



CENTER FOR MEDICARE

DATE: April 20, 2012

TO: All Current and Prospective Medicare Advantage (MA), Prescription Drug Plan (PDP), Capitated Financial Alignment Demonstration, PACE, and 1876 Cost Plan Sponsors

FROM: Cynthia G. Tudor, Ph.D., Director
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SUBJECT: Contract Year (CY) 2013 Plan Benefit Package Software Patch

The CY 2013 Plan Benefit Package (PBP) software has been updated. Users should log into the Health Plan Management System (HPMS) and select Plan Bids > Bid Submission > Contract Year 2013 > Download. The download and installation of the PBP software patch is mandatory for organizations offering capitated financial alignment demonstration plans in 2013 as well as any plan offering an Enhanced Alternative Drug benefit that contains additional gap coverage. Plans that are offering the other benefits identified below may also download the patch, but are not required to do so.

Users who have previously downloaded the CY 2013 PBP software:

Download the PBP 2013 Update file into the directory where the PBP 2013 software is installed. Please refer to the PBP Enhancement Download page for complete instructions on how to install the PBP patch.

Users who have NOT downloaded the CY 2013 PBP software:

These software changes and bug fixes are incorporated into the PBP Data Entry software beginning on April 20, 2012. Therefore, users who download the PBP Software **AFTER** April 20, 2012 do not need to install the enhancement(s). To verify that you have the most recent PBP software enhancements, users should confirm that their version information matches the version information below:

Version Information:

PBP Version ID: 2013.02
PBP Version Date: 04/20/2012
Dictionary Date: 04/20/2012
SB MDB Version: 2013.02

***NOTE:** If you downloaded the PBP 2013 software before April 20, 2012 and forwarded it to other users in your organization, please make sure that these other users receive and install the PBP 2013 patch.*

The PBP software released on April 20, 2012 includes the following enhancements for organizations offering a capitated financial alignment demonstration plan.

Plan Benefit Package (PBP) Changes

Organizations offering capitated financial alignment demonstration plans will be able to enter Medicaid benefit data specific to those plans in a new PBP section, Section B-13h: Additional Benefits. This section will include fourteen (14) defined Medicaid benefit categories along with three (3) “other” Medicaid benefit categories that plans will be able to describe in the applicable notes field.

The fourteen (14) defined benefits are:

1. Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services
2. Tobacco Cessation Counseling for Pregnant Women
3. Freestanding Birth Center Services
4. Respiratory Care Services
5. Family Planning Services
6. Nursing Home Services
7. Home and Community Based Services
8. Personal Care Services
9. Self-Directed Personal Assistance Services
10. Private Duty Nursing Services
11. Case Management (Long Term Care)
12. Institution for Mental Disease Services for Individuals 65 or older
13. Services in an Intermediate Care Facility for the Mentally Retarded
14. Case Management

Summary of Benefits (SB) Changes

The new benefits defined in Section B-13h: Additional Benefits will generate SB cost share sentences in the SB Category titled “Additional Benefits.” This category will be unnumbered and will appear in the SB following the numbered SB categories.

The PBP software being released on April 20, 2012 includes the following bug fixes. Please note that a complete list of software modifications as well as the updated software version number will be listed on HPMS:

Plan Benefit Package (PBP) Changes

- The Section Rx edit rules have been updated for all plans that are offering additional gap coverage. The new edit rules state that additional generic gap coverage coinsurance must be less than or equal to 59%. Brand drugs will be held to a 69% cost share. Generic will be defined as any tier that includes a drug type that includes the term “generic” and those tiers will be subject to the maximum of 59%. If a tier does not include a drug type of “generic” then the maximum coinsurance value cannot exceed 69%.
- The on-screen label on screen PBP Section B4b Urgently Needed Care – Base 1 has been removed.
- The PBP Data Report has been updated for plans offering an Actuarially Equivalent drug plan. Previously the “SECTION RX: TIER - MAIL ORDER COPAYMENT AND COINSURANCE - PRE-ICL” section was missing on the Data Report for all tiers. It now displays properly.

Bid Pricing Tool (BPT)

- A new version of the BPT spreadsheets (v2) has been released for the MA, PD, and MSA workbooks.

Summary of Benefits (SB) Changes

- SB-25 (Outpatient Prescription Drugs) has the following updates:
 - o The Out-of-Network Home Infusion sentence was updated to remove the redundant phrase "out-of-network."
 - o The Out-of-Network Medicare Part B drugs sentence was updated to include the word “Medicare” in the sentence. This word was missing if a plan applied only a copayment or only a coinsurance as the method of cost sharing.
 - o If a plan answered “No” to both copayment and coinsurance for both Medicare Part B Chemotherapy and Other Part B drugs, then the extraneous sentence “\$0 copay for Medicare Part B drugs” was generating. This sentence has been removed.

- o MA-Only Cost plans and PDP plans are erroneously receiving a \$0 copay Medicare Part B drug sentence. This sentence has been removed.
- In SB-26 (Dental Services), a category level deductible sentence was erroneously generating for preventive dental benefits based upon the data entry in PBP section B16a. The sentence generated when a deductible was present but all supplemental benefits were offered as “optional” benefits. This has been fixed so that at least one benefit must be offered as mandatory for the sentence to generate.
- In SB- 27 (Hearing Services), a category level deductible sentence was generating based upon data entry performed in PBP Section B18b. This sentence has been removed.

If you have any questions about this e-mail, please feel free to contact the HPMS Help Desk at either 1-800-220-2028 or hpms@cms.hhs.gov.