



CENTER FOR MEDICARE

DATE: May 9, 2011

TO: All Current and Prospective Medicare Advantage (MA), Prescription Drug Plan (PDP), PACE, and 1876 Cost Plan Organizations

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SUBJECT: Contract Year (CY) 2012 Plan Benefit Package (PBP) Software Patch

The CY 2012 PBP software has been updated. At that time, users should log into the Health Plan Management System (HPMS) and select Plan Bids > Bid Submission > Contract Year 2012 > Download. **The download and installation of the PBP software patch is mandatory for the following: all PDP plans; plans offering a mandatory Point of Service (POS); and any plan offering the benefits described below.** All other plans have the option of downloading the patch to fix Summary of Benefits (SB) issues.

For users that have previously downloaded the CY 2012 PBP software:

Download the PBP 2012 Update file and save into the directory where the PBP 2012 software is installed. Please refer to the PBP Enhancement Download page for complete instructions on how to install the PBP patch.

For users that have NOT downloaded the CY 2012 PBP software:

These software changes and bug fixes are incorporated into the PBP Data Entry software beginning on May 5, 2011. Therefore, users who download the PBP software **after** May 5, 2011 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: 2012.02
PBP Version Date: 05/05/2011
Dictionary Date: 05/05/2011
SB MDB Version: 2012.02

NOTE: *If you downloaded the PBP 2012 software before May 5, 2011 and forwarded the software to other users in your organization, please make sure that these other users receive and install the PBP 2012 patch.*

The PBP software being released on May 5, 2011 includes the following bug fixes. Please note that the complete list of software modifications as well as the updated software version number will be listed on HPMS:

Plan Benefit Package (PBP) Changes

- HMOPOS plans that offer a Mandatory POS benefit were being required in Section D to enter a Maximum Enrollee Out-of-Pocket (MOOP) In-Network, Out-of-Network and Combined amount. This validation has been fixed so that these plans will now only be required to offer an In-Network MOOP.
- The Section D Maximum Enrollee Out-of-Pocket (MOOP) Non-Medicare-Covered pick list rules have been updated. Plans will be able to select “Yes” to the question “Does the Maximum Enrollee Out-of-Pocket Cost apply to all Non-Medicare-covered plan services?” as long as at least one (Mandatory or Optional) benefit is offered in Section B. If a plan answers “No” to this question, then the plan must select all benefits not included in the MOOP, either because the benefits are not offering by the plan or because the given benefit is excluded from the Maximum Enrollee Out-of-Pocket (MOOP) amount.
- The Section Rx edit rules have been updated so plans may now reduce the Medicare Defined Initial Coverage Limit (ICL).

Bid Validation Changes

- The bid validation process has been updated for prescription drug plans. When validating the Summary of Benefits (SB), the software was displaying the OTC Drug SB Section. The software has been updated to display the correct SB Section, SB-25 (Prescription Drugs).

Summary of Benefits (SB) Changes

- In Summary of Benefits Section 6 (Home Health Care), the Out-of-Network sentences were missing “of the cost” text. This sentences shall be updated as follows:
 - ___% of the cost for home health visits
- The partial hospitalization sentences in SB-11 (Outpatient Mental Health Care) were not generating if a plan indicated that they are charging a copayment in Section B-5 (Partial Hospitalization) of the PBP software. The appropriate cost sharing sentences will now generate.
- When indicating a maximum plan benefit coverage amount in any Out-of-Network group in Section C of the PBP software, the mandatory supplemental benefits would display in multiple SB categories. This has been fixed so that the Out-of-Network cost sharing is displaying in only the appropriate SB categories.

- The Option Supplemental Out-of-Network sentences shall be updated to display the following categories, which are currently not being displayed.
 - Chiropractor
 - Podiatry
 - Dental
 - Vision
 - Hearing
 - Transportation

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.