

The **SPAP/ADAP Attestations** page (Figure 2) displays.

The screenshot displays the HPMS (Health Plan Management System) interface for the SPAP/ADAP Attestations page. The page features a sidebar with navigation options: Attestations (selected), Reports, and Documentation. The main content area shows a table of attestations with the following data:

Attestation Number	Program Name	Program Type	State	Attestation Status	Review Status	Actions
Z0001	Sample Program 1	ADAP	MD	Rejected	Rejected	View, Edit
Z0002	Sample Program 2	ADAP	MD	Open	Open	View, Edit, Delete
Z0003	Sample Program 3	ADAP	MD	Rejected	Rejected	View, Edit
Z0004	Sample Program 4	SPAP	MD	Approved	Approved	View, Edit
Z0005	Sample Program 5	SPAP	MD	Rejected	Rejected	View, Edit

The page also includes a '+ Add New Attestation' button in the top right corner of the table area. The footer contains links to About HPMS, Website Accessibility, Web Policies, File Formats and Plug-Ins, Rules of Behavior, System Requirements, and the CMS logo.

Figure 2: SPAP/ADAP Attestations

HOW TO ENTER DATA FOR AN INITIAL ADAP OR SPAP ATTESTATION

1. On the **SPAP/ADAP Attestations Page**, click **Add New Attestation** option.
2. The **New Attestation** page displays (**Figure 3**).

NOTES:

- The data-entry process is the same for ADAP and SPAP.
- All the following sections are expanded by default on the New Attestation page.
 - Program Details
 - Contact Information for CMS
 - Eligibility
 - Enrollment
 - Assurances
- To collapse a section click on the corresponding section name.
- Required fields are marked with an asterisk (*) in each section.

The screenshot displays the 'New Attestation' page within the HPMS (Health Plan Management System) interface. The page is titled 'New Attestation' and includes a 'Collapse All' button. The 'Program Details' section is expanded, showing a form with the following fields:

- Program Type *** (dropdown menu)
- Program Name *** (text input)
- Program State** (text input, currently showing 'MD')
- Program Website** (text input)
- Group ID** (text input)
- Customer Service Phone Number for Medicare.gov *** (text input)
- Ext.** (text input)

Below the form, there are two questions with 'Yes' and 'No' radio buttons:

- *Does your program have a BIN?
- *Do you currently have a Data Sharing Agreement (DSA) in place?

The page footer includes links for 'About HPMS', 'Website Accessibility', 'Web Policies', 'File Formats and Plug-Ins', 'Rules of Behavior', and 'System Requirements'. The CMS logo is also present in the bottom right corner.

Figure 3: New Attestation

3. Enter the applicable data in the **Program Information** section (**Figure 4**).

The screenshot shows a web form titled "Program Details" with a red warning icon. Below the title, a note states: "An asterisk (*) indicates a required field." The form contains several input fields and sections:

- Program Type ***: A dropdown menu with "ADAP" selected.
- Program Name ***: A text input field.
- Program State**: A dropdown menu with "MD" selected.
- Program Website**: A text input field.
- Group ID**: A text input field.
- Customer Service Phone Number for Medicare.gov ***: A text input field.
- Ext.**: A text input field.
- *Does your program have a BIN?**: Two radio buttons, "Yes" and "No".
- *Do you currently have a Data Sharing Agreement (DSA) in place?**: Two radio buttons, "Yes" and "No".
- Contact information for beneficiary inquiries**: A section header in green.
- Title**: A text input field.
- First Name ***: A text input field.
- Last Name ***: A text input field.
- Phone ***: A text input field.
- Ext**: A text input field.
- Fax**: A text input field.
- Alternative Phone**: A text input field.
- Email ***: A text input field.
- Address ***: A text input field.
- Address 2**: A text input field.
- City ***: A text input field.
- State ***: A dropdown menu.
- Zipcode ***: A text input field.
- URL**: A text input field.

In the bottom right corner, there is an orange button with an upward arrow and the text "Back".

Figure 4: Program Information Section

NOTES:

- You can choose to continue entering data in all sections and confirm the entries to add new attestation. Or you can choose to save the data entered in **Program Information** section and return later to complete data entry.
- To save the data entered in **Program Information** section, click **Save**. A save confirmation message displays indicating that data has been saved with the Attestation Number (**Figure 5**). Note down the Attestation Number for future reference.
- After the save, the **New Attestation** page becomes the **Edit Attestation** page. The user can select **Close** to exit the **Edit Attestation** page and return later to complete data entry.
- To resume data entry, refer to "How to Edit an Attestation" in this guide.
- To continue data entry in all sections and confirm the entries to add new attestation, continue from Step 4.

HPMS Health Plan Management System

Attestation Z0001 has been successfully saved. [Dismiss](#)

Home My Account FAQs Contact Us Log Out

SPAP/ADAP HPMS > SPAP/ADAP > Attestations > Edit Attestation

Attestations Reports Documentation

Edit Attestation - Z0001

☒ indicates that form is valid.
☐ indicates that form is incomplete.

[Expand All](#)

Program Details ☒

An asterisk (*) indicates a required field.

Program Type: SPAP
 Program Name *: Test SPAP Program

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

Program State: MD
 Program Website: www.test.com

Group ID: 12345
 Customer Service Phone Number for Medicare.gov *: 8005551212
 Ext.:

*Does your program have a BIN?

☒ Yes
 ☐ No

BIN *: 123456
 PCN *: 25484512
 Effective Start Date: 04/03/2024
 Effective End Date: 12/28/2024

MM/DD/YYYY MM/DD/YYYY

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UX Framework v10.1.0

Figure 5: Program Information Saved

4. In the **Contact Information for CMS** section (Figure 6):

- **If data fields are populated:** A state user from the same state has already entered the contact data. This contact data applies for all SPAP/ADAP programs in that state. Users can update the data on this page.
- **If data fields are blank:** Enter the required data and proceed to **Eligibility** section.

Contact Information for CMS

An asterisk (*) indicates a required field.

Program Agency Contact Information (DSA Administrative Contact)

Title

Test Title

First Name *

First Name

Last Name *

Last Name

Phone *

1111111111

Ext

Email *

Test@test.com

Address *

123 ABC Dr

Address 2

City *

Test City

State *

ST - Test State

Zipcode *

11111

An asterisk (*) indicates a required field.

Program Processor Contact Information (DSA Technical Contact)

Title

Test Title 1

First Name *

First Name 1

Last Name *

Last Name 1

Phone *

9999999999

Ext

Email *

Test1@test.com

Address *

123 XYZ Dr

Address 2

City *

Test City 1

State *

XT - Test State 1

Zipcode *

99999

Figure 6: Contact Information for CMS

5. In the **Eligibility** section (**Figure 7**), select/enter the applicable data:

- If entering an SPAP/ADAP, users may select “N/A” for all those yes values for the “Is SPAP/ADAP eligibility determined by Income?” question.
- If entering an SPAP/ADAP, users may select “N/A” for all those yes values for the “Is SPAP/ADAP eligibility determined by Age?” question.
- If entering an SPAP/ADAP, users may select “N/A” for all those yes values for the “Is SPAP/ADAP eligibility determined by Asset level?” question.
- If entering an ADAP, users must select “Yes” for the “Is SPAP/ADAP eligibility disease/condition dependent?” question and must click the related “HIV/AIDs” checkbox.
- To access the *Medicare & You* Handbook, click the **LIS** link in the question “Is SPAP/ADAP eligibility conditioned upon LIS application?”.

Eligibility

An asterisk (*) indicates a required field.

*Is SPAP/ADAP eligibility determined by Income?

YesNo

*Is SPAP/ADAP eligibility based on Asset Threshold?

YesNo

*Is SPAP/ADAP eligibility disease/condition dependent?

YesNo

*Is SPAP/ADAP eligibility determined by Age?

YesNo

*Is SPAP/ADAP eligibility conditioned upon LIS application?

YesNo

*For Medicare eligible beneficiaries, is SPAP/ADAP eligibility conditioned upon Part D enrollment?

YesNo

*Is SPAP/ADAP eligibility conditioned upon employment status?

YesNo

*Is SPAP/ADAP eligibility determined by other factors?

YesNo

*Does the SPAP/ADAP processor allow for online point of sale pharmacy claims?

YesNo

*Are there a limited number of participating pharmacies on the SPAP/ADAP pharmacy network?

YesNo

*Is State Residency required for SPAP/ADAP eligibility?

YesNo

*Is SPAP/ADAP eligibility determined by Asset level?

YesNo

Figure 7: Eligibility

- After selecting/entering data in the Eligibility section, proceed to **Enrollment** section.
- In the **Enrollment** page (**Figure 8**), select/ enter applicable data.
- You will be required to upload an Algorithm document if “Non-random assignment” for the state’s enrollment/assignment process is selected.

Enrollment ⓘ

An asterisk (*) indicates a required field.

*Can the state enroll on behalf of your members as their authorized representative under state law?

Yes No

*Provide the state's enrollment/assignment process:

☐ Random assignment.

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

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

NOTE: Based upon data entry, you are required to upload Algorithm document(s).

Document Type
Algorithm

Upload:

Maximum size: 15 MB
File types: .doc, .docx, .pdf, .txt, .xlsx, .zip

+ Choose X Cancel

Choose a file to upload or drag and drop file below

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

Enter or select a date *

MM/DD/YYYY

Figure 8: Enrollment Section

9. After selecting/ entering data in the Enrollment section, proceed to **Assurances** section.
10. In the **Assurances** section (**Figure 9**), select all the checkboxes.

NOTE: The Data Sharing Agreement is disabled for a State Regulator User with State Data Entry access. It is enabled for a State Regulator User with State Signature access.

Assurances ⓘ

An asterisk (*) indicates a required field.

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

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

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

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

* ☐ Data Sharing Agreement (click to review)

Figure 9: Assurances Section

11. If applicable, enter additional information in the Additional Information textbox (**Figure 10**).

Figure 10: Confirm Attestation

12. Click **Confirm**.

13. A notification banner displays (**Figure 11**) indicating that the new attestation has been saved. The Attestation Number displays in the notification banner.



Figure 11: Attestation Confirmation

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

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

1. On the SPAP/ADAP Attestations page (**Figure 12**), click the **Delete** (trashcan) icon for a specific attestation that is in “Open” status.

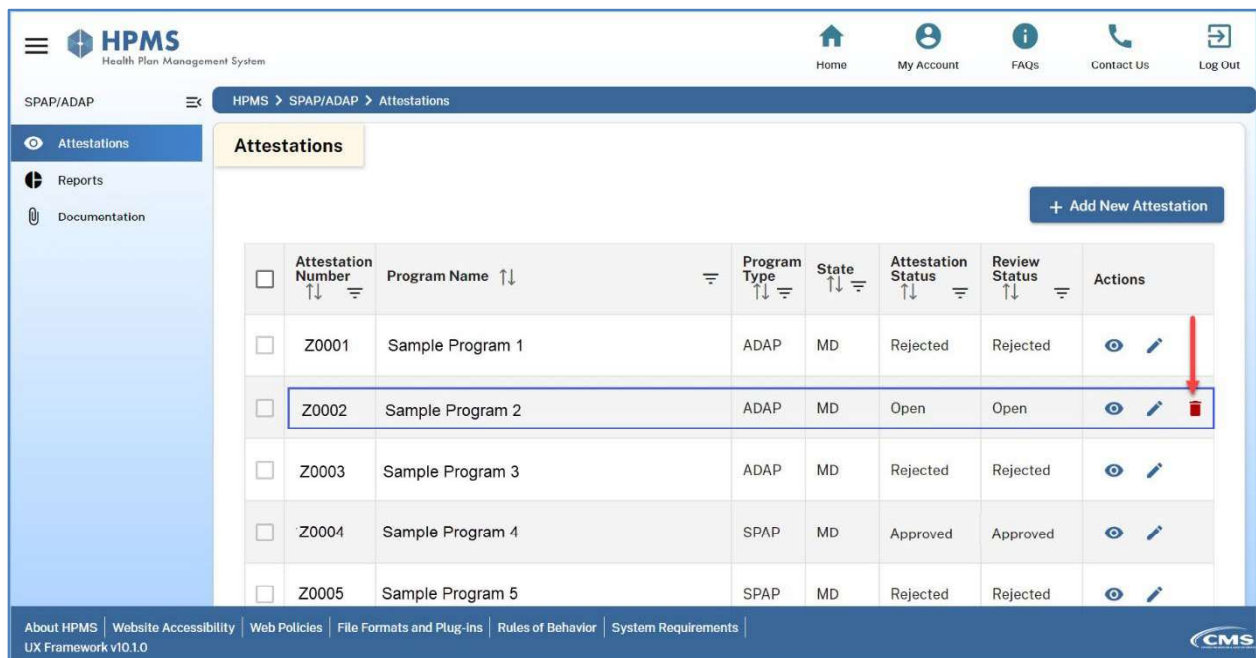


Figure 12: Delete Attestation

2. The delete **Confirm** message dialog box for displays (**Figure 13**).

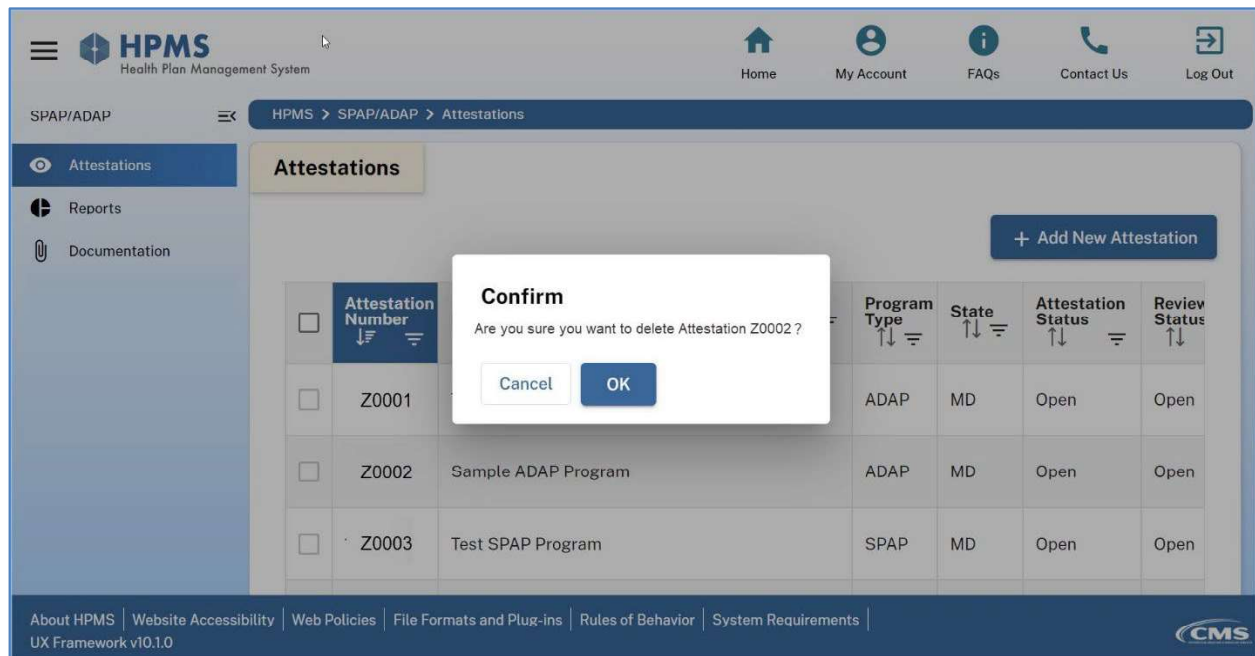


Figure 13: Confirm Delete Attestation

3. Click **OK**.
4. A successful attestation deletion message banner displays (**Figure 14**). The deleted attestation is removed from the grid.

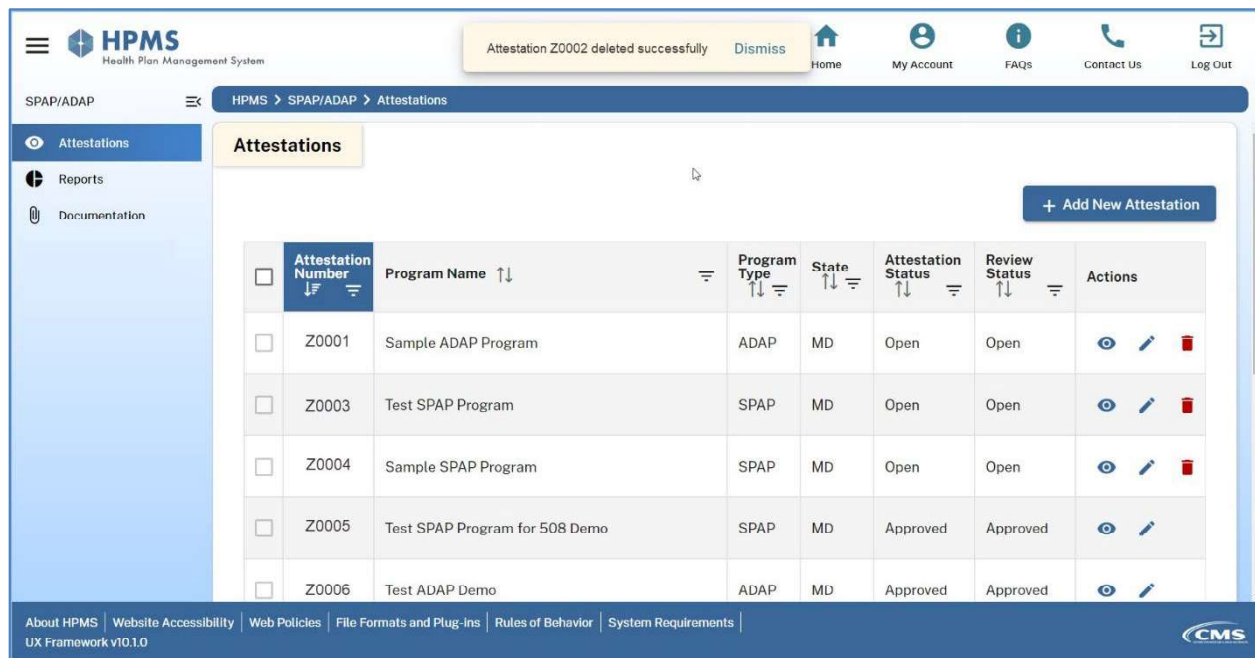


Figure 14: Successful Attestation Deletion