         | Select a Contract Number / Name (NAIC) (JV ID)   | •                                  |
|      |  |                                  |  |                                    |
|      |  |                                  | Next   |                                    |
|      |  |                                  |  |                                    |

- 3. Then select Next.
- 4. On the Select Reporting Period page (Figure 3) or (Figure 4), select Submit New under the desired reporting period.

| elect Reporting P  | eriod   |   |                                   |                                |
|--|---|---|-----------------------------------|--------------------------------|
|  | 1   | 234                                       |                                   |                                |
| <b>tep 2 of 4:</b> Select a link to p<br>avigation menu. | proceed with your submission, for the Reporting     | period. If no link is available, navigate | back to Submission of Financial I | nformation page via right hand |
|  | Contract Number: Z0001                              |   |                                   |                                |
|  | Contract Name: Sample Health                        | Plan 1                                    |                                   |                                |
|  | NAIC#: 70670  |   |                                   |                                |
|  | JV ID:  |   |                                   |                                |
| he next page will display al                             | I contracts associated with the contract group,     | f applicable.                             |                                   |                                |
| Contract Year  | Audited<br>Annual                                   | Reporting Period<br>Ending 3/31           | Reporting Period<br>Ending 6/30   | Ending 9/30                    |
| 2022   | Due by 05/28/2021<br>Extension Due Date: 06/05/2021 | Due by 05/17/2021                         | Due by 08/16/2021                 | Due by 11/15/2021              |

Figure 3: Select Reporting Period Page (Non-PACE)

Figure 4: Select Reporting Period Page (PACE)

| elect Reporting                           | Period   |  |                                   |                                     |                                  |
|---|--|--|-----------------------------------|-------------------------------------|----------------------------------|
|   |  | 1 2  | 8 4                               |                                     |                                  |
| ep 2 of 4: Select a link                  | to proceed with your submission                        | for the Reporting period. If no link                                 | is available pavigate back to Sub | mission of Financial Information pa | ase via right hand navigation    |
| inu.                                      |  |  |                                   |                                     |                                  |
|   | Contract   | Number: Z0001  |                                   |                                     |                                  |
|   | Contra   | ct Name: Sample Health Plan 1  |                                   |                                     |                                  |
|   |  | NAIC#:   |                                   |                                     |                                  |
|   |  | JV ID:   |                                   |                                     |                                  |
|   |  |  |                                   |                                     |                                  |
| e next page will display<br>Contract Year | y all contracts associated with t<br>Audited<br>Annual | he contract group, if applicable.<br>Reporting Period<br>Ending 3/31 | Reporting Period<br>Ending 6/30   | Reporting Period<br>Ending 9/30     | Reporting Period<br>Ending 12/31 |
|   | Submitted  | Submitted  | Submitted                         | Submitted                           | Due by 02/16/2021                |

5. Fill out the New Submission from displayed in Figure 5 or Figure 6.

Note: If there are multiple contracts under the selected contract's NAIC number, the system will auto-populate the contracts from the NAIC group.

a. Total Assets – This total amount is found on the Balance Sheet.

- b. **Total Liabilities** This total amount is found on the Balance Sheet. For PACE or 1876 Cost Plan contracts, this amount includes Subordinated/Guaranteed Debt.
- c. Subordinated Debt/Guaranteed Debt (Included in Total Liabilities) PACE or 1876 Cost Plan contracts only. <u>Subordinated debt</u> is defined as an unsecured debt whose repayment to its Parent Organization ranks after all other debts have been paid when the subsidiary files for bankruptcy. An example of subordinated debt is when the Parent Organization loans money to the PACE organization or Cost Plan to pay its debts. The PACE organization or Cost Plan only needs to repay the Parent Organization after all of its other liabilities have been satisfied. <u>Guaranteed debt</u> is defined as secured debt in which another entity promises to pay a loan or other debt if the organization that borrowed the money fails to pay. An example of guaranteed debt is when the PACE organization or Cost Plan obtains a loan from a bank and another entity signs on to guarantee payment of all, or a portion of, the loan. In the event of bankruptcy or default, the other entity will make payments on the loan on behalf of the PACE organization or Cost Plan to ensure the debt is satisfied.

#### Note:

- When a value of zero is entered, the system will alert the user.
- When entering a numeric value other than zero, users are expected to include a signed Subordinated/Guaranteed Debt Attestation Form zipped with their file upload. The form can be accessed by selecting **Subordinated/Guaranteed Debt Attestation** Form at the bottom of the page or in the navigation menu.
- d. **Net Income** (Loss) This is the portion of revenue remaining after all the expenses and taxes have been deducted. This amount is found as a line item on the Revenue and Expense Statement. This amount can also be a negative number. In that case, it's called a Net Loss.
- e. **Cash Flow from Operations** This amount is found on the Cash Flow Statement. It is the first sub-totaled amount before accounting for cash flow from investing and financing activities.
- f. **File** Upload the applicable financial statement(s).

Note:

- Accepted file types are .DOC, .DOCX, .PDF and .ZIP. Filename cannot contain any of the following characters: pound (#), percent (%), semi-colon (;), plus (+), ampersand (&), and double periods (..).
- Maximum file size allowed is 20MB.
- Uploaded file name length should not exceed 150 characters.

g. Subordinated/Guaranteed Debt Attestation – PACE contracts only. When entering a

numeric value other than zero, users are required to indicate that the Subordinated/Guaranteed Debt Attestation form has been included in their submission by selecting the Subordinated/Guaranteed Debt Attestation checkbox.

Note:

• 1876 Cost Plans should contact CMS regarding Subordinated/Guaranteed Debt Attestation.

| New Financial Su             | bmission                           |  |   |                             |                                |                  |                         |
|------------------------------|------------------------------------|--|---|-----------------------------|--------------------------------|------------------|-------------------------|
|                              |                                    | 0  | 2   | 3                           | 4                              |                  |                         |
|                              | Step 3 of                          | 4: Provide your fir  | nancial details                                       | and upload                  | your financial statement.      | Defini           | tions and factors tions |
| A field with an asterisk (*) | before it is a required field.     |  |   |                             |                                | Denni            | tions and instructions  |
|                              | Contract Year:                     | 20XX   |   |                             |                                |                  |                         |
|                              | Submission Type:                   | Audited Annual   |   |                             |                                |                  |                         |
|                              | Joint Venture Name:                |  |   |                             |                                |                  |                         |
|                              | NAIC#:                             | 12890  |   |                             |                                |                  |                         |
|                              | FYED:                              | 12/31  |   |                             |                                |                  |                         |
|                              |                                    |  |   |                             |                                |                  |                         |
| Contract Information:        |                                    |  |   |                             |                                |                  |                         |
| Contract Number              | Contract Name                      |  | Region Res  | sponsible                   | Parent Organization Name       | Parent Org NAIC# | Joint Venture ID        |
| 20001                        | tTotal Association Ch              |  | Gairria   | •                           | Sumple Health Plan 1           | 12000            |                         |
|                              | Total Assets(in 5).                |  |   |                             |                                |                  |                         |
|                              | *Total Liabilities(in \$):         |  |   |                             |                                |                  |                         |
|                              | *Net Income (Loss)(in \$):         |  |   |                             |                                |                  |                         |
|                              | *Cash Flow from Operations(in \$): |  |   |                             |                                |                  |                         |
|                              | Notes:                             | <ul> <li>Accepted Fil</li> <li>Maximum of</li> <li>Uploaded Fil</li> </ul> | le Types: .doc, .<br>20 MB per file<br>le Name length | docx, .pdf,<br>I should not | zip.<br>exceed 150 characters. |                  |                         |
|                              | *File:                             | Choose File  | No file cho   | osen                        |                                |                  |                         |
| Next                         |                                    |  |   |                             |                                |                  |                         |

#### Figure 5: New Financial Submission Page (Non-PACE)

| N                              |   |  |  |                              |                              |
|--------------------------------|---|--|--|------------------------------|------------------------------|
| New Financial Sub              | mission                                     |  |  |                              |                              |
|                                |   | 0 0  | 8 0  |                              |                              |
|                                |   | 9 9  | 00   |                              |                              |
|                                | Step 3 o                                    | f 4: Provide your financial det  | ails and upload your financial statement.  |                              | Definitions and Instructions |
| A field with an asterisk (") b | efore it is a required <mark>fie</mark> ld. |  |  |                              | Deminions and instructions   |
|                                | Contract Year:                              | 20XX   |  |                              |                              |
|                                | Submission Type:                            | Audited Annual   |  |                              |                              |
|                                | Joint Venture Name:                         |  |  |                              |                              |
|                                | NAIC#:                                      |  |  |                              |                              |
|                                | FYED:                                       | 12/31  |  |                              |                              |
|                                |   |  |  |                              |                              |
| Contract Information:          | Contract Name                               | Perion Responsible   | Parent Organization Name   | Parent Org NAIC#             | Joint Venture ID             |
| 20001                          | Sample Health Plan 1                        | Philadelphia   | Sample Health Plan 1   | Falent Org HAIGH             | June Venture ID              |
|                                |   |  | our protocol and a second seco |                              |                              |
|                                | *Total Assets(in \$);                       |  |  |                              |                              |
|                                | iotai Haactafiii 47.                        |  |  |                              |                              |
|                                | "Total Liabilities(in \$):                  |  |  |                              |                              |
|                                |   |  |  |                              |                              |
| *Subordinated / Guarantee      | d Debt (Included in Total Liabilities)(in   | 0  |  |                              |                              |
|                                | \$):  |  |  |                              |                              |
|                                | *Net Income (Loss)(in \$):                  |  |  |                              |                              |
|                                |   |  |  |                              |                              |
|                                | *Cash Flow from Operations(in \$):          |  |  |                              |                              |
|                                |   |  |  |                              |                              |
|                                | Notes:                                      | <ul> <li>Accepted File Types: .do</li> </ul>                             | oc, .docx, .pdf, .zip.   |                              |                              |
|                                |   | <ul> <li>Maximum of 20 MB per</li> <li>Unloaded File Name len</li> </ul> | file.<br>eth should not exceed 150 characters  |                              |                              |
|                                |   | - Optobaled the Manie Ish  | But should not exceed 100 chelacters.  |                              |                              |
|                                |   | E  | • 1945 MODEL   |                              |                              |
|                                | *File:                                      | Choose File No file o  | cnosen   |                              |                              |
|                                |   | By checking this box, I  | attest that I have reported Subordinated   | / Guaranteed Debt above a    | nd therefore I have          |
|                                |   | completed and uploaded the   | Subordinated / Guaranteed Debt Attesta   | tion Form [PDF, 118KB] with  | my financial                 |
|                                |   | submission. [This form can b<br>included, you must complete              | e found under Fiscal Soundness: Docume<br>the Subordinated / Guaranteed Debt Att   | entation.] If Subordinated / | Guaranteed debt is           |
|                                |   |  |  |                              |                              |
| Next                           |   |  |  |                              |                              |
|                                |   |  |  |                              |                              |

- 6. After completing all information, select **Next**.
- 7. Review the information provided on the **New Financial Submission Verification page (Figure 7) or** (**Figure 8**).
  - h. If further changes need to be made, select **Back**.
  - i. If the information is correct, select **Submit**

| /erify Financial      | Information                   |                           |                    |                        |                  |                  |
|-----------------------|-------------------------------|---------------------------|--------------------|------------------------|------------------|------------------|
|                       |                               | 0                         | 2 3                | 4                      |                  |                  |
|                       |                               | Step 4 of 4: Verify your  | nformation provide | d before submitting.   |                  |                  |
|                       | Contract Ye                   | ar: 20XX                  |                    |                        |                  |                  |
|                       | Submission Typ                | e: Audited Annual         |                    |                        |                  |                  |
|                       | Joint Venture Nam             | ne:                       |                    |                        |                  |                  |
|                       | NAIC                          | #: 70670                  |                    |                        |                  |                  |
| Contract Information: | FYE                           | D: 12/31                  |                    |                        |                  |                  |
| Contract Number       | Contract Name                 | Region Resp               | onsible Pa         | rent Organization Name | Parent Org NAIC# | Joint Venture ID |
| Z0001                 | Sample Health Plan 1          | Denve                     | r Samp             | e Health Plan 1        | 12890            |                  |
|                       | Total Assets (in              | \$): 50000                |                    |                        |                  |                  |
|                       | Total Liabilities (in         | \$): 50000                |                    |                        |                  |                  |
|                       | Net Income (Loss) (in         | \$): 740000               |                    |                        |                  |                  |
|                       | Cash Flow from Operations (in | \$): 456852               |                    |                        |                  |                  |
|                       | Fi                            | le: sample file size less | han -20-mb [DOCX   | 19.5MB]                |                  |                  |
|                       | Back                          | Submit                    |                    |                        |                  |                  |

Figure 7: Verify Financial Information Page (Non-PACE)



| Verify Financial In                      | formation            |                                 |   |   |  |  |    |
|--|----------------------|---------------------------------|---|---|--|--|----|
|  |                      |                                 | 1 2   | 3 4   |  |  |    |
|  |                      | s                               | Step 4 of 4: Verify your info   | ormation provided before submitting.  |  |  |    |
|  |                      | Contract Year:                  | 20XX  |   |  |  | Pn |
|  |                      | Submission Type:                | Reporting Period Ending   | 12/31   |  |  |    |
|  | 1                    | oint Venture Name:              |   |   |  |  |    |
|  |                      | NAIC#:                          |   |   |  |  |    |
| 0  |                      | FYED:                           | 12/31   |   |  |  |    |
| Contract Information:<br>Contract Number | Contract             | Name                            | Region Responsible  | Parent Organization Name  | Parent Org NAIC#   | Joint Venture ID   |    |
| Z0001                                    | Sample Healt         | h Plan 1                        | Philadelphia  | Sample Health Plan 1  |  |  |    |
|  |                      | Total Assets (in \$):           | 250000  |   |  |  |    |
|  | To                   | tal Liabilities (in \$):        | 50000   |   |  |  |    |
| Subordinated / Guarante                  | ed Debt (Included ir | n Total Liabilities)(in<br>\$): | 0   |   |  |  |    |
|  | Net I                | ncome (Loss) (in \$):           | 740000  |   |  |  |    |
|  | Cash Flow fro        | m Operations (in \$):           | 456852  |   |  |  |    |
|  |                      | File:                           | sample file [DOCX_112K]   | 81  |  |  |    |
|  |                      |                                 | By checking this b<br>completed and uploaded<br>submission. [This form c<br>included, you must comp | ox, I attest that I have reported Subord<br>d the <u>Subordinated / Guaranteed Debt</u><br>an be found under Fiscal Soundness: I<br>plete the Subordinated / Guaranteed D | inated / Guaranteed Debt at<br>Attestation Form (PDF, 119KF<br>Documentation.] If Subordin.<br>ebt Attestation Form. | ove and therefore I have<br>with my financial<br>ated / Guaranteed debt is |    |
|  |                      | Back                            | Submit  |   |  |  |    |

8. An attestation of the submission is required (Figure 9). Select the OK.

hpmstest.cms.gov says I, STE TESTER (for Contract(s) Z0001 ) attest that the financial elements I have entered into Fiscal Soundness module are the same amounts found in the Audited Annual Financial Statements submitted to CMS for the corresponding year.

Figure 9: New Submission Attestation Popup (Audited Annual)

9. Upon submission, the Confirmation page is displayed (Figure 10).

**Figure 10: Confirmation Page** 

| Confirmation |   |
|--------------|---|
| Aud          | ted Annual financial information for contract(s) <sup>Z0001</sup> is successfully submitted with Submission ID 89974. |
|              | Exit to Home Page   |

10. Select Exit to Home Page to return to the Fiscal Soundness Start Page.

### 2.2 Update

To update financial information:

- 1. Select Submission of Financial Information from the navigation menu.
- 2. On the Submission of Financial Information page, select desired Contract Number/Name or one from the contract group.

| Fisc | al Soundness              | Ì        | ≡<    | HPMS > Monitoring > Fiscal        | Soundness > Submission o     | f Financial Info | rmation        |                       |                   |                     |
|------|---------------------------|----------|-------|-----------------------------------|------------------------------|------------------|----------------|-----------------------|-------------------|---------------------|
| \$   | <b>Financials</b>         | ^        |       | Submission of Final               | ncial Information            |                  |                |                       |                   | Add to My Favorites |
|      | Submission<br>Information | of Final | ncial |                                   |                              |                  |                |                       |                   |                     |
|      | View Financi              | ial Data | E.    |                                   | 1                            | 2                | 3              | 4                     |                   |                     |
| ٨    | Extensions                | ~        |       |                                   | -                            |                  |                |                       |                   |                     |
| Ô    | Reports and<br>Extracts   |          | ~     | Step 1                            | of 4: Select a Contract Numb | oer / Name or or | ne Contract Nu | imber / Name within a | a contract group. |                     |
| :=   | Documenta                 | tion     | ~     | A field with an asterisk (*) befo | ore it is a required field.  |                  |                |                       |                   |                     |
|      |                           |          |       | *Contract Number / Name           | Select a Contract Numb       | er / Name (N     | AIC) (IV ID)   |                       |                   | •                   |
|      |                           |          |       | Contract Number / Name.           |                              |                  |                |                       |                   |                     |
|      |                           |          |       |                                   | 1 Casta                      |                  |                |                       |                   |                     |
|      |                           |          |       |                                   | Next                         |                  |                |                       |                   |                     |

#### Figure 11: Submission of Financial Information Page – Update

- 3. Then select Next
- 4. On the **Select Reporting Period page (Figure 12) or (Figure 13),** select **Update** under the desired reporting period and select **Continue**.

Note: The submission will not be available to update if it has been reviewed by CMS, regardless of PDD.

| Select Reporting Pe                                  | riod   |   |                                   |                               |
|--|--|---|-----------------------------------|-------------------------------|
|  | 1  | 2 3 4                                   |                                   |                               |
| Step 2 of 4: Select a link to pr<br>navigation menu. | oceed with your submission, for the Reporting per                                    | riod. If no link is available, navigate | back to Submission of Financial I | nformation page via right han |
|  | Contract Number: 20001   |   |                                   |                               |
|  | Contract Name: Sample Health Plan  | 1                                       |                                   |                               |
|  | NAIC#: 70670   |   |                                   |                               |
|  | JV ID:   |   |                                   |                               |
| The next page will display all<br>Contract Year      | contracts associated with the contract group, if a<br>Audited                        | oplicable.<br>Reporting Period          | Reporting Period                  | Reporting Period              |
| oonti dot rour                                       | Annual   | Ending 3/31                             | Ending 6/30                       | Ending 9/30                   |
| 20XX   | Extension Due Date: 06/05/2021<br>Submitted<br>Submission ID: 89975<br><u>Update</u> | Due by 05/17/2021                       | Due by 08/16/2021                 | Due by 11/15/2021             |

Figure 12: Select Reporting Period – Update (Non-PACE)

| Select Reporti                                    | ng Period                          |                                   |                                     |                                 |                                  |
|---|------------------------------------|-----------------------------------|-------------------------------------|---------------------------------|----------------------------------|
|   |                                    | 1 2                               | 3 4                                 |                                 |                                  |
| <b>tep 2 of 4:</b> Select a li<br>avigation menu. | nk to proceed with your submissi   | ion, for the Reporting period. If | no link is available, navigate back | to Submission of Financial Info | ormation page via right hand     |
|   | Contract N                         | umber: 20001                      |                                     |                                 |                                  |
|   | Contract                           | Name: Sample Health Plan 1        |                                     |                                 |                                  |
|   |                                    | NAIC#:                            |                                     |                                 |                                  |
|   |                                    | JV ID:                            |                                     |                                 |                                  |
| 'he next page will dis                            | play all contracts associated with | the contract group, if applicab   | le.                                 |                                 |                                  |
| Contract Year                                     | Audited<br>Annual                  | Reporting Period<br>Ending 3/31   | Reporting Period<br>Ending 6/30     | Reporting Period<br>Ending 9/30 | Reporting Period<br>Ending 12/31 |
| 20101   | Submitted                          | Due by 05/17/2021                 | Due by 08/16/2021                   | Due by 11/15/2021               | Due by 02/15/2022                |

Figure 13: Select Reporting Period – Update (PACE)

5. On the **Update Financial Submission page**, you may **Update** values and/or upload file from previous submissions.

Note: If a previously uploaded file needs to be replaced/deleted, please upload a new zip file, including all the necessary documents. The newly uploaded file will replace the previous file.

| Update Financial               | Submission   |   |   |  |                    |   |
|--------------------------------|--|---|---|--|--------------------|---|
|                                |  | 1   | 2   | •  |                    |   |
| A field with an asterisk (*) I | Step 3 of 4: U   | pdate your financia   | al details and you                                      | r financial statement, if applicable.            | De<br>Financial St | finitions and Instructions<br>atement [DOCX_19.5MB] |
|                                | Contract Year:<br>Submission Type:<br>Joint Venture Name:<br>NAIC#:<br>FYED: | 20XX<br>Audited Annual<br>70670<br> 2/31  |   |  |                    |   |
| Contract Information:          | Contract Name  | Pegion  | Peeponsible   | Parent Organization Name                         | Parent Org NAIC#   | Joint Venture ID                                    |
| Z0001                          | Sample Health Plan 1   | D   | Denver  | Sample Health Plan 1                             | 12890              | Joint Fentare ib                                    |
|                                | *Total Assets(In \$):<br>*Total Liabilities(In \$):                          | 50000   |   |  |                    |   |
|                                | *Net Income (Loss)(in \$):   | 740000  |   |  |                    |   |
|                                | *Cash Flow from Operations(in \$):   | 456852  |   |  |                    |   |
|                                | Notes:   | <ul> <li>Accepted File</li> <li>Maximum of 20</li> <li>Uploaded File</li> </ul> | Types: .doc, .doc)<br>0 MB per file.<br>Name length sho | r, .pdf, .zip.<br>uld not exceed 150 characters. |                    |   |
| Next                           | Replace File:  | Choose File   | No file chosen  |  |                    |   |
|                                |  |   |   |  |                    |   |

#### Figure 14: Update Financial Submission Page (Non-PACE)

| Update Financial Su                      | ubmission                          |   |  |                  |                             |
|--|------------------------------------|---|--|------------------|-----------------------------|
| opullormanoral of                        |                                    |   |  |                  |                             |
|  |                                    | 0 0   | 3 4                                      |                  |                             |
|  |                                    | • •   |  |                  |                             |
|  | Step 3 of 4: U                     | pdate your financial details and  | your financial statement, if applicable. | 1                | efinitions and Instructions |
| A field with an asterisk (*) bef         | ore it is a required field.        |   |  | Financi          | al Statement [PDF, 5.6MB]   |
|  | Contract Year:                     | 20XX  |  |                  |                             |
|  | Submission Type:                   | Audited Annual  |  |                  |                             |
|  | Joint Venture Name:                |   |  |                  |                             |
|  | NAIC#:                             |   |  |                  |                             |
|  | FYED: 1                            | 12/31   |  |                  |                             |
| <b>a</b>                                 |                                    |   |  |                  |                             |
| Contract Information:<br>Contract Number | Contract Name                      | Region Responsible  | Parent Organization Name                 | Parent Org NAIC# | Joint Venture ID            |
| Z0001                                    | Sample Health Plan 1               | Dallas  | Sample Health Plan 1                     | 12890            |                             |
|  | *Total Assets(in \$):              | 250000  |  |                  |                             |
|  |                                    |   |  |                  |                             |
|  | *Total Liabilities(in \$):         | 50000   |  |                  |                             |
|  | *Net Income (Loss)(in \$):         | 740000  |  |                  |                             |
|  | *Cash Flow from Operations(in \$): | 456852  |  |                  |                             |
|  | Notes:                             | <ul> <li>Accepted File Types: .doc, .d</li> <li>Maximum of 20 MB per file.</li> </ul> | ocx, .pdf, .zip.                         |                  |                             |
|  |                                    | <ul> <li>Uploaded File Name length s</li> </ul>                                       | should not exceed 150 characters.        |                  |                             |
|  | Replace File:                      | Choose File No file chos  | sen                                      |                  |                             |
| _  |                                    |   |  |                  |                             |
| Next                                     |                                    |   |  |                  |                             |

Figure 15: Update Financial Submission Page (PACE)

6. Select **Next** and continue through the verification, attestation, and confirmation (See Section 2.1 starting with step 7).

### 2.3 Resubmit

To Resubmit Financial Information:

- 1. Select Submission of Financial Information from the navigation menu.
- 2. On the Submission of Financial Information page, select desired Contract Number/Name or one from contract group.

| Fisc    | al Soundness 🛛 🛋 🗮                              | HPMS > Monitoring > Fisca                  | Soundness > Submission of Fi   | inancial Informat | ion            |                              |                     |
|---------|---|--|--------------------------------|-------------------|----------------|------------------------------|---------------------|
| \$      | Financials  Submission of Financial Information | Submission of Fina                         | ncial Information              |                   |                |                              | Add to My Favorites |
| ۲       | View Financial Data<br>Extensions 🗸             |  | 1                              | 2                 | 3 (            | 4                            |                     |
| ê<br>:= | Reports and<br>Extracts<br>Documentation        | Step 1<br>A field with an asterisk (*) bef | of 4: Select a Contract Number | / Name or one Co  | ontract Number | / Name within a contract gro | up.                 |
|         |   | *Contract Number / Name:                   | Select a Contract Number       | / Name (NAIC)     | (JV ID)        | ×                            | •                   |

#### Figure 16: Submission of Financial Information Page – Resubmit

- 3. Then select Next.
- 4. On the **Select Reporting Period page**, select **Resubmit** under the desired reporting period and select **Continue**.

#### Figure 17: Select Reporting Period – Resubmit (Non-PACE)

| Select Reporting P                               | eriod  |   |                                   |                               |
|--|--|---|-----------------------------------|-------------------------------|
|  | 1  | 2 3 4                                   |                                   |                               |
| Step 2 of 4: Select a link to p navigation menu. | proceed with your submission, for the Reporting perio                              | d. If no link is available, navigate ba | ack to Submission of Financial In | formation page via right hand |
|  | Contract Number: 20001   |   |                                   |                               |
|  | Contract Name: Sample Health Plan 1  |   |                                   |                               |
|  | NAIC#: 70670   |   |                                   |                               |
|  | JU NC:   |   |                                   |                               |
| The next page will display a                     | I contracts associated with the contract group, if appl                            | icable.                                 |                                   |                               |
| Contract Year                                    | Audited<br>Annual  | Ending 3/31                             | Ending 6/30                       | Ending 9/30                   |
| 20XX   | Resubmission Deadline: 03/12/2021<br>Submitted<br>Submission ID: 89975<br>Resubmit | Due by 05/17/2021                       | Due by 08/16/2021                 | Due by 11/15/2021             |

| Select Report         | ing Period   |   |                                 |                                 |                                 |                                  |
|-----------------------|--|---|---------------------------------|---------------------------------|---------------------------------|----------------------------------|
|                       |  |   | 0 0                             | 8 4                             |                                 |                                  |
| Step 2 of 4: Select a | link to proceed with you                                 | ır submissi <mark>on,</mark> for the R        | eporting period. If no link is  | available, navigate back to St  | ubmission of Financial Inform   | nation page via right han        |
| navigation menu.      |  | Contract Number: Z000                         | 1.                              |                                 |                                 |                                  |
|                       |  | Contract Name: Samo                           | le Health Plan 1                |                                 |                                 |                                  |
|                       |  | NAIC#:  |                                 |                                 |                                 |                                  |
|                       |  | JV ID:  |                                 |                                 |                                 |                                  |
| The next page will di | splay all contracts asso                                 | ciated with the contract                      | t group, if applicable.         |                                 |                                 |                                  |
| Contract Year         | Audit  | ed<br>al                                      | Reporting Period<br>Ending 3/31 | Reporting Period<br>Ending 6/30 | Reporting Period<br>Ending 9/30 | Reporting Period<br>Ending 12/31 |
| 20XX                  | Resubmission Dead<br>Submi<br>Submission<br><u>Resub</u> | lline: 03/12/2021<br>tted<br>ID: 89974<br>mit | Due by 05/17/2021               | Due by 08/16/2021               | Due by 11/15/2021               | Due by 02/15/2022                |

#### Figure 18: Select Reporting Period – Resubmit (PACE)

5. On the Resubmit Financial Submission page, you may resubmit values and/or upload file from previous submissions.

| Resubmit Financi             | al Submission                      |   |   |                                    |                        |                          |
|------------------------------|------------------------------------|---|---|------------------------------------|------------------------|--------------------------|
|                              |                                    | 1   | 2   | 3 4                                |                        |                          |
|                              | Step 3 (                           | of 4: Update your   | r financial details and yo  | our financial statement, if applic | able.<br>Einancial Sta | nitions and Instructions |
| A field with an asterisk (*) | before it is a required field.     |   |   |                                    | Fillallyarora          | ternenic (DOOA, 19.9mp)  |
|                              | Contract                           | Year: 20XX  |   |                                    |                        |                          |
|                              | Submission                         | Type: Audited A   | Annual  |                                    |                        |                          |
|                              | Joint Venture N                    | lame:   |   |                                    |                        |                          |
|                              | N                                  | AIC#: 70670   |   |                                    |                        |                          |
|                              | ,                                  | FYED: 12/31   |   |                                    |                        |                          |
| Contract Information:        |                                    |   |   |                                    |                        |                          |
| Contract Number              | Contract Name                      |   | Region Responsible  | Parent Organization Nan            | ne Parent Org NAIC#    | Joint Venture ID         |
| Z0001                        | Sample Health Plan 1               | -   | Denver  | Sample Health Plan 1               | 12890                  |                          |
|                              | *Total Assets(in \$):              | 50000   |   |                                    |                        |                          |
|                              | *Total Liabilities(in \$):         | 50000   |   |                                    |                        |                          |
|                              | *Net Income (Loss)(in \$).         | 740000  |   |                                    |                        |                          |
| ą                            | *Cash Flow from Operations(in \$): | 456852  |   |                                    |                        |                          |
|                              | Notes:                             | <ul> <li>Accepted File T</li> <li>Maximum of 20</li> <li>Uploaded File N</li> </ul> | ypes: .doc, .docx, .pdf, .zip.<br>MD per file.<br>Name length should not exce | ed 150 characters.                 |                        |                          |
|                              | Replace File:                      | Choose File   | No file chosen  |                                    |                        |                          |
| Next                         |                                    |   |   |                                    |                        |                          |

#### Figure 19: Resubmit Financial Submission Page (Non-PACE)

|                                 |   | 1 2   | 3 4   |  |                                  |
|---------------------------------|---|---|---|--|----------------------------------|
|                                 | Step 3 of 4                                     | Update your financial detail  | s and your financial statement, if applicab   | le.  |                                  |
| A field with an asterisk (*) be | fore it is a required field.                    |   |   | Einancia   | Definitions an<br>I Statement [D |
|                                 | Contract Year                                   | 20XX  |   |  |                                  |
|                                 | Submission Type                                 | Audited Annual  |   |  |                                  |
|                                 | Joint Venture Name:                             |   |   |  |                                  |
|                                 | NAIC#   |   |   |  |                                  |
|                                 | FYED  | 12/31   |   |  |                                  |
| Contract Information:           |   |   |   |  |                                  |
| Contract Number                 | Contract Name                                   | Region Responsible  | Parent Organization Name  | Parent Org NAIC#   | Joint Ven                        |
| Z0001                           | Sample Health plan 1                            | Philadelphia  | Sample Health plan 1  |  |                                  |
|                                 | *Total Assets(in \$)                            |   |   |  |                                  |
|                                 | Total Association                               | 250000  |   |  |                                  |
|                                 | *Total Liabilities(in \$)                       | 20000   |   |  |                                  |
|                                 |   |   |   |  |                                  |
| *Subordinated / Guaranteed      | I Debt (Included in Total Liabilities)(ir<br>Si | 0   |   |  |                                  |
|                                 | *Net Income (Loss)(in \$)                       | (   |   |  |                                  |
|                                 | net moone (Loss) (in o)                         | 80000   |   |  |                                  |
|                                 | *Cash Flow from Operations(in \$)               | 9500  |   |  |                                  |
|                                 |   |   |   |  |                                  |
|                                 | Notes   | <ul> <li>Accepted File Types: .</li> <li>Maximum of 20 MB pr</li> </ul> | docdocxpdf, .zip.<br>ur file  |  |                                  |
|                                 |   | <ul> <li>Uploaded File Name le</li> </ul>                               | angth should not exceed 150 characters.   |  |                                  |
|                                 |   |   |   |  |                                  |
|                                 | Replace File                                    | Choose File No file   | e chosen  |  |                                  |
|                                 |   |   |   | 110 Inclusion  |                                  |
|                                 |   | completed and uploaded t  | , Lattest that I have reported Subordinated<br>he Subordinated / Guaranteed Debt Attest | d / Guaranteed Debt above ar<br>ation Form [PDF, 119KB] with | my financial                     |
|                                 |   |   |   | enteties 116 Subardinated ()                                 | Commission of day                |
|                                 |   | submission. [This form car  | be found under Fiscal Soundness: Docum  | nentation.] If Subordinated /                                | Guaranteed de                    |

#### Figure 20: Resubmit Financial Submission Page (PACE)

6. Select Next and continue through the verification, attestation, and confirmation (See Section 2.1 starting with step 7).

Note: If a previously uploaded file needs to be replaced/deleted, please upload a new zip file, including all the necessary documents. The newly uploaded file will replace the previous file.

#### Figure 21: Resubmit pop-up



### **3** View Financial Data

The purpose of the View Financial Data function is to view the financials for existing submissions.

To view a submission:

- 1. Select **View Financial Data** from the navigation menu.
- 2. On the View Financial Data Search page (Figure 22), populate search criteria (Optional).

| iew Financial Data Search                              |                             |   |                                  |   |
|--|-----------------------------|---|----------------------------------|---|
| Contract Year:   | 20XX                        | • |                                  |   |
| pe in a Contract Number or Select contract(s) from the | Contract Number / Name List |   |                                  |   |
| Contract Number:                                       |                             |   |                                  |   |
|  | OR                          |   |                                  |   |
| Contract Number / Name:                                | All                         |   | •                                |   |
| Submission Date From (MM/DD/YYYY):                     | Ē                           |   | Submission Date To (MM/DD/YYYY): | Ē |
| Order By:  | Submission Date             | • |                                  |   |
|  | Submit                      |   |                                  |   |

#### Figure 22: View Financial Data Search Page

- 3. Select Submit.
- 4. On the Search Results (Figure 23) page select the appropriate Submission ID.

| ote(s):           |                             |                     |                  |                       |                         |                 |         |                 |
|-------------------|-----------------------------|---------------------|------------------|-----------------------|-------------------------|-----------------|---------|-----------------|
| Contract Year: 2  | <sup>0XX</sup> ; Contract I | Number(s): 20001    | ; Sort By: Su    | bmission Date         |                         |                 |         |                 |
| lect Submission I | D to continue.              |                     |                  |                       |                         |                 |         |                 |
| Submission ID     | Contract<br>Number          | Joint Venture<br>ID | Contract<br>Year | Region<br>Responsible | <b>Review Status</b>    | Submission Type | Version | Submission Date |
|                   |                             |                     |                  |                       | Province and the second |                 |         |                 |

5. **The Financial Data Page (Figure 24)** displays submission information for the selected Submission ID.

*Note: The following fields were available for submissions prior to 2010. These fields will display if financial data had been entered at that time:* 

- a. Cash and ST Investments
- b. LT Liquid Investments (Non-PDP only)
- c. Total Claims (Non-PDP only)
- d. Total Revenue
- e. Total Expenses
- f. Total Medical and Hospital (Non-PDP only)
- g. Total Administrative Expenses
- h. Total Member Months (Non-PDP only)
- *i.* Total Current Assets (PDP only)
- *j.* Total Current Liabilities (PDP only)

- k. Drug Benefit Expenses (PDP only)
- *l.* Drug Benefit Revenues (PDP only)

#### Figure 24: Financial Data Page

| Financia                    | l Data   |   |   |   |                                       |                            |                                       |                                       |  |                          |               |
|-----------------------------|--|---|---|---|---------------------------------------|----------------------------|---------------------------------------|---------------------------------------|--|--------------------------|---------------|
| Contract<br>Number<br>20001 | Contract Name<br>Sample Health Plan 1            | Sut<br>Cor<br>PACE<br>Co<br>Subm<br>Subm<br>Contract<br>NAIC #  | htract Type: PDP<br>Contract?: No<br>ntract Year: 20XX<br>ission Date: 02/17<br>ission Type: Audit<br>Contract NAIC #<br>at Submission  | 4<br>/2021<br>ed Annual<br>Joint<br>Venture<br>ID             | Joint<br>Venture<br>Name              | Joint<br>Venture<br>NAIC # | Joint Venture NAIC #<br>at Submission | Region<br>Responsible<br>Philadelphia | Parent Org. Name<br>Sample Health Plan 1 | Parent<br>Org. NAIC<br># | FYED<br>12/31 |
|                             | Cash<br>Total Adm<br>Cash F<br>Tot<br>Tot<br>Dru | Total A<br>a and ST Investr<br>Total Liab<br>Total Rep<br>Total Exp<br>ininistrative Exp<br>Net Income (<br>Flow from Opera<br>Total Current A<br>al Current Liabi<br>ug Benefit Expe | Assets(in \$): \$250<br>ments(in \$):<br>silities(in \$):<br>silities(in \$):<br>enses(in \$):<br>enses(in \$):<br>(Loss)(in \$): \$740<br>ations(in \$):<br>ssets (in \$):<br>enses (in \$):<br>enses (in \$): | .000<br>000<br>.000<br>.852                                   |                                       |                            |                                       |                                       |  |                          |               |
| Back                        | Dru  | ug Benefit Reve<br>Upload Date<br>ched Financial 3<br>User Phor<br>User Ema   | e and Time: 02/17<br>Statement: Test f<br>User Name: STE T<br>ne Number: (999)<br>ail Address: phoer  | /2021 03:58<br>ile 1 [DOCX<br>ESTER<br>999-9999<br>nix-hpms@t | 3:43 PM<br>. <u>73KB</u> ]<br>est.com |                            |                                       |                                       |  |                          |               |

## 4 Submission of Extension Requests

The purpose of the **Submission of Extension Requests** function is to submit extension requests for review. Users have two extension request choices:

- **Request New Extension** First time submitting an extension request for a given contract year/submission type/contract.
- Update / Withdraw Extension Updating an existing extension request prior to CMS Review.

*Note: Once approved, Extension dates are visible in the following locations: Review Status Report (Section 5.1).* 

### 4.1 New Extension Requests

To submit a new extension request:

- 1. Select Submission of Extension Requests from the navigation menu.
- 2. On the Extension Requests page (Figure 25), select Request New Extension and select Continue.



#### Figure 25: Extension Requests Page

3. On the Submit Extension Requests (Figure 26) page fill out the new extension form.

a. PACE Contracts - Select Yes or No.

Note:

- All newly effective contracts will not be displayed on the page until the Fiscal Soundness Module release in late March.
- If a new contract is linked to the same NAIC number of an existing contract that has approved perennial extension, the organizations need not submit a new extension request. The system will automatically apply the approved perennial extension to the new contract.

- b. **Submission Type** The submission type for which the extension is being made. For more information, see Section 1.5.
- c. Contract Name / Number Contracts that are assigned to the user currently logged in.

*Note: If applicable, contracts must be submitted in NAIC groups. For more information, see Section 1.6.* 

- d. **Requested Extension Date** Extension Date requested. *Note: Must be greater than or equal to the current date.*
- e. Select the Extension as Perennial Select this box if this is a perennial extension request. A perennial request is considered a permanent one. Please refer to the instructions in Section 1.5.
- f. Reason for Extension Provide reason for extension request.
- g. **File** Upload the applicable financial statement(s) and supporting documentation (e.g. NAIC or State Filing Checklist Form).

Note:

- •Accepted file types are .DOC, .DOCX, .PDF and .ZIP.
- *Filename cannot contain any of the following characters: pound (#), percent (%), semi-colon (;), plus (+), ampersand (&), and double periods (..).*
- Maximum file size allowed is 10MB.
- Uploaded file name length should not exceed 150 characters.
- h. Comments When the Reason for Extension is Other, comments are required.

#### Figure 26: Submit Extension Request Page

| Submit Ex  | tension Request   |  |  |   |   |  |                                       |                                |                       |        |  |
|--|---|--|--|---|---|--|---------------------------------------|--------------------------------|-----------------------|--------|--|
| Notes:   |   |  |  |   |   |  |                                       |                                |                       |        |  |
| <ul> <li>Extension re</li> <li>Extension re</li> <li>All newly eff<br/>perennial ex</li> </ul> | quests apply only to financials su<br>quests can be marked as perman<br>ective contracts will be available<br>tension request to the new contra | ibmitted in co<br>ent by check<br>at the time o<br>act.  | ontract year<br>ing <b>'Select</b><br>f the Fiscal | 2021, unles<br>the Extension<br>Soundness   | s requested as i<br>on as Perennial<br>module release | Perennial.<br>' as long as the c<br>. For new contra | contract(s) are a<br>acts assigned to | a NAIC group, HPMS will automa | tically assign the ap | proved |  |
| A field with an a  | sterisk (*) before it is a required fi  | ield.  |  |   |   |  |                                       |                                |                       |        |  |
|  | *PACE Contracts:  | • Yes  | ) No   |   |   |  |                                       |                                |                       |        |  |
|  | Contract Year:  | 20XX   |  |   |   | -  |                                       |                                |                       |        |  |
|  | *Submission Type:   | Audited A  | Annual   |   | *   | )  |                                       |                                |                       |        |  |
| *Contract Number   | er / Name:  |  |  |   |   |  |                                       |                                |                       |        |  |
| Contract<br>Number   | Contract Name   | Contract Joint Joint NAIC # Venture ID N                 |  |   |   | Joint Venture<br>NAIC #                              | Region<br>Responsible                 | Parent Org. Name               | Parent Org.<br>NAIC # | FYED   |  |
| Z0001  | Sample Health Plan 1  |  |  |   |   |  | Atlanta                               | Sample Health Plan 1           |                       | 09/30  |  |
|  | Request Date:   | 03/02/2021   |  |   |   |  |                                       |                                |                       |        |  |
|  | *Requested Extension Date<br>(MM/DD/YYYY):  |  |  |   |   |  |                                       |                                |                       |        |  |
|  |   | Select   | the Extensi  | on as Perenr                                | nial  |  |                                       |                                |                       |        |  |
|  | *Reason for Extension:  | Select a   | Value  |   |   |  |                                       |                                |                       |        |  |
|  | Notes:  | <ul><li>Accepte</li><li>Maximu</li><li>Uploade</li></ul> | ed File Type<br>im of 10 MB<br>ed File Nam         | s: .doc, .doc><br>per file.<br>e length sho | (, .pdf, .zip.<br>uld not exceed                      | 150 characters.                                      |                                       |                                |                       |        |  |
|  | *Select File to Upload:   | Choose   | File No  | file choser                                 | n   |  |                                       |                                |                       |        |  |
|  | Comments:   |  |  |   |   |  |                                       |                                |                       |        |  |
|  |   |  |  |   |   |  |                                       |                                |                       |        |  |
|  |   |  |  |   |   |  |                                       |                                |                       |        |  |
|  |   | Next   |  |   |   |  |                                       |                                |                       |        |  |

- 4. Select Next.
- 5. Review the information provided on the Submit Extension Request Verification page (Figure 26)
  - i. If further changes need to be made, select **Back**.
  - j. If the information is correct, select **Submit**.

| Confirm            | m Extension Request                               |                                   |  |  |  |                            |                                       |                       |                  |                          | 2    |
|--------------------|---|-----------------------------------|--|--|--|----------------------------|---------------------------------------|-----------------------|------------------|--------------------------|------|
| If all is corre    | ct, select the <b>'Submit'</b> button. (          | Otherwise, so<br>Sub<br>Sub<br>Ca | elect the 'Back' butt<br>Contract Ye<br>Submitt<br>mitter E-mail Addre<br>mitter Phone Numb<br>Request Da<br>pontract Number/Nam | on to return<br>har: 20XX<br>her: STE TES<br>ss: phoenix<br>her: (999) 99<br>hte: 03/02/2<br>ne: | to the previou<br>STER<br>-hpms@test.c<br>99-9999<br>02112:05:53 | us page.<br>com<br>PM      |                                       |                       |                  |                          |      |
| Contract<br>Number | Contract Name                                     | Contract<br>NAIC #                | Contract NAIC #<br>at Submission   | Joint<br>Venture   | Joint<br>Venture<br>Name   | Joint<br>Venture<br>NAIC # | Joint Venture NAIC #<br>at Submission | Region<br>Responsible | Parent Org. Name | Parent<br>Org. NAIC<br># | FYED |
| Z0001              | 0001 Sample Health Plan 1 Seattle Sample Health P |                                   |  |  |  | Sample Health Plan 1       |                                       | 12/31                 |                  |                          |      |
|                    |   | Requ<br>Select I                  | uested Extension Da<br>Extension as Perenn<br>Reason for Extensi<br>Commen   | ite: 03/03/2<br>ial:   | 2021<br>pproved Subr   | nission Exten              | sion                                  |                       |                  |                          |      |
|                    |   |                                   | Attac<br>Extension Reques  | ched File: Sat Status: N   | ample file [DC<br>lot Started                                    | <u>DCX; 114KB</u> ]        |                                       |                       |                  |                          |      |
| Ba                 | Submit  |                                   |  |  |  |                            |                                       |                       |                  |                          |      |

6. Upon submission, the Confirmation page is displayed (Figure 28).

Note: Once an extension request is submitted for a contract/submission type, you may not submit additional extension requests for the same contract/submission type until the prior extension request have been approved, denied, or withdrawn.

#### Figure 28: Extension Request Confirmation Page



## 4.2 Update / Withdraw Extension Requests

To update / withdraw an extension request:

- 1. Select Submission of Extension Requests from the navigation menu.
- 2. On the Extension Requests page (Figure 25), select Update / Withdraw Extension and select Continue.
- 3. On the Select Extension Request Search Results page (Figure 29), locate the appropriate extension and select the Extension Submission ID.

Note: The submission will not be available to update if it has been reviewed by CMS.

| Select Exter         | nsion Request  |      |                   |                   |                  |                   |
|----------------------|----------------|------|-------------------|-------------------|------------------|-------------------|
| Select Submission II | D to continue. |      |                   |                   | 0140             |                   |
| Submission<br>ID     | Contract(s)    | Year | Type              | Extension<br>Date | Review<br>Status | Extension<br>Date |
| <u>17676</u>         | Z0001          | 20XX | Audited<br>Annual | 03/03/2021        | Not<br>Started   |                   |

#### Figure 29: Select Extension Request Page

4. On the **Update/Withdraw Extension page (Figure 30)** you may update values and/or upload file from the previous extension request or withdraw the request by selecting **Withdraw Request**.

Note: If a previously uploaded file needs to be replaced/deleted, please upload a new zip file, including all of the necessary documents. The newly uploaded file will replace the previous file.

#### Figure 30: Update/Withdraw Extension Request Page

| Update/W  | /ithdraw Requested E   | xtensio  | n   |  |   |   |  |                            |                         |                          |         |   |
|---|--|--|---|--|---|---|--|----------------------------|-------------------------|--------------------------|---------|---|
| Select the desire   | d data fields to make updates. Or  | select "Wi   | thdraw Request"   | to cancel t                            | the placed n                                      | equest.   |  |                            |                         |                          |         |   |
| Notes:  |  |  |   |  |   |   |  |                            |                         |                          |         |   |
| <ul> <li>Extension re</li> <li>Extension re</li> <li>All newly efficient perennial extension</li> </ul> | quests apply only to financials su<br>quests can be marked as perman<br>fective contracts will be available<br>tension request to the new contra | ibmitted in<br>ent by cheo<br>at the time<br>act.        | contract year 202<br>:king <b>'Select the I</b><br>of the Fiscal Sour | l, unless re<br>Extension<br>ndness mo | aquested as<br><b>as Perennia</b><br>Idule releas | : Perennial.<br>al' as long as<br>e. For new co | the contract(s) are<br>ontracts assigned t | active.<br>o a NAIC group. | HPMS will automatically | assign the ap            | pproved |   |
| A field with an a   | sterisk (*) before it is a required fi<br>Extension Submission ID:   | ield.<br>17676   |   |  |   |   |  |                            |                         |                          |         |   |
|   | *PACE Contracts:   | Yes (  | No  |  |   |   |  |                            |                         |                          |         |   |
|   | Contract Year:   | 20XX   |   |  |   |   |  |                            |                         |                          |         |   |
|   | *Submission Type:  | Audited  | Annual  |  |   | •   |  |                            |                         |                          |         |   |
| *Contract Numb  | er / Name:   |  |   |  |   |   |  |                            |                         |                          |         |   |
| Contract<br>Number  | Contract Contract Name<br>Number   |  | Contract NAIC<br># at Submission                                      | Joint<br>Venture<br>ID                 | Joint<br>Venture<br>Name                          | Joint<br>Venture<br>NAIC #                      | Joint Venture<br>NAIC # at<br>Submission   | Region<br>Responsible      | Parent Org. Name        | Parent<br>Org.<br>NAIC # | FYED    | Î |
| Z0001   | Sample Health Plan 1   |  |   |  |   |   |  | Atlanta                    | Sample Health Plan 1    |                          | 09/30   |   |
|   | Request Date:  | 3/2/20211  | 28:44 PM  |  |   |   |  |                            |                         |                          |         |   |
|   | *Requested Extension Date<br>(MM/DD/YYYY):   | 03/03/   | 2021  |  | ۲   |   |  |                            |                         |                          |         |   |
|   |  | Selec  | t the Extension as  | Perennial                              |   |   |  |                            |                         |                          |         |   |
|   | *Reason for Extension:   | State A  | gency Required  | Date                                   |   | <u> </u>  |  |                            |                         |                          |         |   |
|   | Attached File:   | sample file  | [DOCX_112KB]  | 10                                     | 10 11   |   |  |                            |                         |                          |         |   |
|   | Notes:   | <ul> <li>Accep</li> <li>Maxim</li> <li>Upload</li> </ul> | ted File Types: .do<br>ium of 10 MB per f<br>ded File Name len;       | c, .docx, .p<br>ile.<br>gth should     | idf, .zip.<br>I not exceed                        | l 150 charact                                   | ters.                                      |                            |                         |                          |         |   |
|   | Select File to Upload:   | Choos  | e File No file (  | chosen                                 |   |   |  |                            |                         |                          |         |   |
|   | Comments:  |  |   |  |   |   |  |                            |                         |                          |         |   |
|   |  | Next   |   |  |   |   |  |                            |                         |                          |         |   |

5. After completing all information, select Next.

Note: When withdrawing a request, the system prompts you with an additional pop-up message during submission, asking you to confirming the withdrawal. Once a request is withdrawn, it is no longer editable by you or by CMS.

- 6. Review the information provided on Submit Extension Request Verification page (Figure 27).
  a. If further changes need to be made, select Back.
  - b. If the information is correct, select **Submit**.
- 7. Upon submission, the Confirmation page is displayed (Figure 28).

## 5 Reports

Reports are accessible from the Reports page (Figure 31). To view the Reports page, select Reports from the navigation menu.

Note: For all reports, any column that is blank means no data has been submitted for the given contract (and if applicable, to the Joint Venture entities). All reports are exportable to MS Excel.

#### Figure 31: Reports Page

Reports

Add to My Favorites

Review Status Report

### 5.1 Review Status Report

The Review Status Report displays all expected submissions for contracts and the status of the submissions.

To obtain the Review Status Report:

- 1. Select Review Status Report.
- 2. On the Review Status Report page, populate search critieria (Optional) (Figure 32).
- 3. Select Submit.

| eview Status Report                                       |   |   |                                  |   |
|---|---|---|----------------------------------|---|
| Region Responsible:                                       | All   | • |                                  |   |
| Contract Year:  | 20XX  | • |                                  |   |
| Contract Type:  | All   | - |                                  |   |
| ype in a Contract Number or Select contract(s) from the ( | Contract Number / Name List   |   |                                  |   |
| Contract Number:  |   |   |                                  |   |
|   | OR  |   |                                  |   |
| Contract Number / Name:                                   | All<br>Z0001- Sample Health Plan 1<br>Z0002- Sample Health Plan 2<br>Z0003- Sample Health Plan 3<br>Z0004- Sample Health Plan 4 |   |                                  |   |
| Contract NAIC #:  | All   | • |                                  |   |
| Submission Type:  | All   | • |                                  |   |
| Review Status:  | All   | • |                                  |   |
| Submission Date From (MM/DD/YYYY):                        |   |   | Submission Date To (MM/DD/YYYY): | Ē |
| Order By:   | Contract Number   | • |                                  |   |
|   |   |   |                                  |   |

Figure 32: Review Status Report Search Criteria Page

#### Figure 33: Review Status Report Page

| Review             | / Status Rep        | ort                |                                     |                        |                            |  |                               |                  |                       |                   |                     |                 |                    |                    |                  |                   |                             |                   |                        |       |
|--------------------|---------------------|--------------------|-------------------------------------|------------------------|----------------------------|--|-------------------------------|------------------|-----------------------|-------------------|---------------------|-----------------|--------------------|--------------------|------------------|-------------------|-----------------------------|-------------------|------------------------|-------|
| earch Crit         | oria:               |                    |                                     |                        |                            |  |                               |                  |                       |                   |                     |                 |                    |                    |                  |                   |                             |                   |                        |       |
| ontract N          | umber(s); 20001 ; ) | NAIC: AIL: C       | ontract Type: A                     | III: Contrac           | ot Year: 20                | oc Region(s) Res                         | ponsible: All; Subm           | ission Type      | : All: Review S       | tatus: All; Or    | der By: Contra      | act Number      |                    |                    |                  |                   |                             |                   |                        |       |
| Export to          | Excel               |                    |                                     |                        |                            |  |                               |                  |                       |                   |                     |                 |                    |                    |                  |                   |                             |                   |                        |       |
| Contract<br>Number | Contract Name       | Contract<br>NAIC # | Contract<br>NAIC # at<br>Submission | Joint<br>Venture<br>ID | Joint<br>Venture<br>NAIC # | Joint Venture<br>NAIC # at<br>Submission | Plan Type                     | Contract<br>Year | Region<br>Responsible | Effective<br>Date | Termination<br>Date | Submitted<br>By | Submission<br>Date | Submission<br>Type | Review<br>Status | Version<br>Number | Original<br>Sub Due<br>Date | Extension<br>Date | Extension<br>Requested | FYED  |
|                    | Sample Health       |                    |                                     |                        |                            |  | Employer/Union<br>Only Direct | 2088             | Philadelphia          | 01/01/2007        |                     | STE             | 02/17/2021         | Audited            | Pending          | 1                 | 05/28/2021                  | 10/15/2021        | Y                      | 12/31 |
| Z0001              | Plan 1              |                    |                                     |                        |                            |  | Contract PDP                  | Lorut            |                       |                   |                     | TESTER          |                    | Annual             |                  |                   |                             |                   |                        |       |

## 6 Documents and Forms

The **Documents and Forms** section, accessible from the Fiscal Soundness navigation menu, contains the following items:

- **FSRR Final Memo for 2021 FSM Release** This includes any information that CMS would like to share with Plan Organizations regarding the new submission year.
- **CY 2021 Fiscal Soundness Reporting Requirements (FSRR)** This document provides filing instructions/guidance to upload financial statements for the Plan Organizations.
- **Fiscal Soundness Requirements and Monitoring** This document summarizes the potential actions that CMS may take to address organizations not meeting fiscal soundness requirements.
- **Clarification of Fiscal Soundness Requirements** This document provides clarification on the fiscal soundness requirements.
- Annual Verification of Parent Organization and Legal Entity Name This document includes instructions for reviewing parent organization and legal entity name and reporting corrections, if applicable.
- **Plan User Guide** The Fiscal Soundness Module User Guide is an all-inclusive document incorporating the various steps for submitting new financial statements and data elements.
- Subordinated/Guaranteed Debt Attestation Form If a PACE organization or 1876 Cost Plan has a subordinated/guaranteed debt arrangement, CMS requires the Subordinated/Guaranteed Debt Attestation Form to be submitted.

## 7 Contacts

#### Table 1: Fiscal Soundness Contacts – By Type or CMS Region ("Region Responsible" under "Plan Management Data")

| Contacts                     | By Type or CMS Region ("Region Responsible"<br>under "Plan Management Data") |
|------------------------------|--|
| Joe Millstone                | All Prescription Drug Plans (PDPs) and MA Organizations                      |
| Joseph.Millstone@cms.hhs.gov | covered under a Financial Report that includes a PDP                         |
| 410-786-2976                 |  |
| Andrew Chu                   | Technical HPMS Contact   |
| Andrew.Chu@cms.hhs.gov       |  |
| 410-786-0488                 |  |

# Table 2: Fiscal Soundness Contacts – Medicare Advantage Organizations Not Covered in Table above (by "Region Responsible" under "Plan Management Data")

| Contacts  | Medicare Advantage Organizations Not Covered in Table<br>Above (by "Region Responsible" under "Plan<br>Management Data") |
|---|--|
| Emily Davis<br>Emily.Davis@cms.hhs.gov<br>410-786-1454  | PACE Plans – Atlanta, Boston, New York<br>Region 02 – New York   |
| Mark Keller<br><u>Mark.Keller@cms.hhs.gov</u><br>410-786-0107   | Region 01 – Boston<br>Region 06 – Dallas<br>Region 09 – San Francisco<br>Region 10 – Seattle                             |
| Joe Millstone<br>Joseph.Millstone@cms.hhs.gov<br>410-786-2976<br>David Stysley<br>David.Stysley@cms.hhs.gov<br>410-786-8948 | Region 03 – Philadelphia<br>Region 04 – Atlanta  |
| Venita Scott<br><u>Venita.Scott@cms.hhs.gov</u> 410-<br>786-3139  | PACE Plans – Dallas, Denver, Kansas City, San Francisco, Seattle<br>Region 05 – Chicago<br>Region 08 – Denver            |
| Christa Zalewski<br>Christa.Zalewski@cms.hhs.gov<br>410-786-1971  | PACE Plans – Chicago, Philadelphia<br>Region 07 – Kansas City  |

## 8 PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0469 (Expires: August 31, 2022). The time required to complete this information collection is estimated to average 20 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.