PBP Training

Table of Contents

The PBP 2020 training covers the following lessons:

- PBP Introduction
- HPMS and PBP/BPT software
- PBP Overview and key software features
- Data Entry/Functionality
  - Section A
  - Section B
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  - Section D
  - Section Rx
- Key software features for data entry
- Benefit Review Highlights/Plan Benefit Reviews
- List of contacts

PBP Introduction

- Objectives
- Types of Training Content
  - Static Informational Slides
  - Automated Demonstrations
- Navigation

Objectives

By the end of this training, you will be able to:

- Discuss the relationship between HPMS and PBP/BPT Software
- Provide a brief overview of the PBP
- Describe key software features for entering data into the PBP
- Describe basic PBP 2020 data entry and functionality, and follow data entry best practices
- Describe key software features for completing the PBP
- Identify and locate PBP bid reports on the HPMS website
- View the list of contacts

HPMS and PBP/BPT software

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HPMS and PBP/BPT Software - continued

- Overview: relationship between HPMS and PBP/BPT software
- Downloading Steps

PBP/BPT Overview

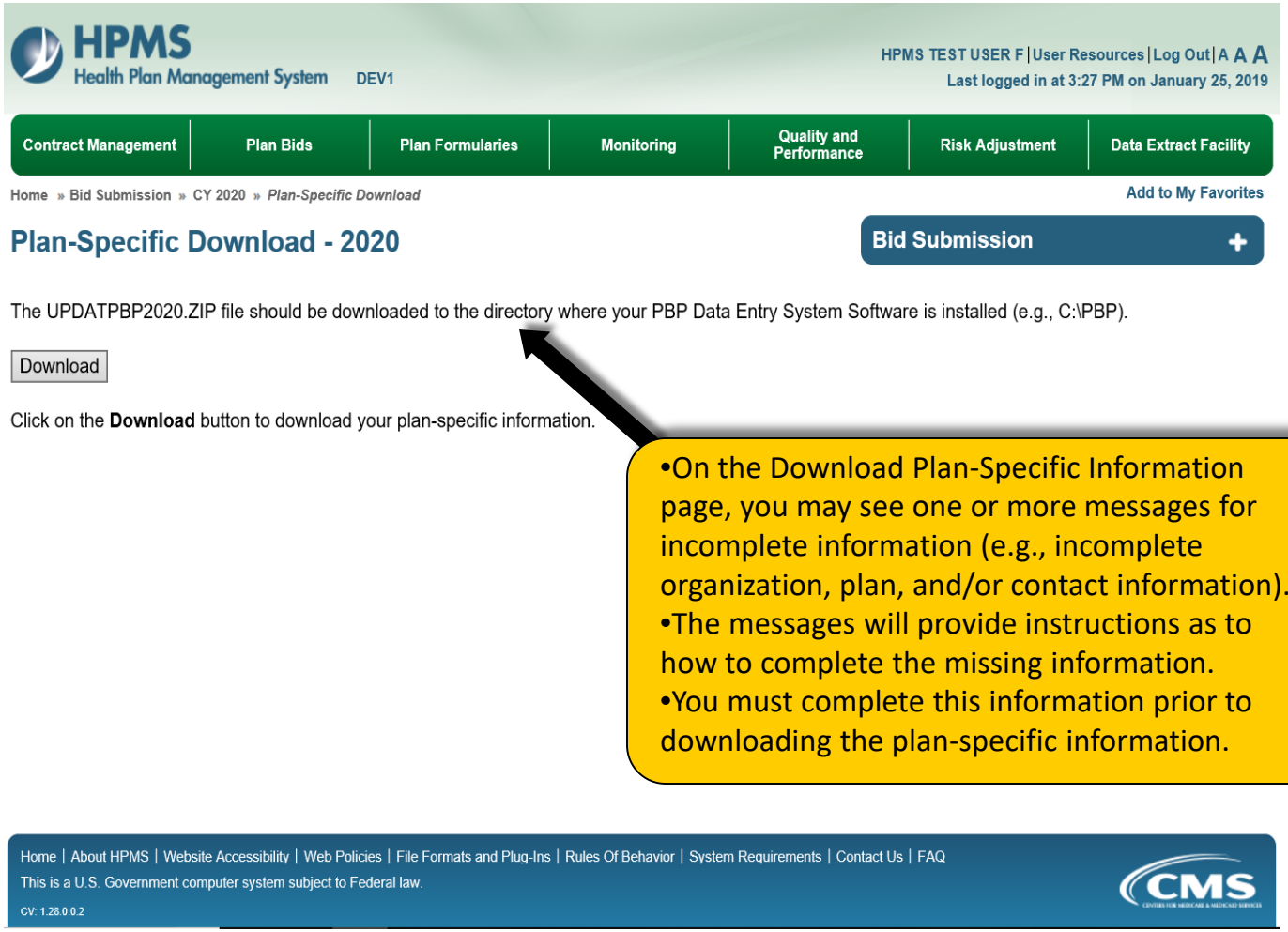
- HPMS is the central repository of all Organization/Plan Bid data
- CY2020 plans are created in HPMS via the Bid Submission Module. For more information on the 2020 Bid Submission module, please refer to the 2020 Bid Submission User's Manual, located in the documentation section of the Bid Submission Module.
- The PBP Software Package (including BPTs) is downloaded from HPMS
- HPMS Organization and Plan-Specific Information are populated in the PBP Software

Downloading Steps

The HPMS Bid Submission Page for CY 2020 houses the following steps to complete the download of the PBP software and plan data and upload the completed PBP and BPTs:

- Step 1: Download and install the PBP Software (includes BPTs)
- Step 2: Set up your plan-specific information
- Step 3: Edit your plan marketing information
- Step 4: Edit your plan customer service contact information
- Step 5: Edit your plan co-brand data
- Step 6: Edit your plan PCN/BIN data
- Step 7: Download your plan-specific information
- Step 8: After completing your PBP and BPT data entry, upload your bid to HPMS. Other required supporting materials should also be uploaded to HPMS.

Downloading Steps - continued



- On the Download Plan-Specific Information page, you may see one or more messages for incomplete information (e.g., incomplete organization, plan, and/or contact information).
- The messages will provide instructions as to how to complete the missing information.
- You must complete this information prior to downloading the plan-specific information.

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CY 2020 PBP Software

- PBP Overview
- Key Software Features
  - File Paths and Other Preferences
  - Multi-User Environment
  - Management Screen
  - Data Entry Screen
  - Types of PBP Help
  - Edit Rules & Exit Validations
  - Year-to-Year Plan Copy
- Set File Paths

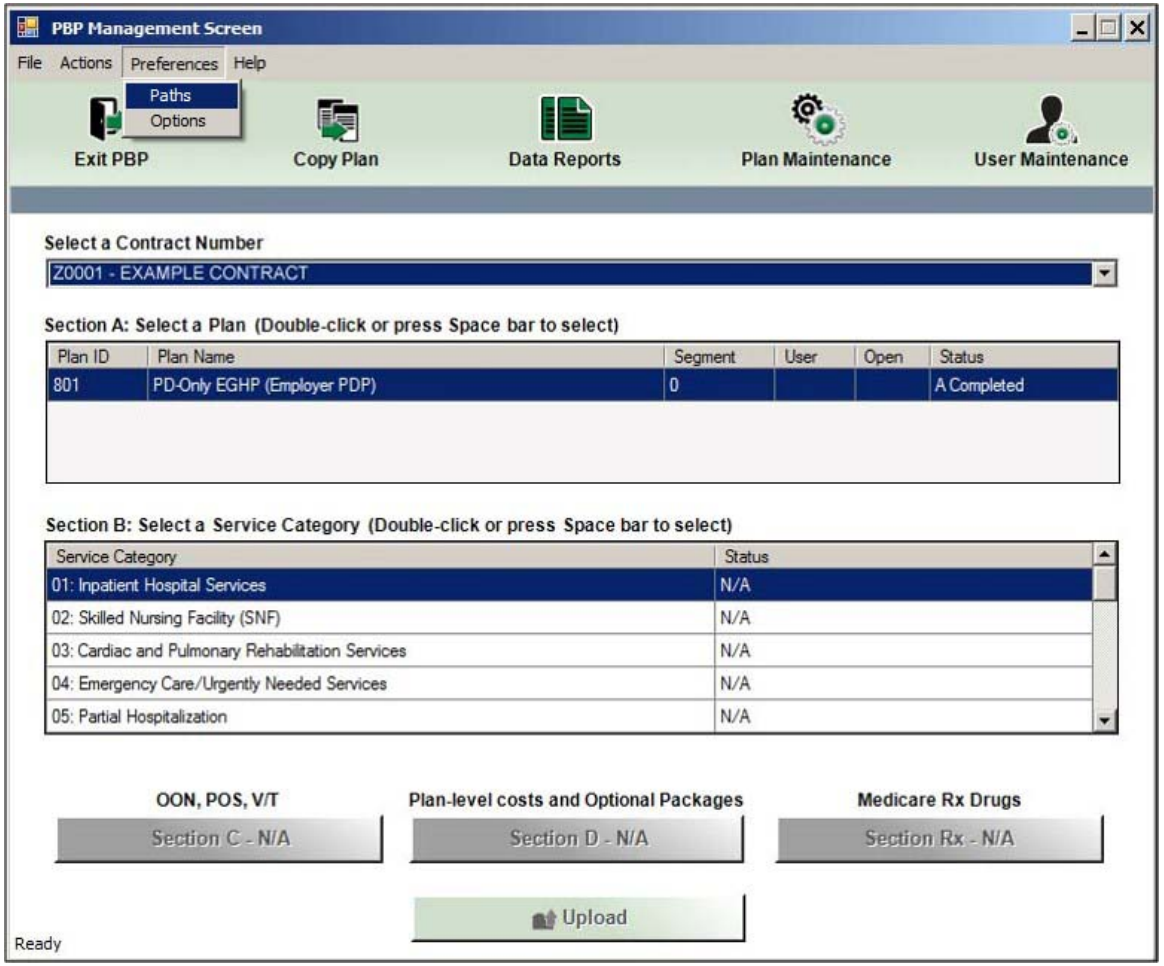
PBP Overview

- Provides standard set of benefits
- Facilitates CMS bid review and approval process
- Generates data for CMS websites (e.g., Medicare Plan Finder)
- Provides CMS Regional Offices with data reports (via HPMS) to review marketing materials

Key Software Features

- File Paths and Other Preferences
  - Set File Paths
  - Set Preferences/Options
- Multi-User Environment
- Management Screen
- Data Entry Screen
- Types of PBP Help
- Edit Rules & Exit Validations
- Year-to-Year Plan Copy

Set File Paths



Select Preferences, then Paths.

Set File Paths - continued

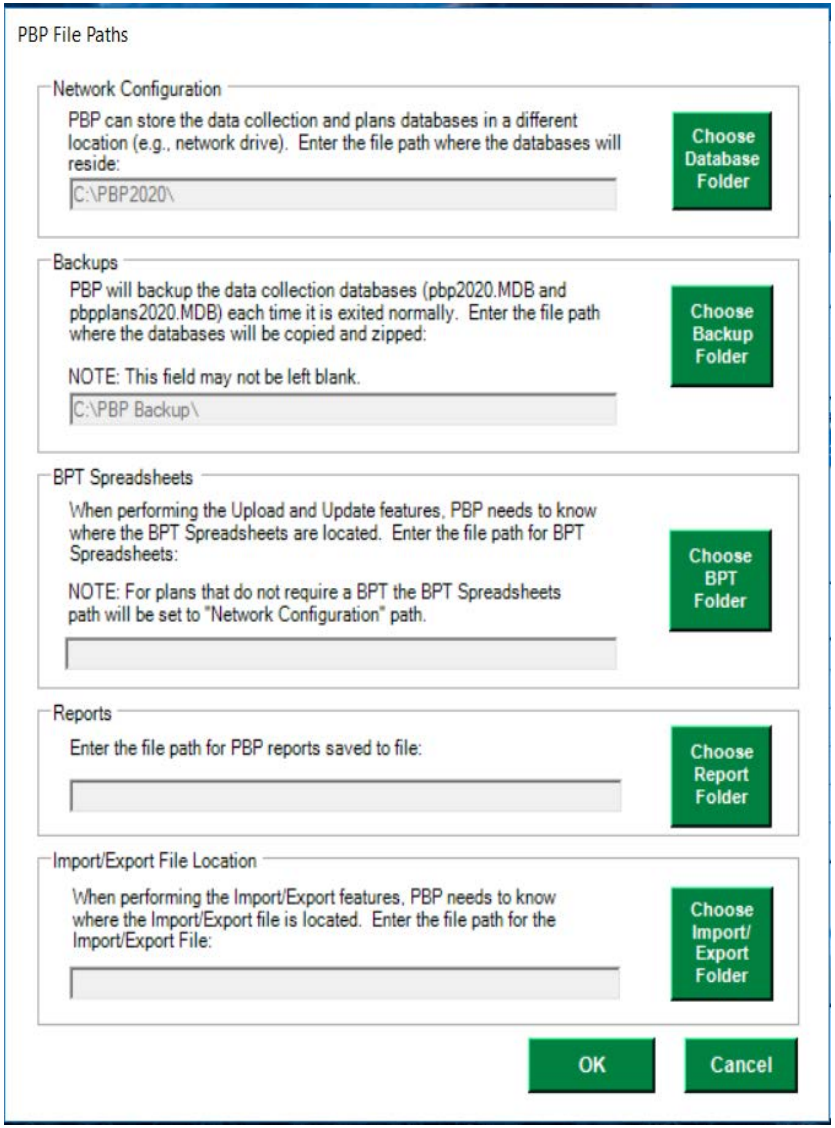
PBP File Paths:
The PBP File Paths screen will appear during the initial login, at which point users must specify a backup path and paths for the BPTs, Reports, and Import/Export File in order to proceed to the PBP Management screen.

Additionally, if a specified path becomes “invalid” (i.e., deleted or renamed), users will once again encounter the PBP File Paths screen during login and that path will need to be reestablished before proceeding to the PBP Management screen.

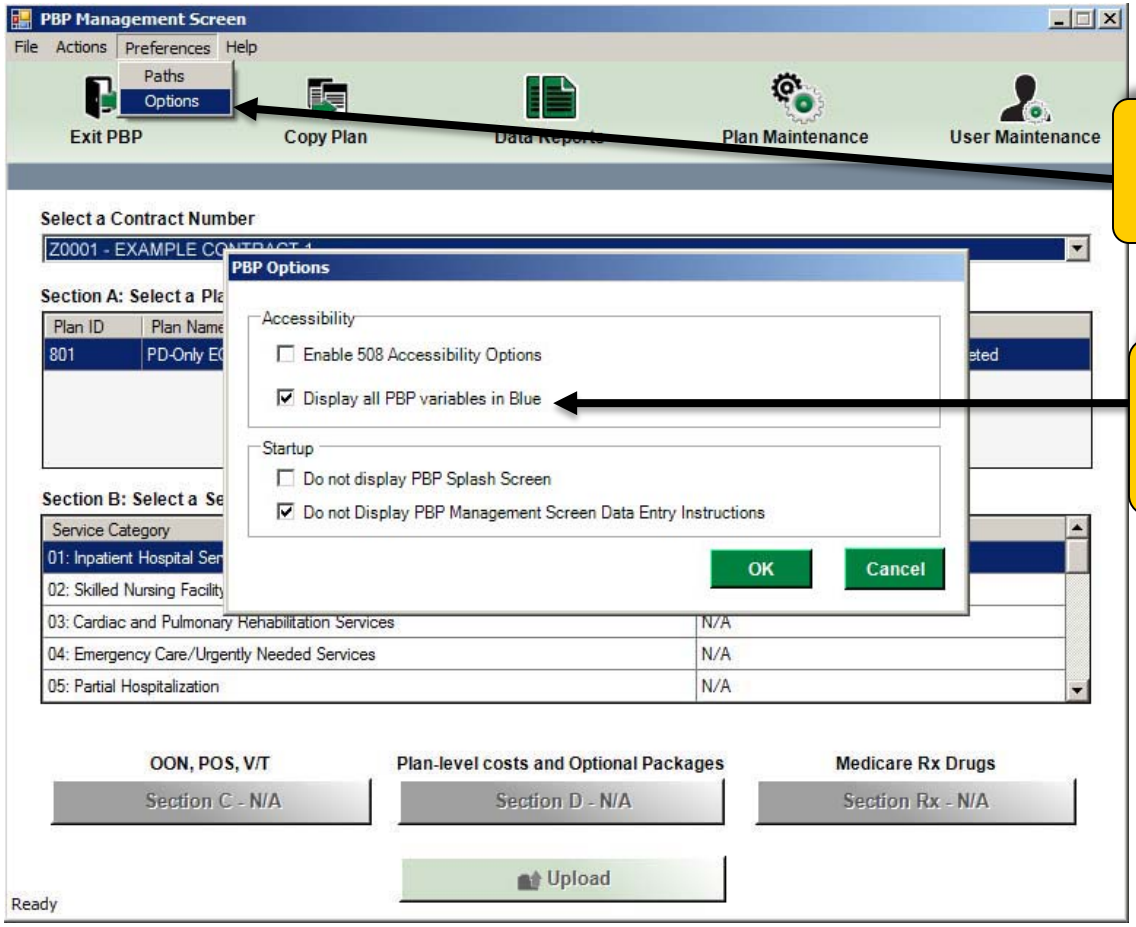
Specify the paths for Backups, BPTs, Reports, and the Import/Export File.

Note: To ensure that the backup file will survive a hard drive failure, it is advisable that it be set up on a network directory or removable drive, rather than the C: drive of the user’s PC.

Click OK when finished.



Set Preferences / Options



First click on Preferences, then Options.

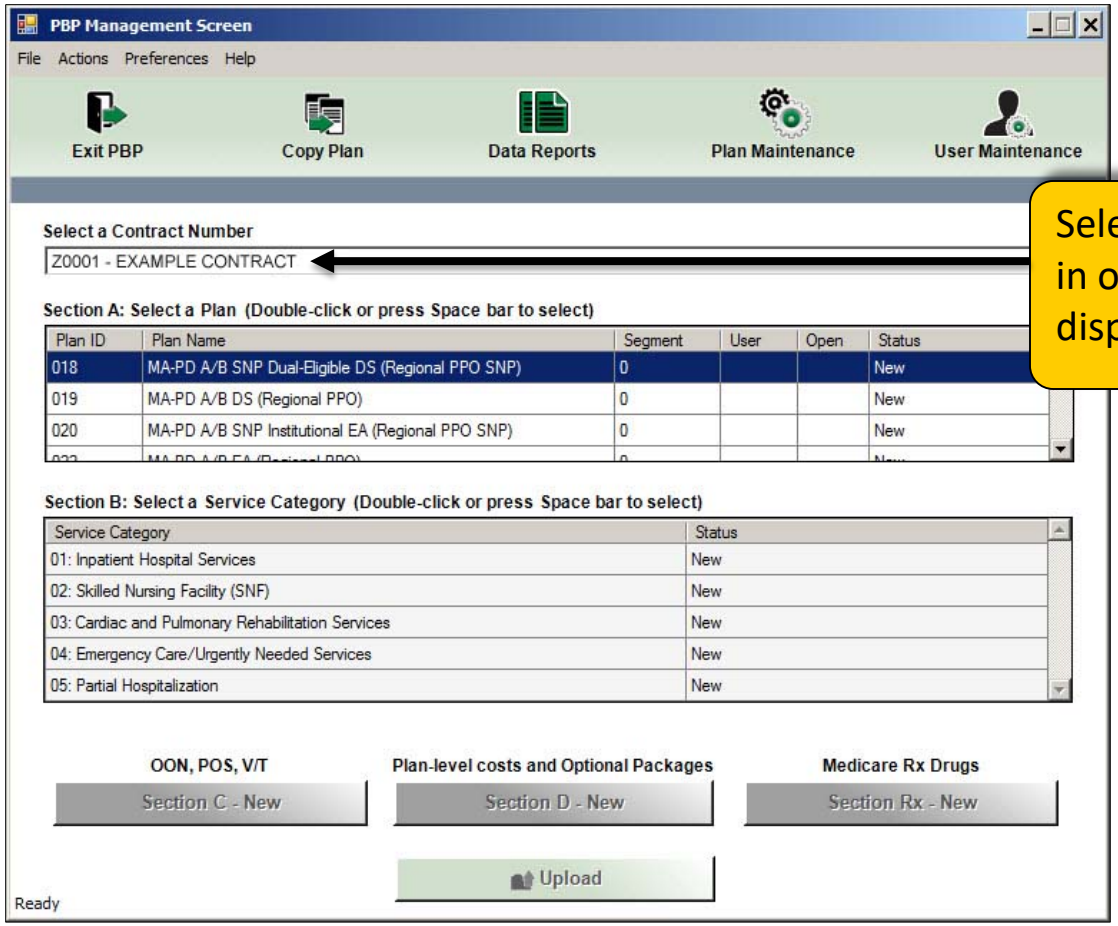
Choose this option to change to blue color scheme.

Multi-User Environment

- PBP software can be configured to operate in a multi-user, network environment
  - Multiple users accessing the same data collection and plan information databases located on a shared drive on a network file server
  - Each of the PCs must have the PBP software installed

Note: It is NOT recommended that the PBP software be installed on a file server (not supported)

PBP Management Screen Contract/Plan Selection and Completion Status



Select a contract number in order to have plans display in Section A.

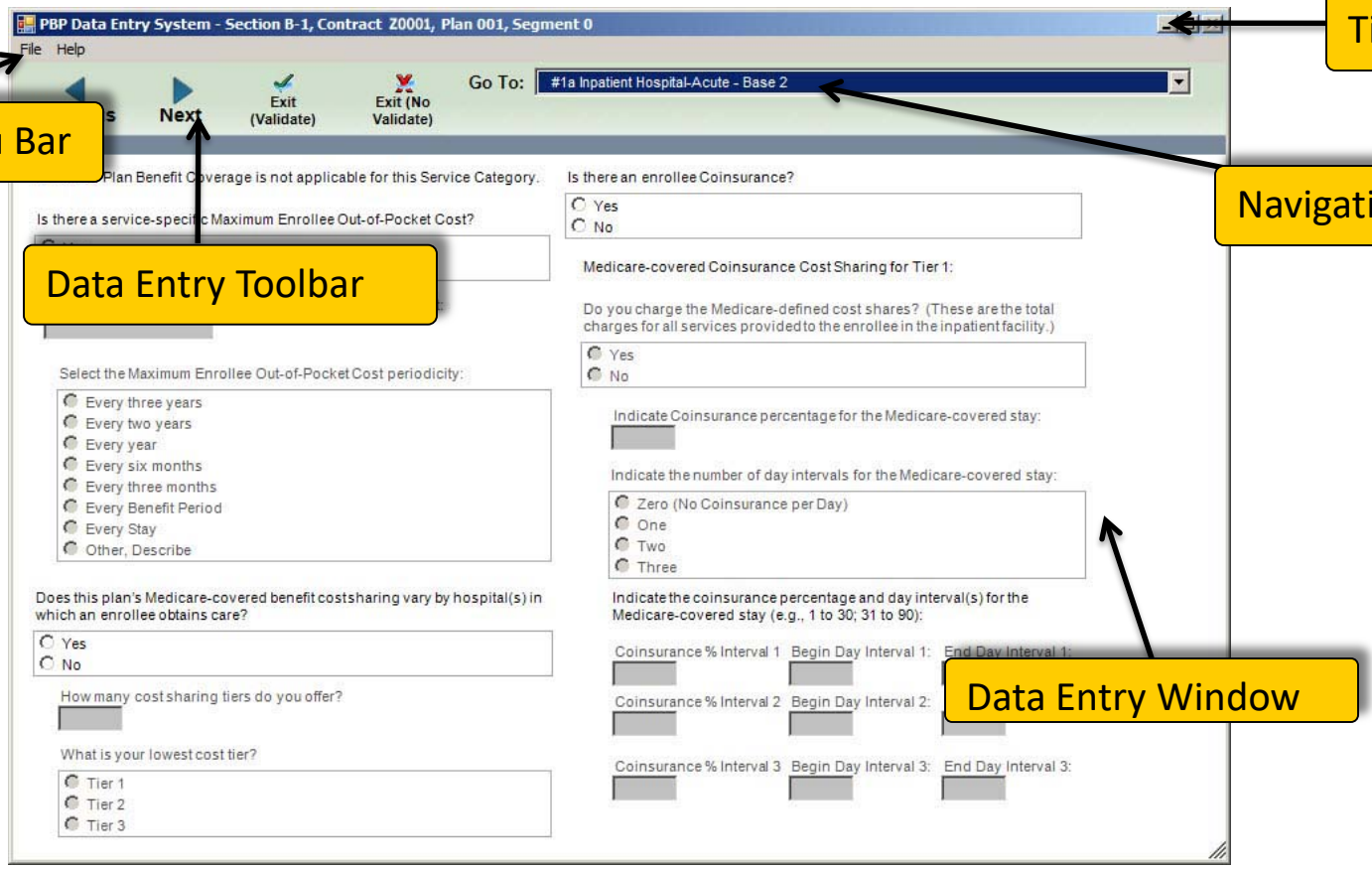
PBP Data Entry by Plan Type

- **Section A: Organization and plan general info**
  - Option for Standard Bid
- **Section B: In-network benefits**
- **Section C:**
  - Out-of-Network benefits
  - Point-of-Service benefits
  - Visitor/Travel Program

Refer to PBP Data Entry Matrix in CY 2020 Bid Submission User's Manual

- **Section D: Plan-level costs and optional packages**
- **Section Rx: Medicare Part D benefit**

PBP Data Entry Screen



PBP Data Entry

- Questions (or “variables”) may or may not be enabled.
  - If a question is not enabled, the text will be grayed out and you cannot enter data for the variable
  - Questions that are enabled will be displayed in regular text and will allow you to enter data

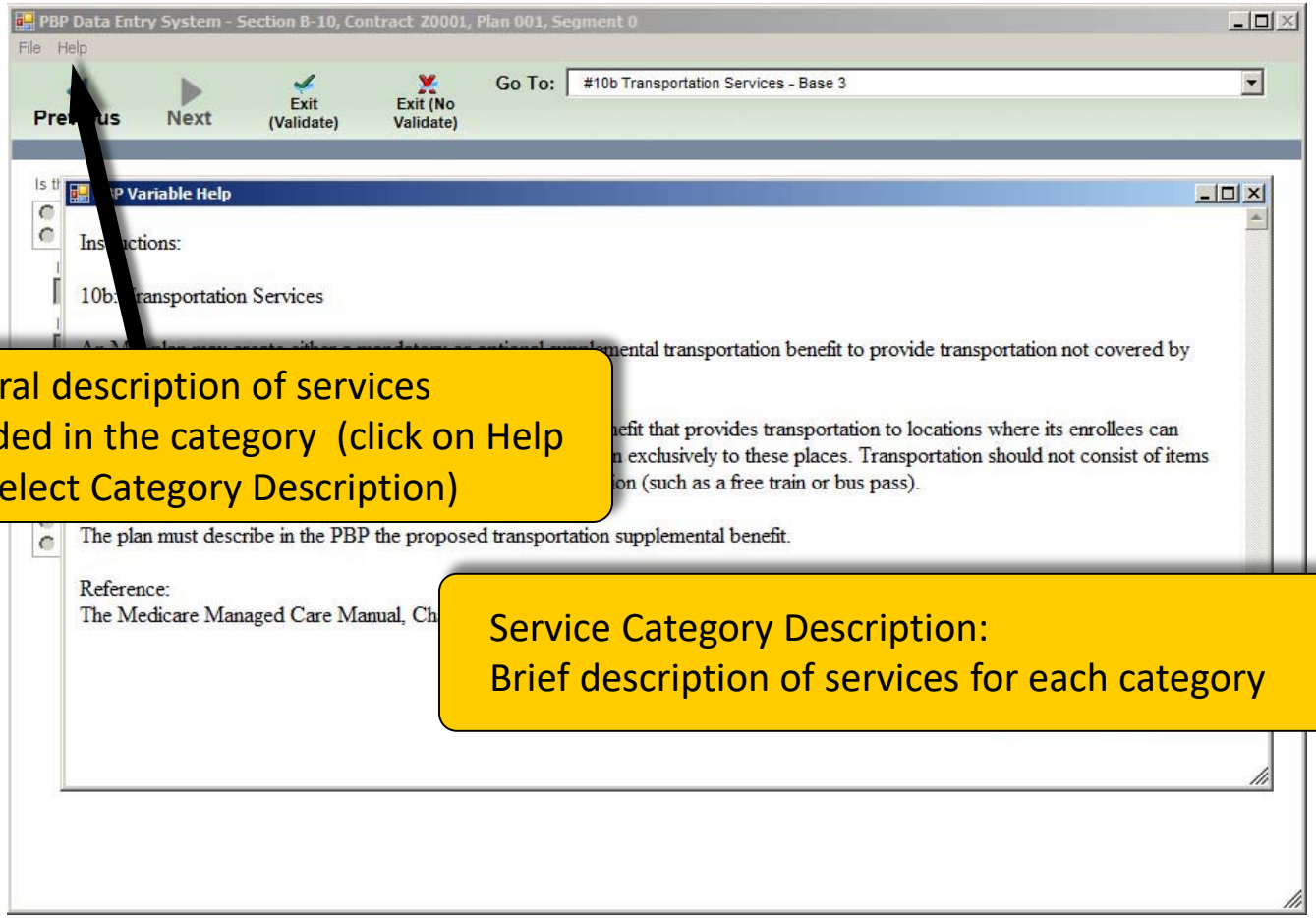
PBP Data Entry - continued

- You must complete all enabled questions
  - The only exception is if an enabled question contains the word “Optional” in parentheses
- If you select any option such as “No, describe” or “Other, describe” then you must explain by adding text to the “Notes (Optional)” field

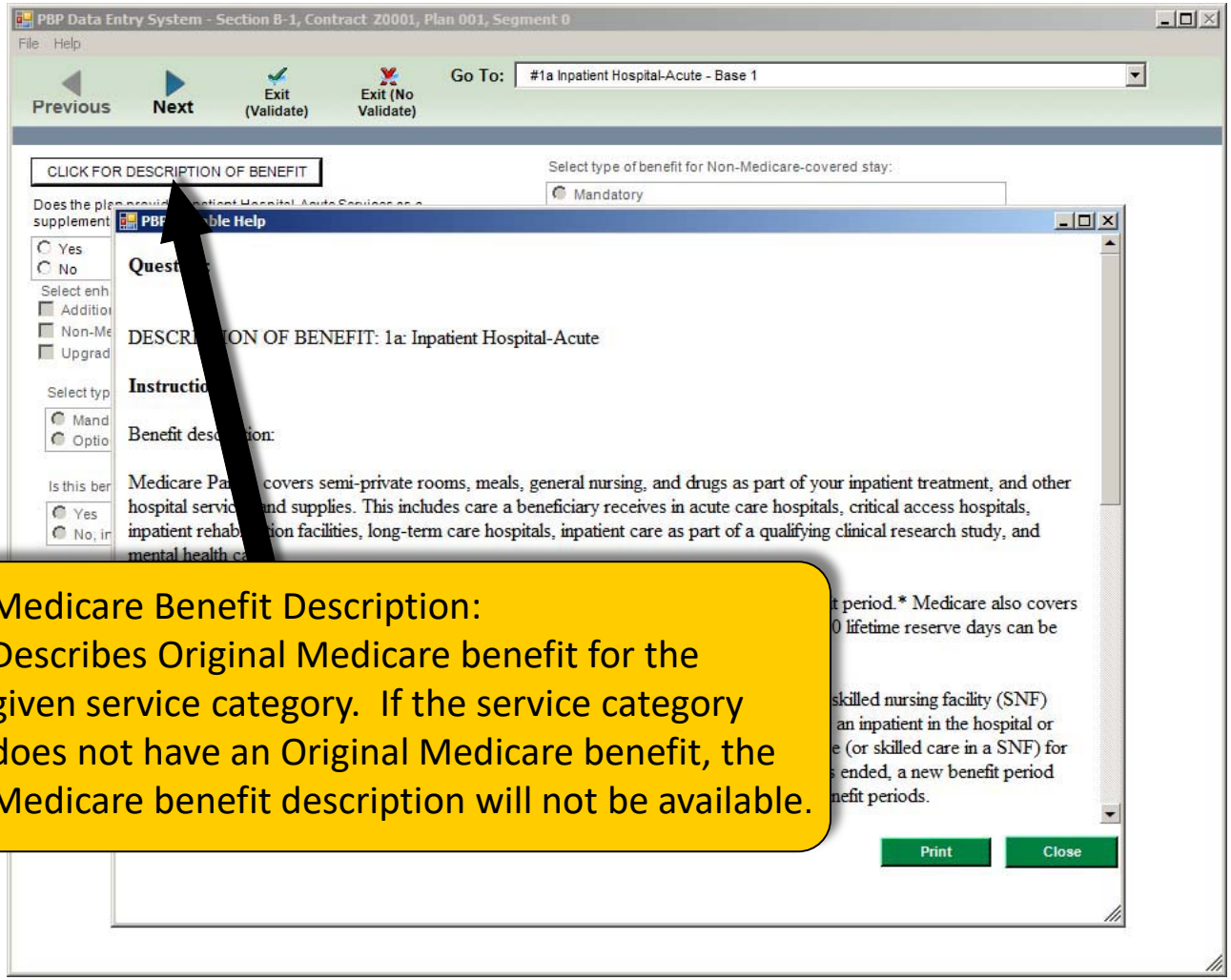
Types of PBP Help

- Service category general descriptions
- Medicare-covered benefit descriptions
- Variable Help
- On-screen labels
- PBP General System Help

Service Category General Descriptions

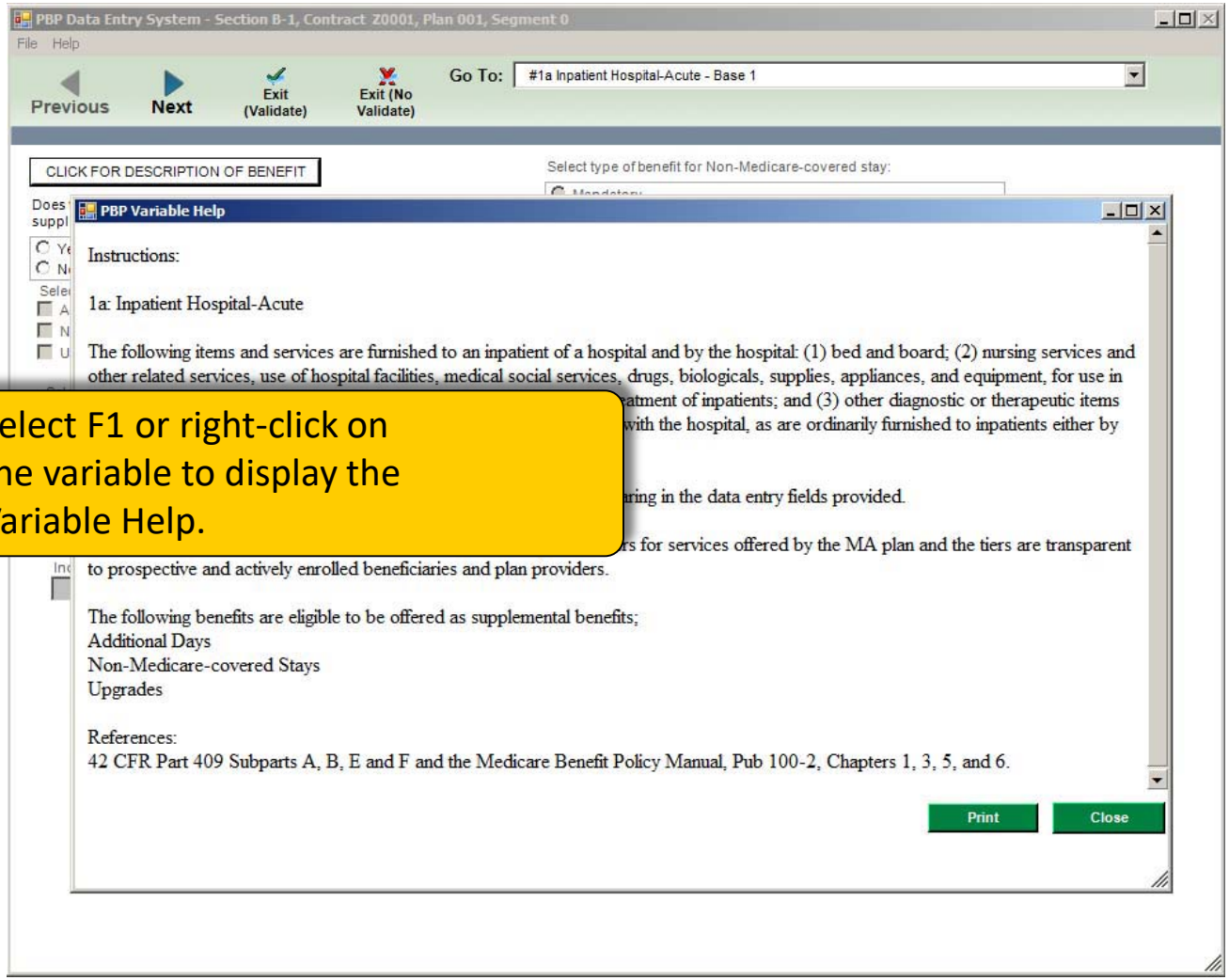


Medicare-covered Benefit Descriptions



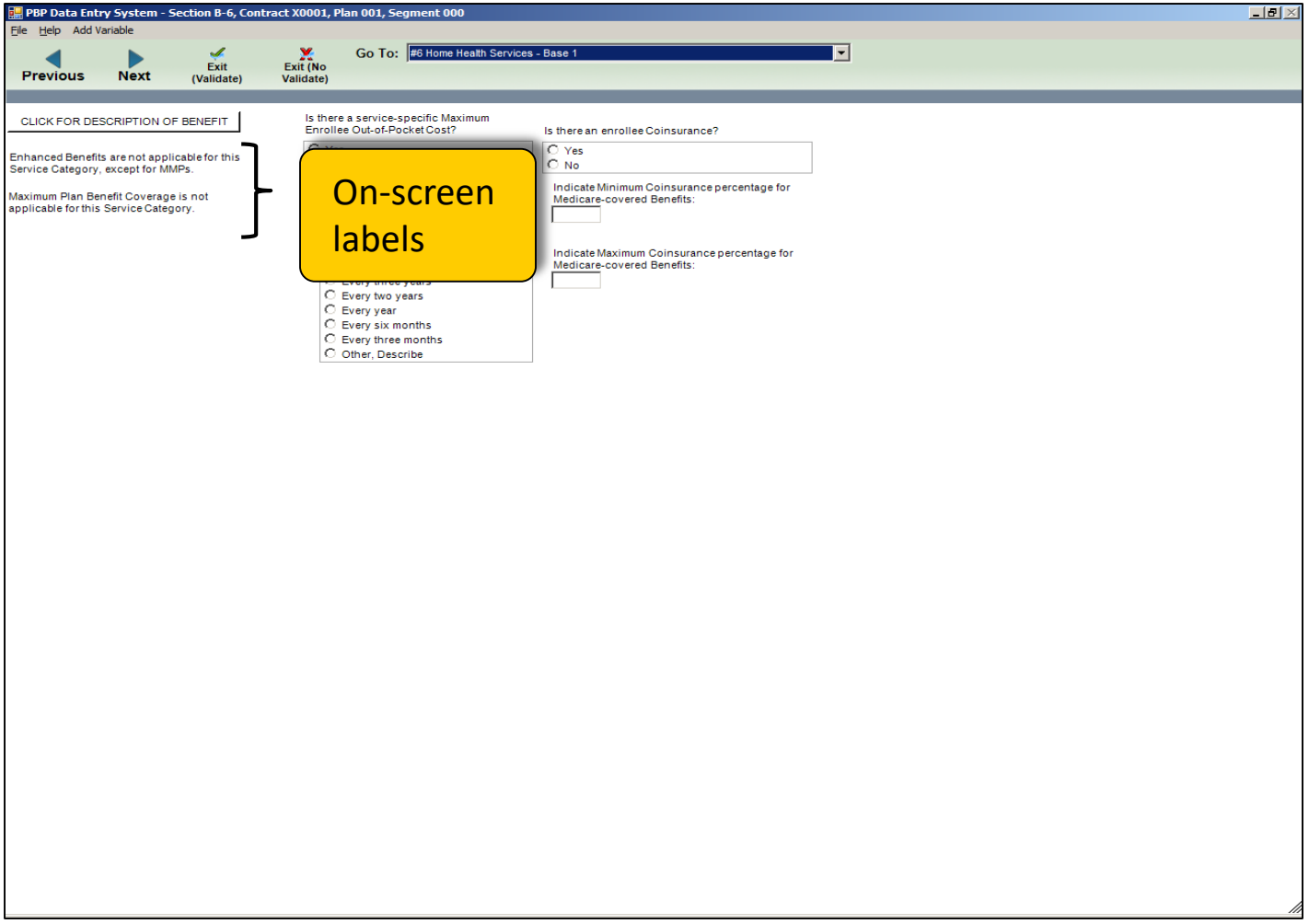
Medicare Benefit Description:
Describes Original Medicare benefit for the given service category. If the service category does not have an Original Medicare benefit, the Medicare benefit description will not be available.

Variable Help



Select F1 or right-click on the variable to display the Variable Help.

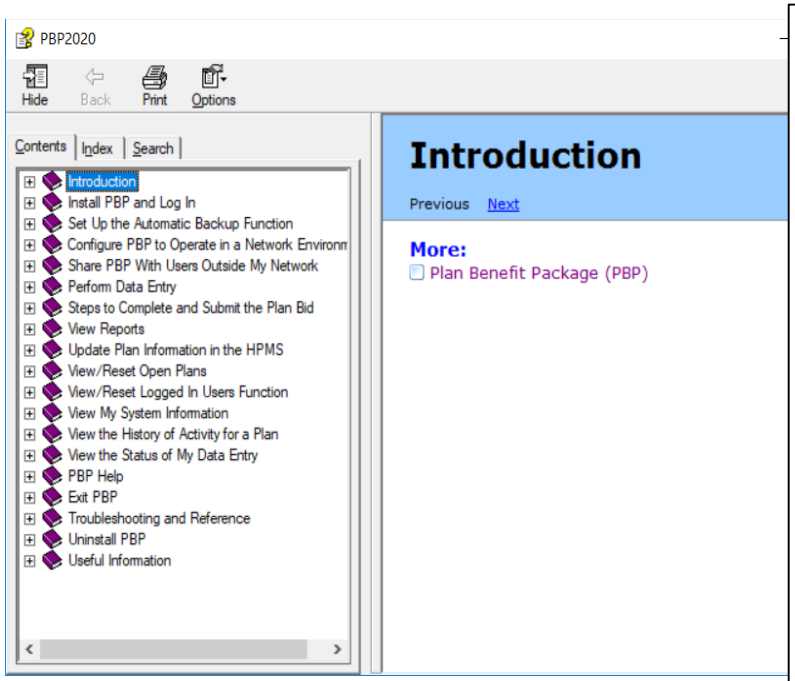
On-screen Labels

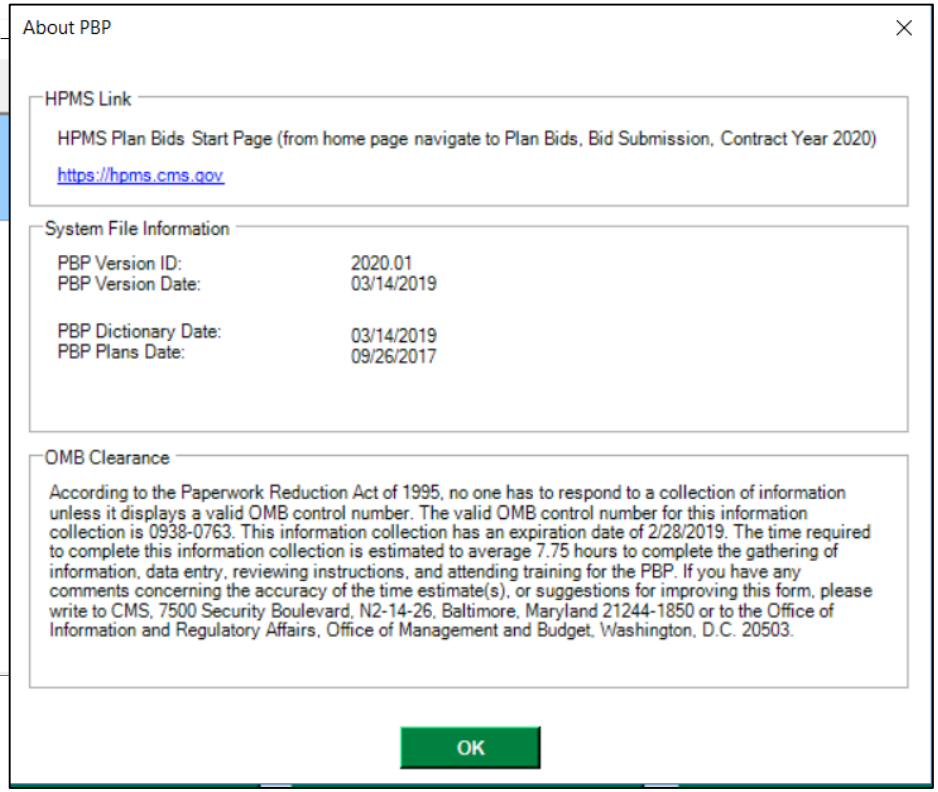


System Help

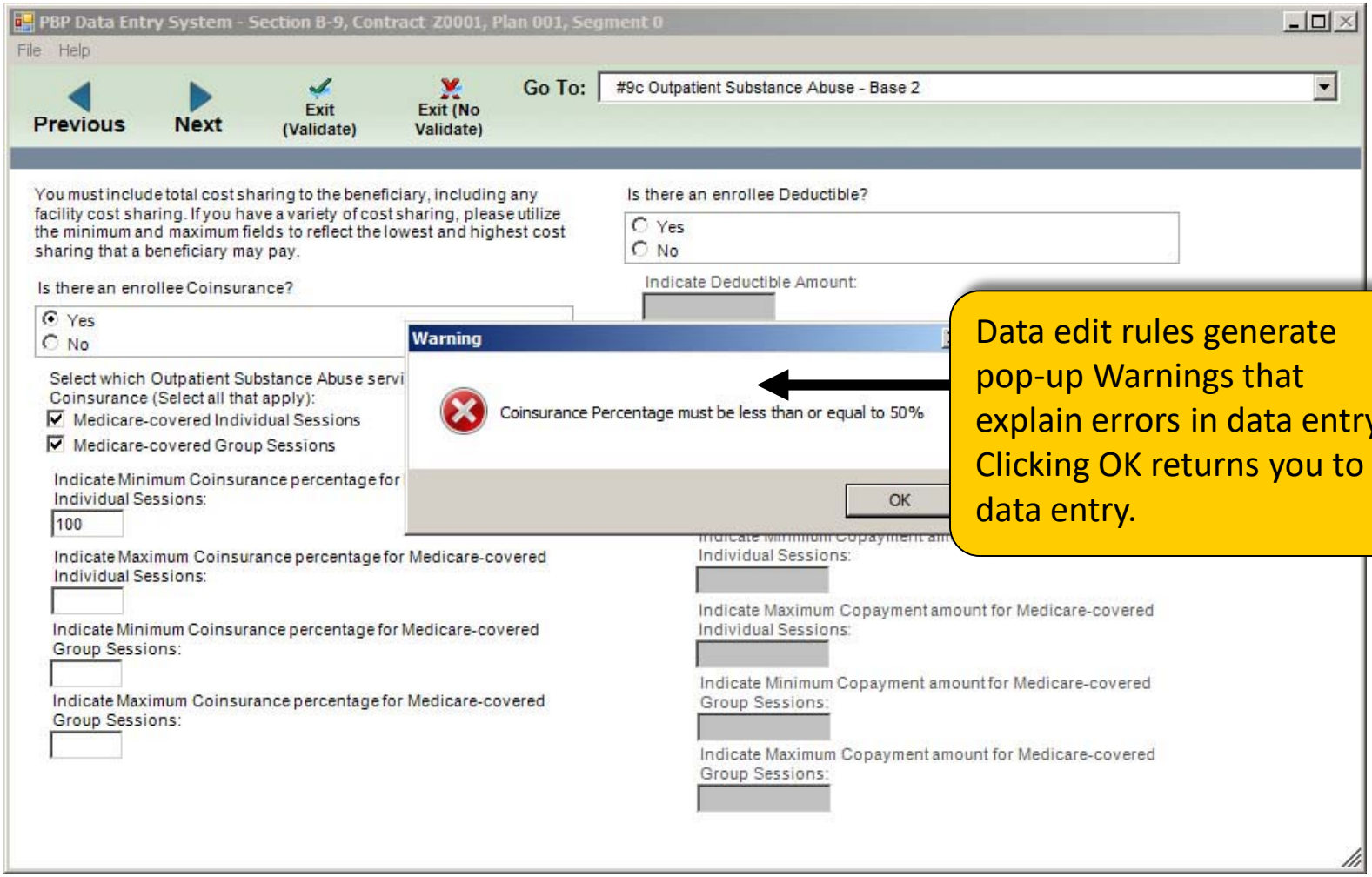
General Help: Provides PBP system help regarding how to use and maintain the software.

About Help: Identifies software information (e.g., Version ID, and dates for the version and dictionary)



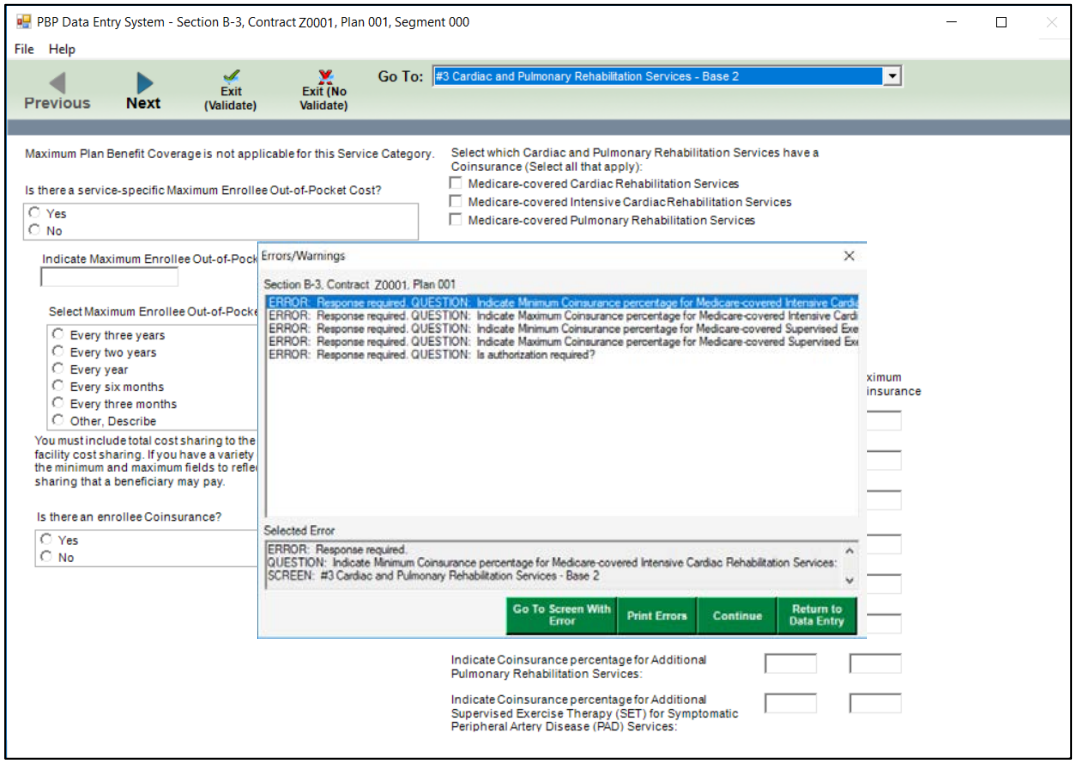


Data Edit Rules



Data edit rules generate pop-up Warnings that explain errors in data entry. Clicking OK returns you to data entry.

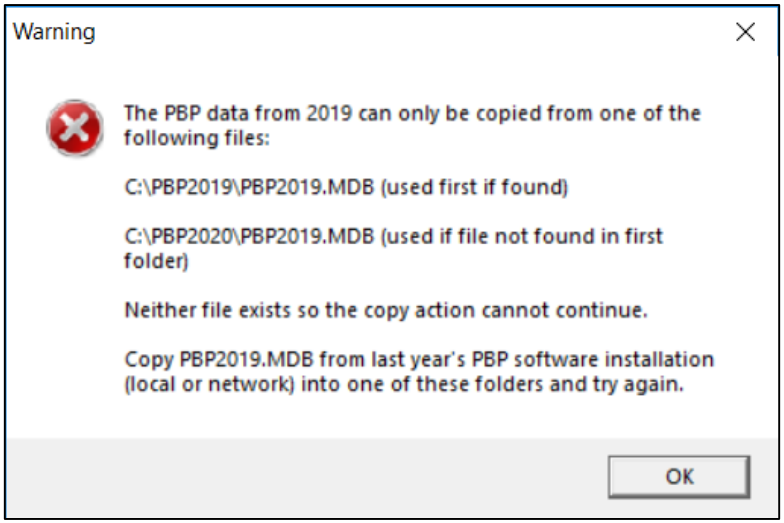
Exit Validation



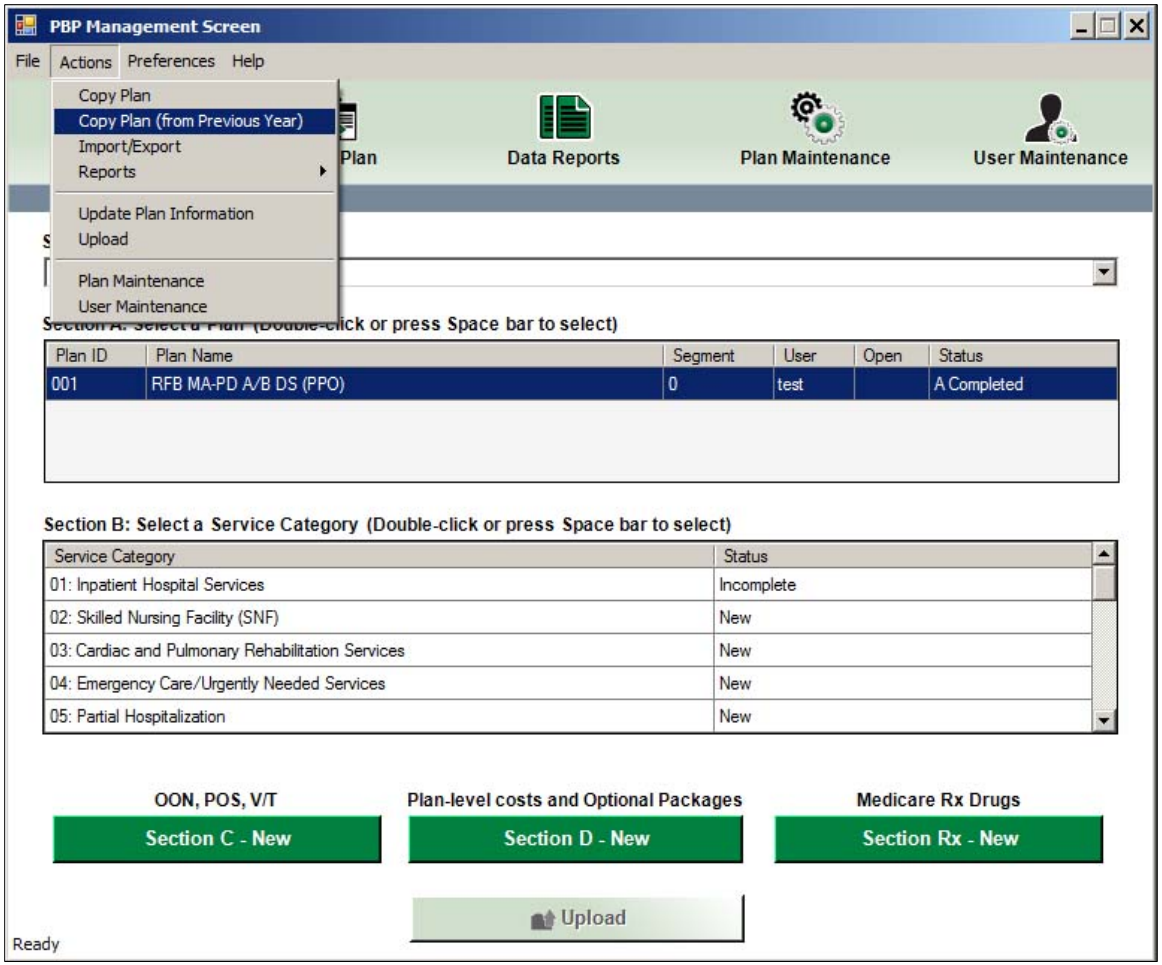
Exit validation rules generate a message listing any errors or potential problems when you select Exit (Validate). You must resolve all Errors before the PBP will mark the category as “Completed,” but you do not need to resolve all Warnings to have a category marked “Completed.”

Copy Plan (from Previous Year)

- Allows you to copy benefits data from previous year
- Requires previous year data (PBP2019.mdb) to be available
  - Previous year's .mdb data file must be located in the PBP2019 folder
  - The following message will appear if your prior year plan data are NOT available

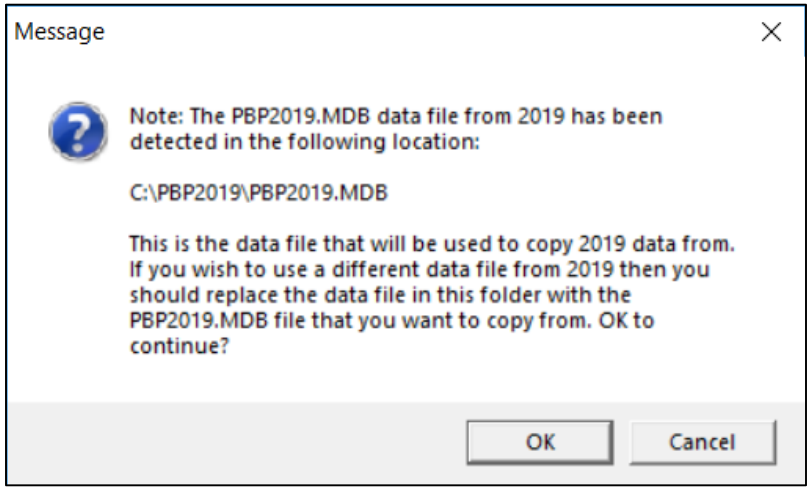


Copy Plan (from Previous Year) – page 2



Copy Plan (from Previous Year) – page 3

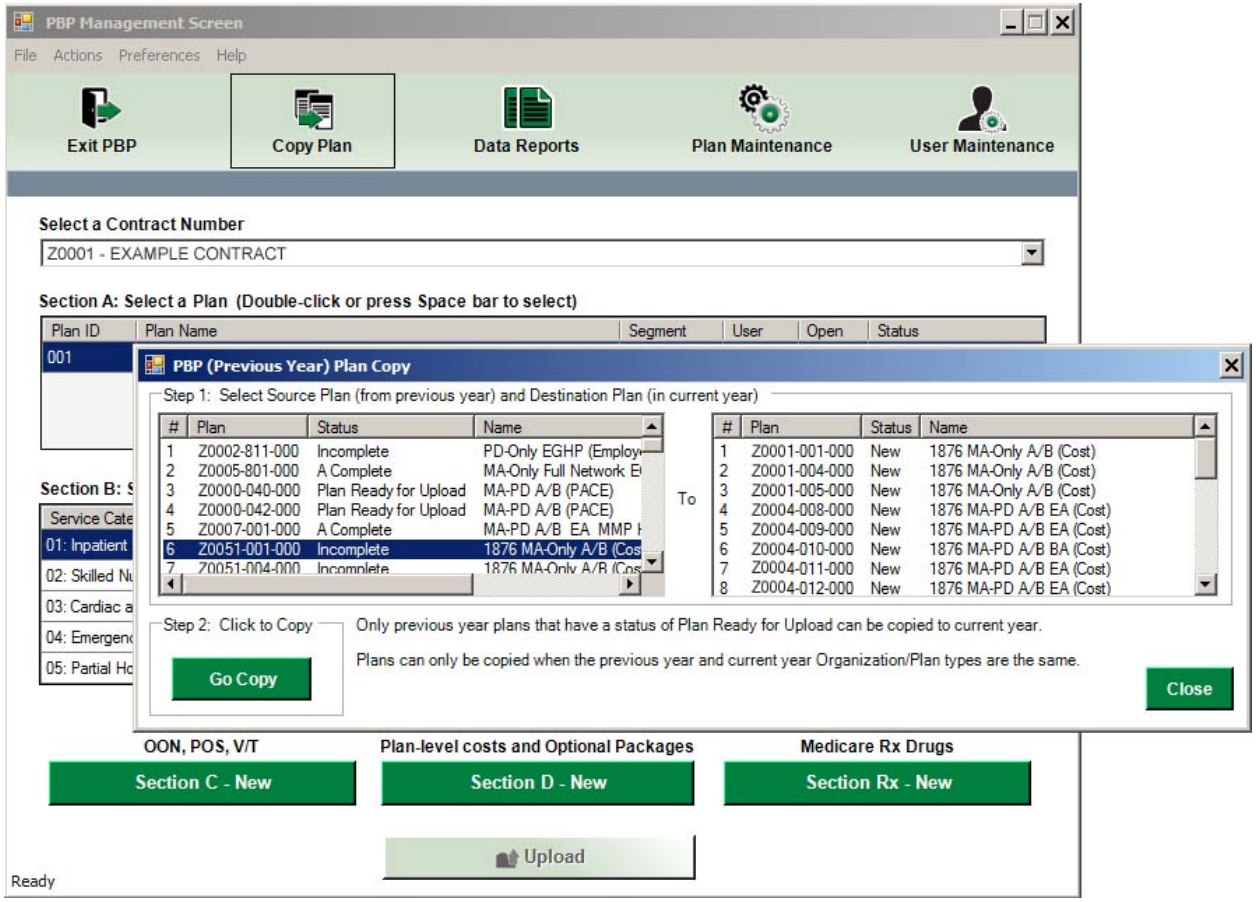
- The following message will appear if your prior-year plan data are available



- User can only copy **one** plan to **one** plan at a time
- NOTE: The copy will **overwrite** any data entry in the current year (2020) for the selected plan

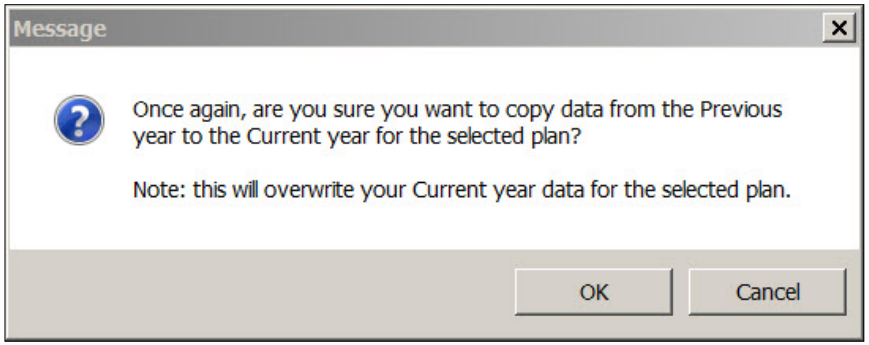
Copy Plan (from Previous Year) – page 4

Select Source Plan (from previous year) and Destination Plan (in current year)

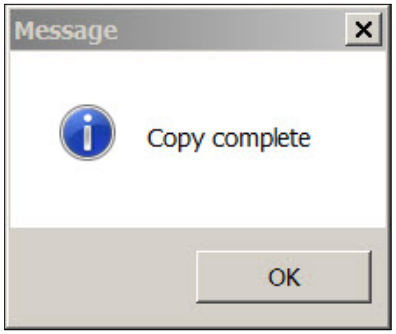


Copy Plan (from Previous Year) – page 5

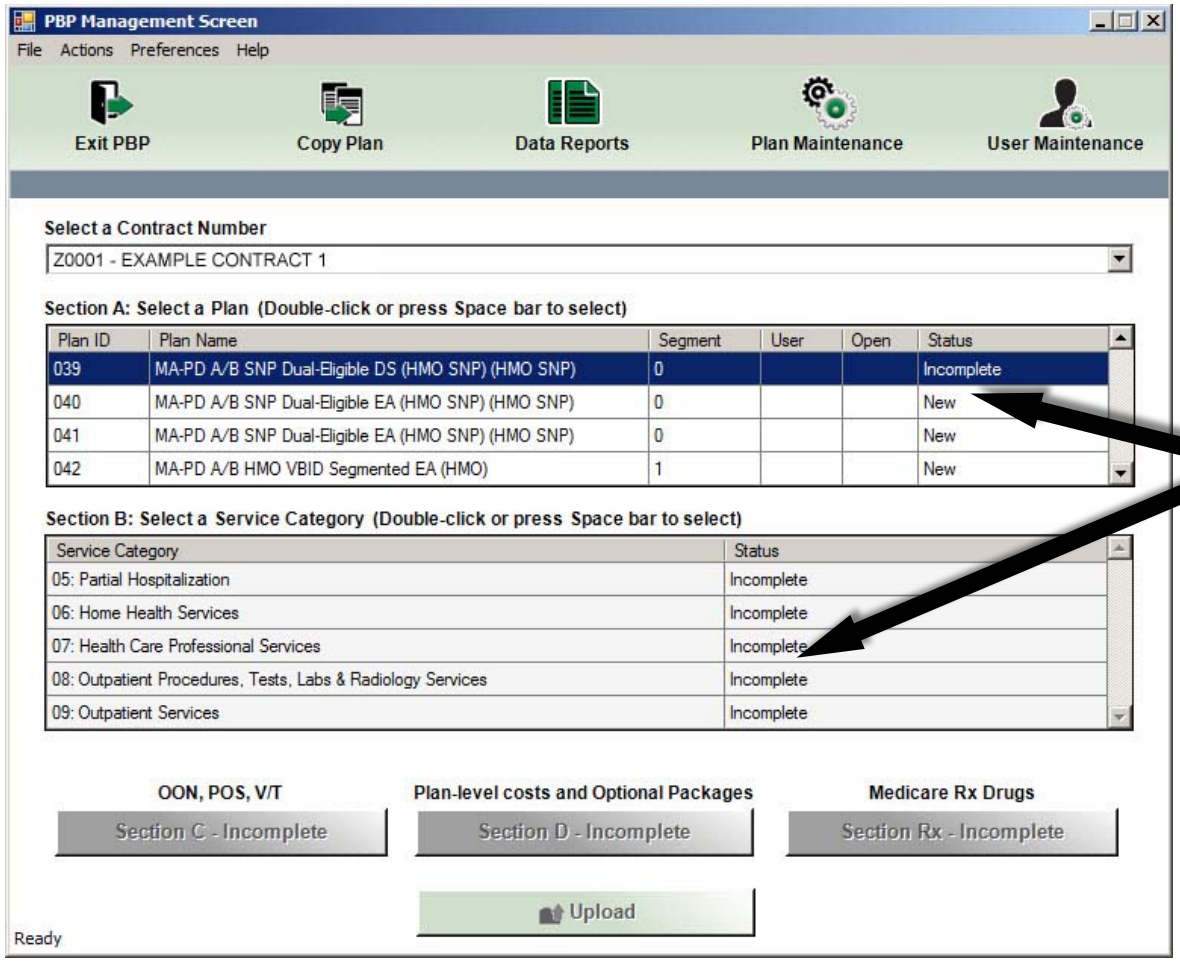
- After you click on OK, the system will prompt you to confirm



- System will display sections being copied, then a message will appear when the copy is complete



Copy Plan (from Previous Year) – page 6



PBP sections that copied will show a status change from New to Incomplete.

Copy Plan (from Previous Year) – page 7

When **Plan Copy (from Previous Year)** has been completed, the status of the sections that have been copied change from “New” to “Incomplete.” Starting with Section A, the user must open each section with that status and select “Exit (Validate)” in order to change the status to “Completed.”

Copy tip : If you have a plan in 2019 that you want to use for multiple 2020 plans, copy the 2019 plan into 2020, then use the 2020 PBP Plan Copy Feature to populate multiple plans, and make any necessary changes.

Data Entry/Functionality

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Basic PBP 2020 Data Entry and Functionality – Section A

Section A

Section A

- General plan information
- Most fields are entered in HPMS (and pre-populated in the PBP)
  - Downloaded into PBP (read-only variables)
- Double-click on the plan to access the plan's data entry
- Limited data entry for MA and MA-PD plans
- All plan types must successfully *Exit with Validation* to go on and complete other sections

Section A - continued

- The entries in some fields affect data entry in other PBP sections. Some key fields and the sections they affect are:
  - Plan type
    - Sections B, C, D
  - Network indicator
    - Sections C & D
  - Enrollee Type (Part A and Part B; Part B Only)
    - Section B: Inpatient Hospital & SNF
  - Special Needs Plan (SNP) information
    - Section B
  - Standard Bid Questions
    - Sections B, C, D
- Refer to the PBP Data Entry Matrix in the CY 2020 Bid Submission User's Manual for more specifics and a complete list of all fields that affect other PBP data entry

Section A – HPMS Data Updates

Changes to HPMS Organization/Plan data:

- Contract Management Module data changes*
  - Organization Marketing Name
  - Contract Service Area
  - Organization Web Addresses

**All other fields in Contract Management may only be edited by CMS. Please contact your Account Manager if these fields must be modified.*

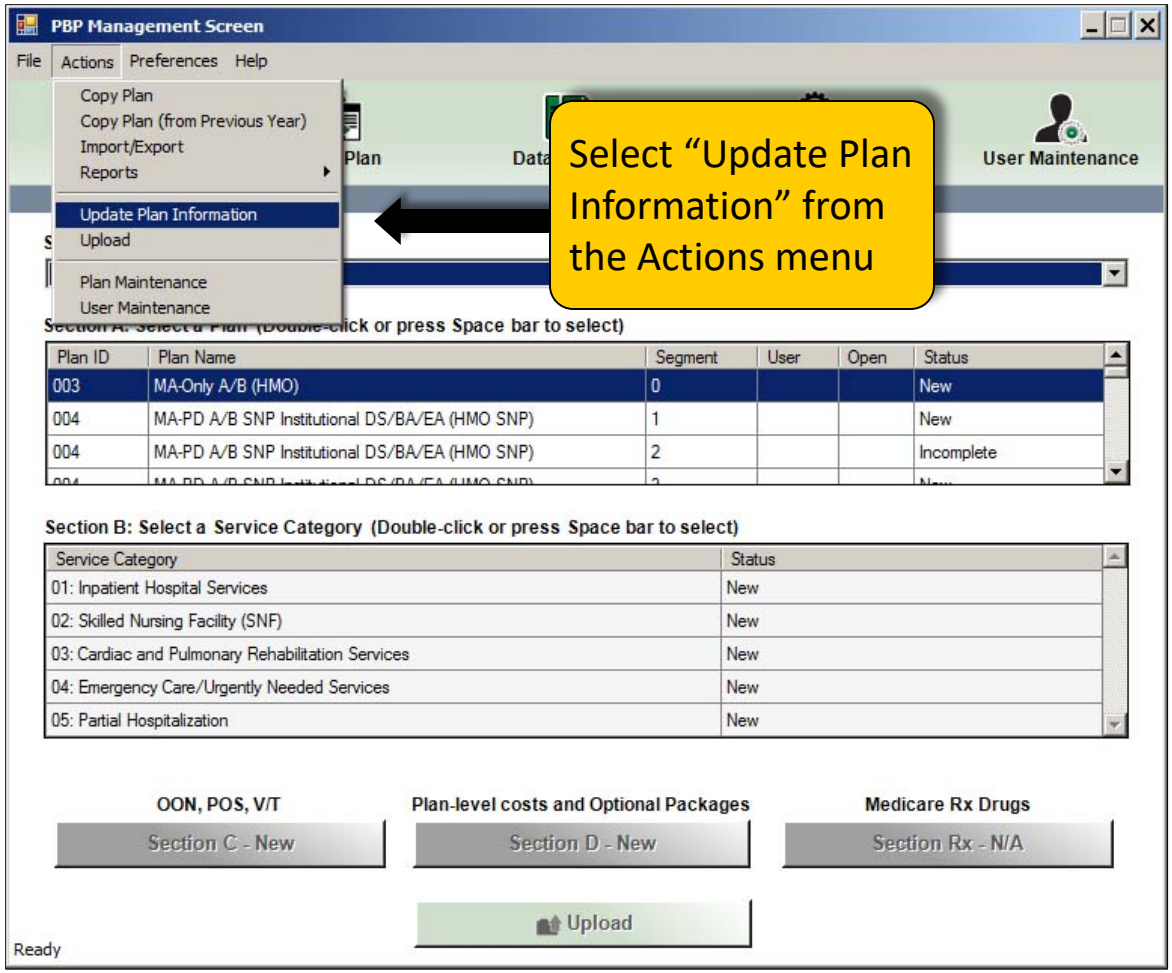
Section A – HPMS Data Updates - continued

- Most data in Section A is entered/updated in the Bid Submission Module under Manage Plans in HPMS.
  - The following information comes from Set Up Plans:
    - Add/Delete Plans
    - Plan Type (includes designation of Employer-Only)
    - Plan Name, Plan Geographic Name, and Segment Name
    - Plan Service Area
    - Participating Pharmacy Website Address
    - Physician Website Address (except for PDP plans)
    - Formulary Website Address
  - The following information comes from Edit Contact Data (Customer Service Phone #s):
    - Current Members (Part C and Part D/local and toll-free)
    - Prospective Members (Part C and Part D/local and toll-free)

Section A – HPMS Data Updates: PBP – Update Plan Information

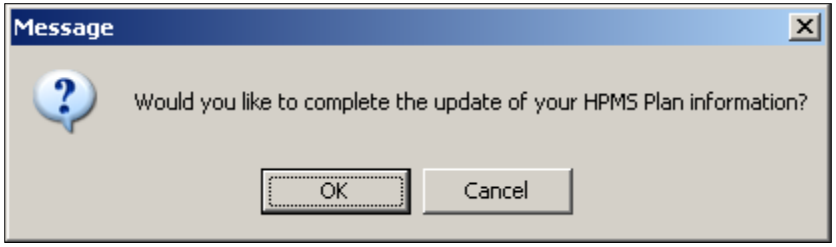
- Upon completion of plan information updates in HPMS, a ZIP file called UPDATPBP2020_*date/time*.ZIP is created
- You are required to save the new UPDATPBP2020_*date/time*.ZIP file to the directory where you installed the PBP2020 software

Section A – HPMS Data Updates:
PBP – Update Plan Information – continued 1

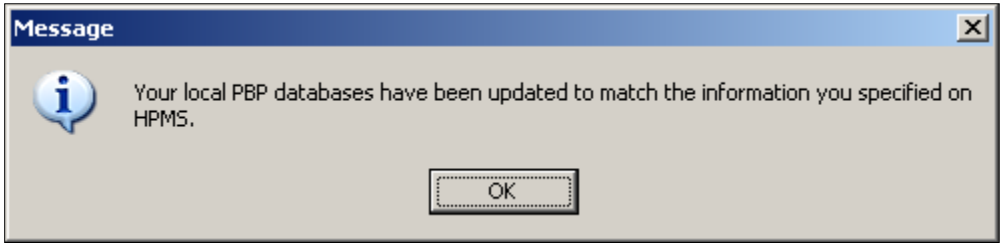


Section A – HPMS Data Updates: PBP – Update Plan Information – continued 2

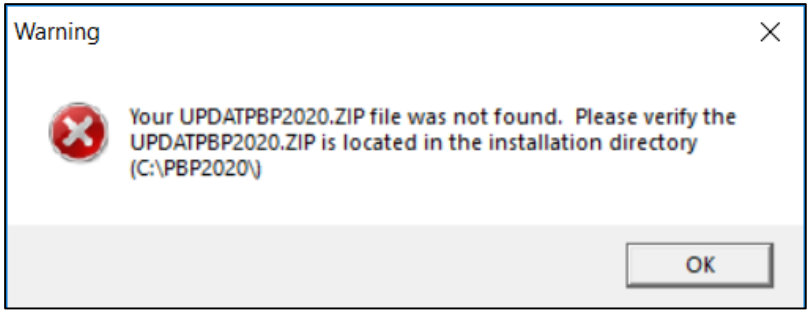
Return to PBP Management Screen. Select OK to complete the update.



A message will confirm that your local databases have been updated to match HPMS; click on OK.



A warning message will appear if the HPMS update file was not found.



Basic PBP 2020 Data Entry and Functionality – Section B

Section B

Section B

- Plan-specific benefits information
- 20 Service Categories
  - VBID (Value-Based Insurance Design)/ UF (Uniformity Flexibility)/SSBCI (Special Supplemental Benefits for the Chronically Ill)
    - For VBID plans
    - For plan types who may offer MA Uniformity Flexibility
    - For plan types who may offer Special Supplemental Benefits for the Chronically Ill
  - PBP Section B-20: Outpatient Prescription Drugs
    - Only for Cost Contracts NOT offering Medicare Part D
- 57 Subcategories
  - Medicare-covered benefits
  - Enhanced benefits:
    - Mandatory and Optional Supplemental benefits covered by the plan, but not by Medicare
    - Mandatory Supplemental Medicaid benefits covered only by a Medicare-Medicaid Plan, but NOT by Medicare
  - PBP Section B-13h: Additional Benefits,
    - Only for Medicare-Medicaid Plans

Section B – ‘Big 9’ Category Questions

1. Enhanced (Mandatory or Optional Supplemental) benefits
2. Maximum Plan Benefit Coverage (for non-Medicare benefits only)
3. Maximum Enrollee Out-of-Pocket costs
4. Coinsurance (for Medicare and enhanced benefits)
   - Single amount
   - Min/Max range
   - Intervals

Section B – ‘Big 9’ Category Questions - continued

5. Deductible
6. Copayments (for Medicare and enhanced benefits)
   - Single amount
   - Min/Max range
   - Intervals
7. Authorization
8. Referral
9. Notes

B-14a: Medicare-covered Zero Cost Sharing Preventive Services

- The $0 cost sharing preventive services are not listed on the B-14a Medicare-covered Zero Dollar Preventive Services screen. There is a single attestation check box that reads:
  - I attest that there is no coinsurance, copayment, or deductible for all Original Medicare preventive services that are offered at zero dollar cost sharing.
- The following informational labels are also on the B-14a Medicare-covered Zero Dollar Preventive Services screen:
  - A note that reads “Note: Plan may not require an authorization or referral for certain $0 cost sharing preventive services, for example, screening mammograms.”
  - An authorization question that reads “Is authorization required?”
  - A referral question that reads “Is a referral required?”
  - A notes field that is restricted to 3000 characters.
- “Other” Medicare-covered preventive services are listed in B-14e

MMP-Specific Screens

- For MMP (Medicare-Medicaid Plans), additional data entry screens appear in Section B in the following sections:
  - 6 – Home Health Services
  - 7c – Occupational Therapy Services
  - 7i – Physical and Speech Therapies
  - 11a – Durable Medical Equipment (DME)
  - 11b – Prosthetics/Medical Supplies
  - 13h – Additional Services
- MMP-specific screens require the following information:
  - Maximum Plan Benefit Coverage Amount
  - Coinsurance Minimum/Maximum
  - Copayment Minimum/Maximum
  - Authorization
  - Referral
  - Periodicity (as appropriate)

B-13h: Additional Services

- Section B-13h is available only to MMP plans. This section contains data entry allowing MMP plans to offer the following Additional Services:
  - Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services
  - Tobacco Cessation Counseling for Pregnant Women
  - Freestanding Birth Center Services
  - Respiratory Care Services
  - Family Planning Services
  - Nursing Home Services
  - Home and Community Based Services
  - Personal Care Services
  - Self-Directed Personal Assistance Services
  - Private Duty Nursing Services
  - Case Management (Long Term Care)
  - Institution for Mental Disease Services for Individuals 65 or Older
  - Services in an Intermediate Care Facility for Individuals with Intellectual Disabilities
  - Case Management
  - Other 1 through Other 38

B-13h: Additional Services - continued

- The names of services Other 1 through Other 38 must be entered by the plan.
- All services in Section B-13h require the following data:
  - Service limits, limit units, and periodicity
  - Service-specific Maximum Plan Benefit Coverage Amount
  - Maximum Plan Benefit Coverage Periodicity
  - State-operated waiver information (if applicable)
  - Patient pay amount (if applicable)
  - Coinsurance (Minimum/Maximum)
  - Copayment (Minimum/Maximum)
  - Authorization
  - Referral

B-19a Reduced Cost Sharing for VBID/UF/SSBCI Plans

- In B-19a, a VBID, UF, or SSBCI plan will be allowed to create multiple reduced cost sharing packages (15 maximum package options). Only VBID and UF packages will select one or more of the following disease states that apply to each package:
    - Diabetes
    - Chronic Obstructive Pulmonary Disease (COPD)
    - Congestive Heart Failure (CHF)
    - Patient with Past Stroke
    - Hypertension
    - Coronary Artery Disease
    - Mood Disorders
    - Rheumatoid Arthritis
    - Dementia
    - Other CMS-Approved Disease State (for VBID only)
    - Low Socioeconomic Status (for VBID only)
    - Other 1 – Other 5 (for UF only)

B-19a Reduced Cost Sharing for VBID/UF/SSBCI Plans - continued

- For each package in 19a the plan will indicate:
  - Whether there is a prerequisite for reduction in cost sharing.
  - Indicate the Medicare-covered and Non-Medicare-covered benefits that will have reduced cost sharing.
  - Whether any of the Medicare-covered and Non-Medicare-covered benefits are exempt from the plan level deductible.
  - Whether any of the Medicare-covered and Non-Medicare-covered benefits offer a reduced coinsurance, copayment, and/or deductible and enter the amount.
  - Whether the benefits in the package will apply to OON/POS.
- If a benefit is offered in B-19a: VBID/MA Uniformity Flexibility/SSBCI, the maximum cost sharing amount entered must be equal to or less than the cost sharing entered for the regular Part C benefit, as identified in the regular PBP Section B screen(s).
- Each package will contain a single notes field.

B-19b Additional Benefits for VBID/UF/SSBCI Plans

- In B-19b, a VBID, UF, or SSBCI plan will be allowed to create multiple reduced cost sharing packages (15 maximum package options). Only VBID and UF packages will select one or more of the following disease states that apply to each package:
    - Diabetes
    - Chronic Obstructive Pulmonary Disease (COPD)
    - Congestive Heart Failure (CHF)
    - Patient with Past Stroke
    - Hypertension
    - Coronary Artery Disease
    - Mood Disorders
    - Rheumatoid Arthritis
    - Dementia
    - Other CMS-Approved Disease State (for VBID only)
    - Low Socioeconomic Status (for VBID only)
    - Other 1 – Other 5 (for UF only)

B-19b Additional Benefits for VBID/UF/SSBCI Plans - continued

- For each package in B-19b the plan will indicate:
  - Whether there is a prerequisite for any additional benefits.
  - The Non-Medicare-covered additional benefits that will be offered.
  - Whether any of the Non-Medicare-covered benefits are exempt from the plan-level deductible.
  - Whether the benefits in the package will apply to OON/POS.
  - Cost sharing for any additional Non-Medicare-covered benefits.
- Each package will contain a single notes field.
- Only VBID and SSBCI packages may offer the 13i- Non-Primarily Health related Benefits for the Chronically Ill and 13i- Non-Primarily Health related Benefits for the Chronically Ill (Other) as part of 19B.

Basic PBP 2020 Data Entry and Functionality

Section C

Section C

- Out-of-Network (OON) benefits
- Point of Service (POS) Option
- Visitor/Travel Program (V/T) - U.S.

  See Plan Data Entry matrix in CY 2020 Bid Submission User's Manual for PBP sections available by plan type

Section C – Out-of-Network

OON service categories:

- PPO and Full Network PFFS plans must offer the same benefits In-Network and Out-of-Network
- All other plan types that cover OON benefits (i.e., Partial Network PFFS) may subset benefits using Category pick list

Section C – Point of Service

- Type of benefit
  - Mandatory or Optional Supplemental
- Select service categories for POS
- Coverage Limit
- Enrollee Out-of-Pocket Cost Limit
- Deductible
- Authorization
- Referral

Section C – Visitor/Travel

- Offered (Yes/No)
- Type of benefit
  - U.S. (Mandatory or Optional Supplemental)
- The plan must furnish all plan covered services in its designated V/T area(s), including all Medicare Parts A and B services and all mandatory and optional supplemental benefits at in-network cost sharing levels, consistent with Medicare access and availability requirements at 42 CFR 422.112.
- Select Geographic Area
  - In the United States and its territories
  - Other

Section C – Cost Share Structure

- Inpatient Hospital & Skilled Nursing Facility
  - Coinsurance / Copayment options:
    - Medicare-defined costs
    - Single amount (per stay, if applicable)
    - Intervals with varying costs
  - Deductible (if applicable)
  - Maximum Plan Benefit Coverage

Section C – Cost Share Structure - continued

- Outpatient Services (1-15 groups)
  - Group together categories that have the same cost shares
  - Coinsurance / Copayment
    - Min/Max range
  - Deductible
  - Maximum Plan Benefit Coverage

Basic PBP 2020 Data Entry and Functionality – Section D

Section D

Section D – Plan Level Costs

- Deductible
- Maximum Enrollee Out-of-Pocket Cost
  - Mandatory for all plan types (Optional for Cost Plans)
- Maximum Benefit Coverage
  - Applies to Non-Medicare benefits only
- Plan Premium (Part A/B)
  - Only for Cost Plans (all other plans enter in BPT)
- Premium Reduction
- Balance Billing (PFFS plans only)

Section D – Plan Level Costs - continued

Plan-level Deductible: Indicate service categories included

- Screens based on plan type and network indicator
  - In-Network
  - Combined (In-Network and Out-Of-Network)
  - Out-of-Network
  - General (Non-Network)
  - Single (LPPO/RPPO Only)

Section D – Plan Level Costs
(LPPO/RPPO Deductible)

If an LPPO or RPPO plan offers a deductible, it must be offered as a single annual deductible defined as either:

- Medicare-Defined Part A Deductible Amount
- Medicare-Defined Part B Deductible Amount
- Medicare-Defined Part A and Part B Deductible amount combined as a single deductible
  - Applied as a single deductible
  - Differentially applied to Part A and Part B Medicare Services, reflecting original Medicare structure
- An amount indicated by the plan

LPPO and RPPO plans include all OON Medicare-covered Services in the annual Deductible except B-14a: Medicare-covered Zero Dollar Preventive Services, which the plan can choose to exclude

Section D – Plan Level Costs (LPPO/RPPO Deductible) - continued

LPPO and RPPO plans can include any combination of the following:

- In-Network Medicare-covered benefits
- In-Network Non-Medicare-covered benefits
- Out-of-Network Non-Medicare-covered benefits

- LPPO and RPPO plans can choose to apply their deductible differentially to individual benefits as long as any one differential deductible does not exceed the single annual plan level deductible

- LPPO and RPPO plans may offer a separate deductible for mandatory enhanced benefits.

Section D – Plan Level Costs – continued 2

- Plan-level Maximum Enrollee Out-of-Pocket Cost: Pick list of service categories INCLUDED
  - Screens based on plan type and network indicator
    - Combined (In-Network and Out-Of-Network)
    - In-Network
    - Out-of-Network
    - General (Non-Network)

Section D – Optional Supplemental Packages

- A plan can create up to five Optional Supplemental benefit packages
  - Select applicable service categories for Optional Supplemental Package
  - Enter package deductible (if applicable)
  - Enter package premium (Cost Plans only)
  - MMPs are not allowed to create Optional Supplemental Packages
- For the “Big 9” categories, a plan can enter additional data (similar to Section B screens)
  - Can **COPY** data from Section B category and make necessary changes for variation (Step-up) in benefit (e.g., 2 visits vs. 1 visit)
  - Out-of-Network data entry (similar to Section C-OON Group screens) available only for PPOs and other plans with OON benefits

Basic PBP 2020 Data Entry and Functionality – Section Rx

Section Rx

Part D Benefit Types

- 4 Part D Benefit Types:
  - Defined Standard – *minimal data entry*
  - Actuarially Equivalent Standard – *moderate data entry*
  - Basic Alternative – *detailed data entry*
  - Enhanced Alternative – *detailed data entry*

- ***Only one Part D Benefit type may be defined per plan***

Rx General Screen 1

- Required Data Entry:
  - Part D drug benefit offered
  - Type of drug benefit
  - Components of Pharmacy Network
    - *The locations and cost-sharing structure selected here must agree with the locations selected on the Tier Locations Screen(s) or the General Location/Supply Screen*
  - Long Term Care (LTC) prescription drug dispensing attestation

Rx General Screen 2

- Required Data Entry:
  - Floor pricing (non-MMP plans only)
  - Ceiling price (non-MMP plans only)
  - Free first fill (Basic and Enhanced Alt. only)
  - Quantity limits on certain prescription drugs
  - Prior authorization
  - Step therapy plan
  - Over-the-Counter Items under a Utilization Management Program
  - Indication based formulary design (new for CY2020)
  - Over-the-Counter Attestation (MA organizations only)

Rx General Screen 3

- Screen available for all plans except Defined Standard
- Required Data Entry
  - Indicate the total number of formulary tiers (must match the formulary submission count)
  - Identify the formulary exception tier
  - Indicate whether a second less expensive cost sharing level for all generic drugs approved for formulary exceptions exists
  - Indicate the lower level cost sharing Formulary Exceptions Tier if there are two exceptions tiers

Tier Model Screen

- Required Data Entry:
  - Tier Models
    - Based on total tier count selected on Rx General Screen 3
    - Defines tier labels and hierarchy structure
    - Must match information provided in the formulary submission tier
    - Only enabled for AE, BA and EA benefit types
    - MMP tier models different than non-MMP plans

Tier Drug Type and Cost-Share Structure Screen

Required Data Entry:

- Tier Drug Type(s): Allowable selections based on tier labels chosen on the Tier Model screen
- Tier Includes:
  - Part D Drugs and/or excluded drugs (options for non-MMP plans only)
  - Part D Drugs and/or Non-Medicare Covered Drugs/OTCs (options for MMPs only)
- Cost sharing Structure (for each tier):
  - Coinsurance
  - Copayment (the only option for MMPs)
  - Greater of Coinsurance and Copayment
  - Lesser of Coinsurance and Copayment

Tier Cost Sharing Screens

- Cost sharing for each tier entered on one screen
- Required Data Entry:
  - Pre-ICL and Additional Gap Coverage cost sharing
    - Depending on the cost sharing structure selected:
      - Enter Copayment amount for selected location / days supply; and/or
      - Enter Coinsurance percentage for selected location / days supply
    - Cost sharing should increase as tier number increases, with few exceptions for highest tier offerings (e.g. $0 vaccine tier on tier 5 or 6)
  - Pre-ICL cost sharing for coinsurance tiers only
    - Enter the average expected copay equivalent for 1 month coinsurance cost sharing
  - Pre-ICL cost sharing for copayment tiers only
    - Enter the daily copay amount on the daily copayment screen
  - Post-Out-of-Pocket threshold cost sharing
    - Enter the copayment amount and coinsurance percentage

Tier Information

- Pre-ICL Tier Labels, Tier Drug Types, and Pharmacy Location attributes are pre-populated across the other benefit phases (i.e., Gap, Catastrophic)

Part D Benefit Data Entry Summary

Data Entry	Defined Standard	Actuarially Equivalent Standard	Basic Alternative	Enhanced Alternative	MMP
Deductible	Medicare-defined	Medicare-defined	✓	✓	Must be $0
Excluded drug coverage	N/A	N/A	N/A	✓	N/A
Reduced Part D Cost Sharing	N/A	N/A	N/A	✓	Mandatory
Pre-ICL Cost Sharing	Medicare-defined	✓	✓	✓	N/A
Initial Coverage Limit (ICL)	Medicare-defined	Medicare-defined	✓	✓	No ICL
Additional Reductions in Gap Cost Sharing	N/A	N/A	N/A	✓	No Gap
Cost Sharing Before OOP Threshold	N/A	N/A	N/A	N/A	✓
Cost Sharing Beyond OOP Threshold	Medicare-defined	✓	✓	✓	✓
General Locations / Supply Screen	✓	N/A	N/A	N/A	N/A

Section Rx-VBID

- On the Rx – VBID screens a plan will be allowed to create multiple reduced cost sharing packages (15 maximum package options) and within each package, the plan will:
  - Select one or more of the following disease states that apply to the package:
    - Diabetes
    - Chronic Obstructive Pulmonary Disease (COPD)
    - Congestive Heart Failure (CHF)
    - Patient with Past Stroke
    - Hypertension
    - Coronary Artery Disease
    - Mood Disorders
    - Rheumatoid Arthritis
    - Dementia
    - Low Socioeconomic Status
    - Other CMS-Approved Disease State
  - Indicate which phase of the benefit will have reduced cost sharing: Pre-ICL, Coverage Gap, and Catastrophic Coverage.
  - Indicate whether the cost sharing reduction is contingent upon participation in a wellness or care management program.
  - Indicate whether the cost sharing reduction is contingent upon participation with a high value pharmacy network.
- Each package will contain a single notes field.

Section Rx-VBID - continued

- A plan may only include an Rx VBID benefit if the plan has an AE, BA, or EA drug benefit.
- A plan may only select tiers and Location/Supply amounts that are offered in the regular Rx benefit.
- The cost sharing does **not** need to be reduced for all phases of the benefit, but one or more phases must have some reduction.
- If a tier is offered on the Section Rx VBID screens, the maximum cost sharing amount entered must be equal to or less than the cost sharing entered for the regular Part D benefit, as identified in the regular PBP Section Rx screen(s).

Key Software Features for Data Entry

The PBP 2020 Training covers the following lessons:

- PBP Introduction
- HPMS and PBP/BPT software
- PBP Overview and key software features
- Data Entry/Functionality
  - Section A
  - Section B
  - Section C
  - Section D
  - Section Rx
- **Key software features for data entry**
- Benefit Review Highlights/Plan Benefit Reviews
- List of contacts

Key Software Features – to Complete the PBP

To Complete the PBP

Key Software Features - continued

- File Backups
- Copy Plan (within year)
- Plan Maintenance
- PBP Reports
- Upload Plan(s)

PBP File Backups

- PBP provides an archive folder in the PBP Installation Directory
- Automatically stores backup of every upload and update file
- Backup files important for security, historical reference and to aid in root cause analysis of errors

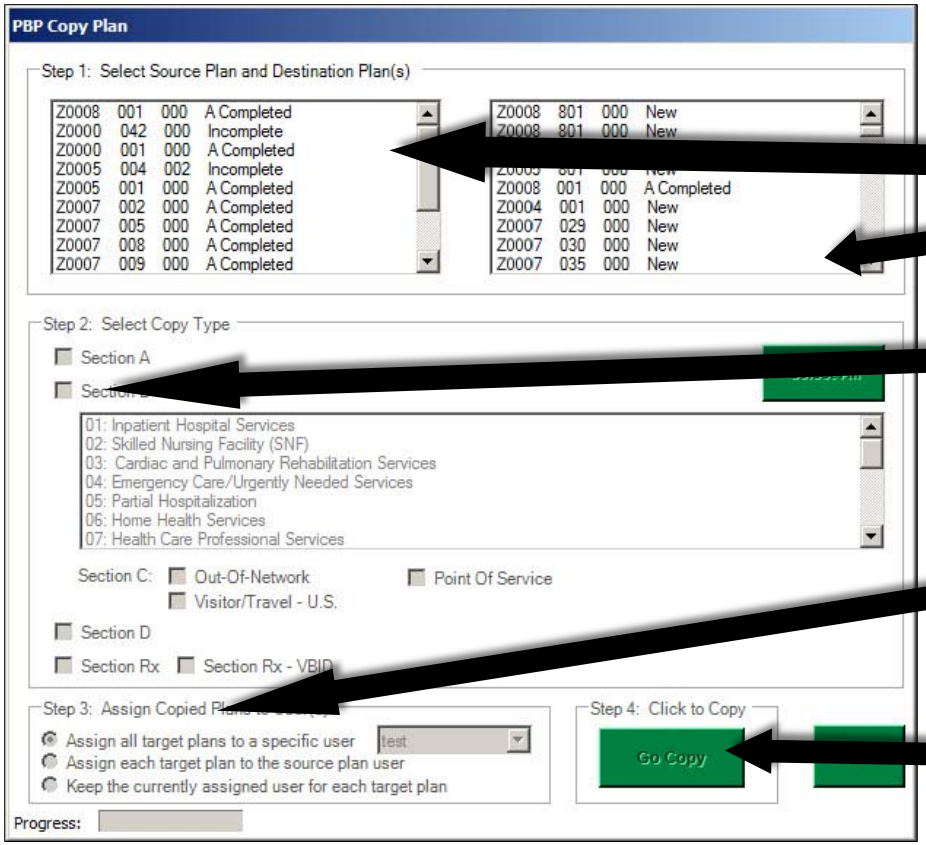
Copy Plan *(within year)*

- Click on ACTIONS in the menu bar. Then, select the Copy Plan option from the drop down menu

  OR

- Click on the <COPY PLAN> button in the tool bar
- Note: Only the applicable, similar sections will be copied. The copy functionality will not overwrite basic properties of the plan (e.g., if you copy an MA-PD to an MA, it will only copy the MA data and will NOT convert the plan to an MA-PD).

Copy Plan *(within year) - continued*



Select the Source and Destination plans.

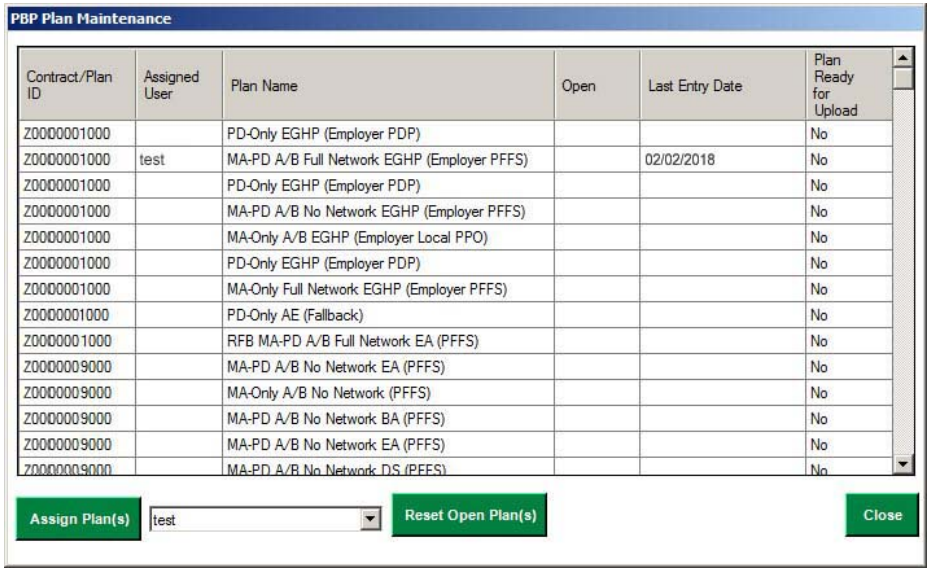
Select what you are copying.

Assign plans to users.

Click to copy.

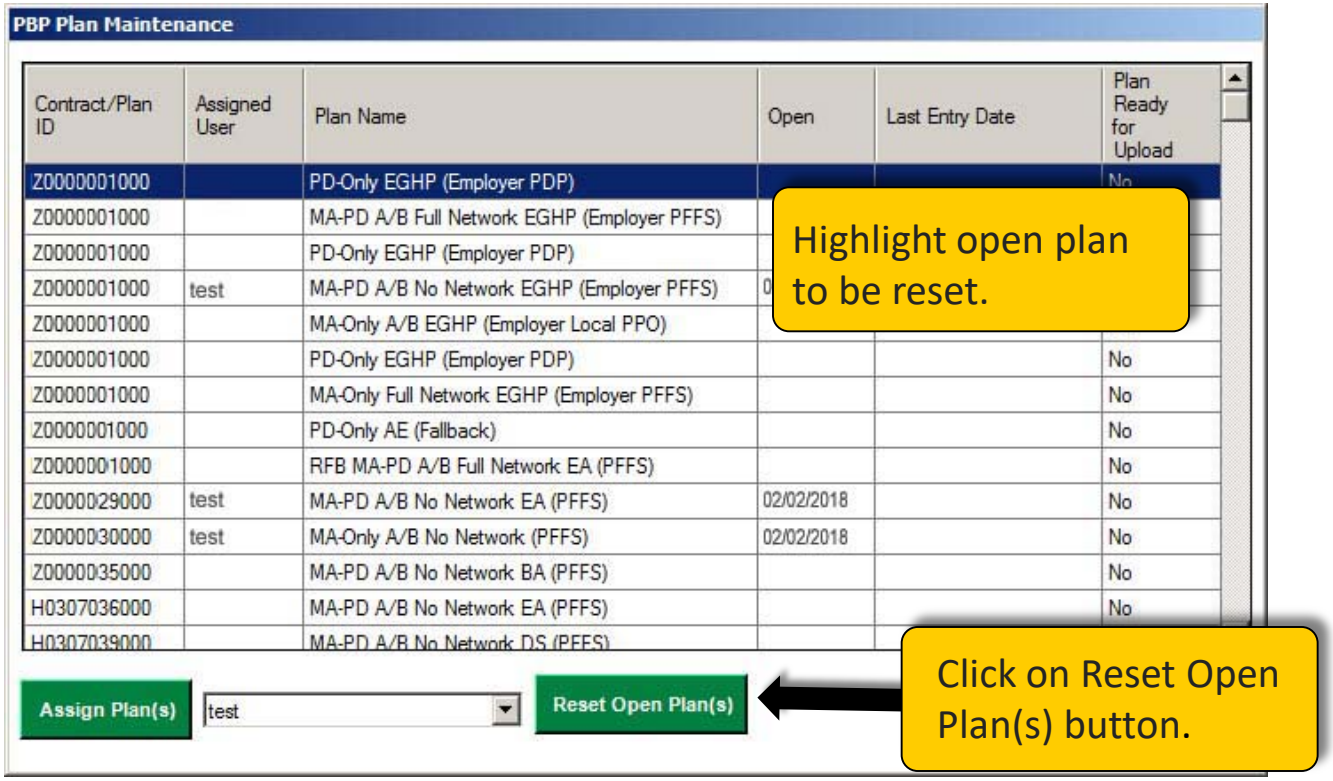
Plan Maintenance

- Reset Open Plan(s)
  - This function is especially useful when abnormal termination of PBP occurs (e.g., power failure, system lockup)
  - When PBP is restarted, a user cannot access any plans marked as Open (* = open plan)
  - These plans must be reset by the Super User before data entry can continue



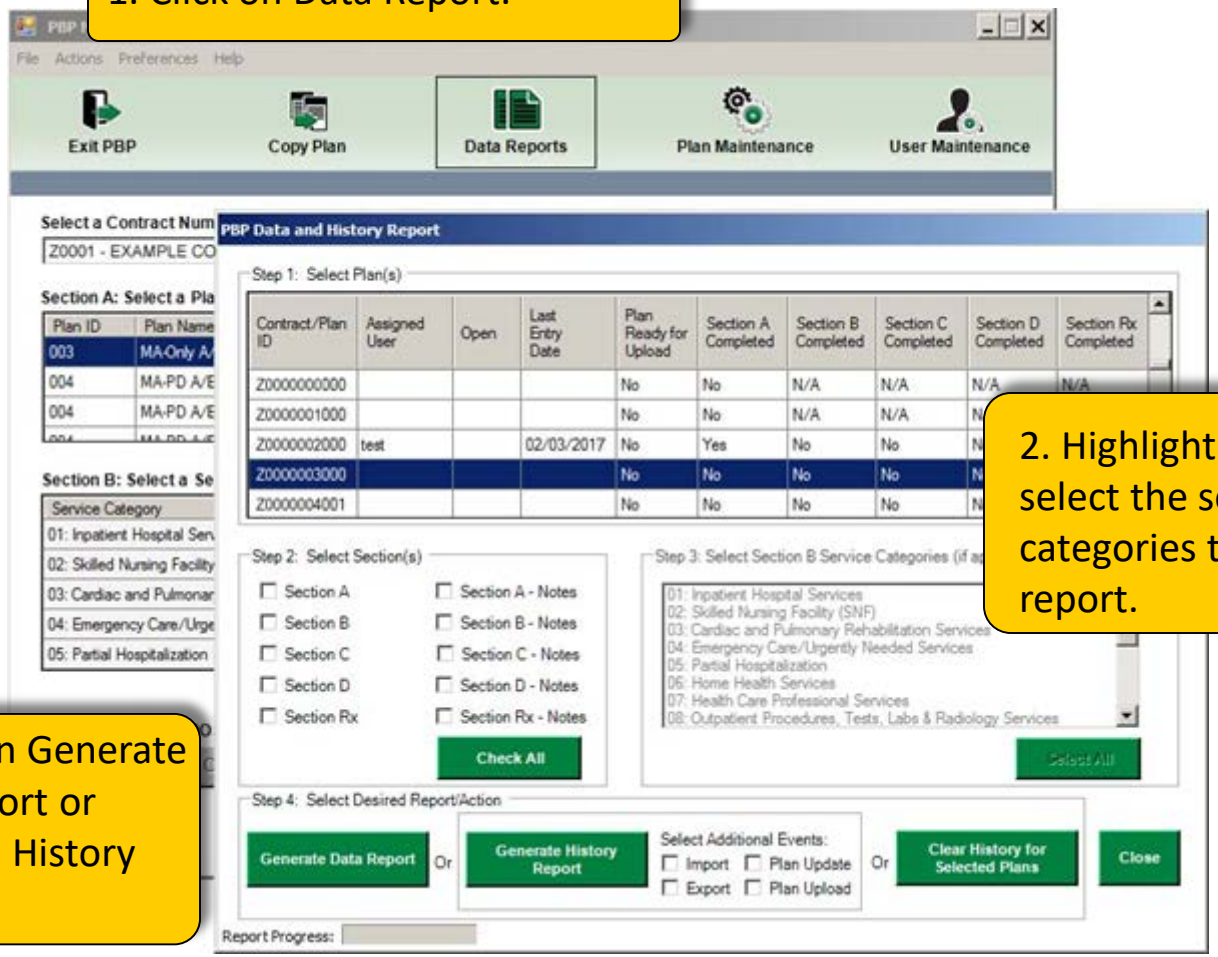
Plan Maintenance - continued

Click on ACTIONS in the menu bar. Then, select Plan Maintenance from the drop down menu.
OR
Click on the <Plan Maintenance> button in the tool bar.



PBP Data/History Reports

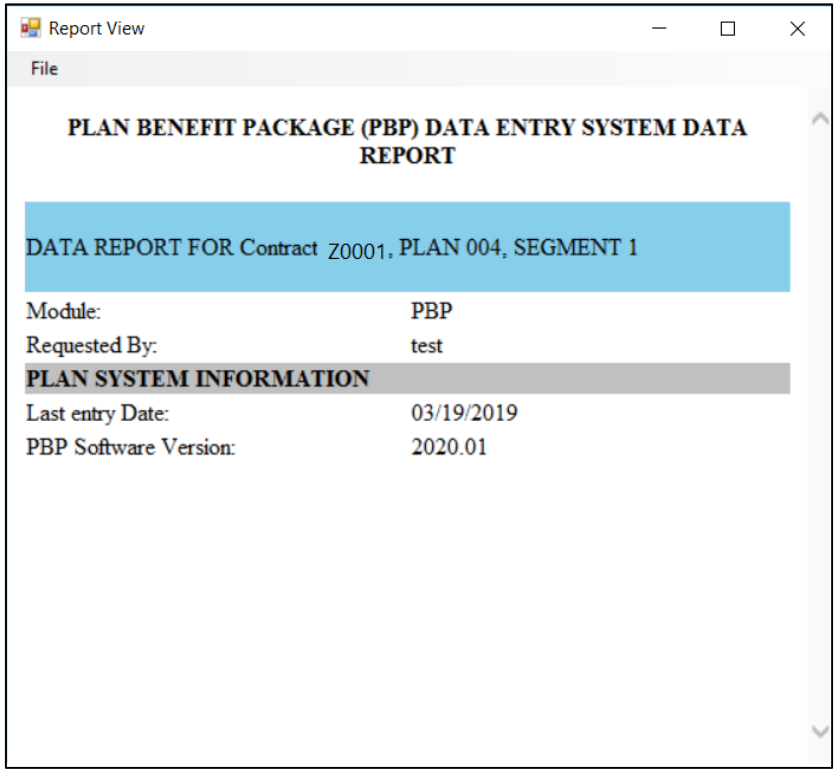
1. Click on Data Report.



2. Highlight plan(s), and select the sections and categories to display in the report.

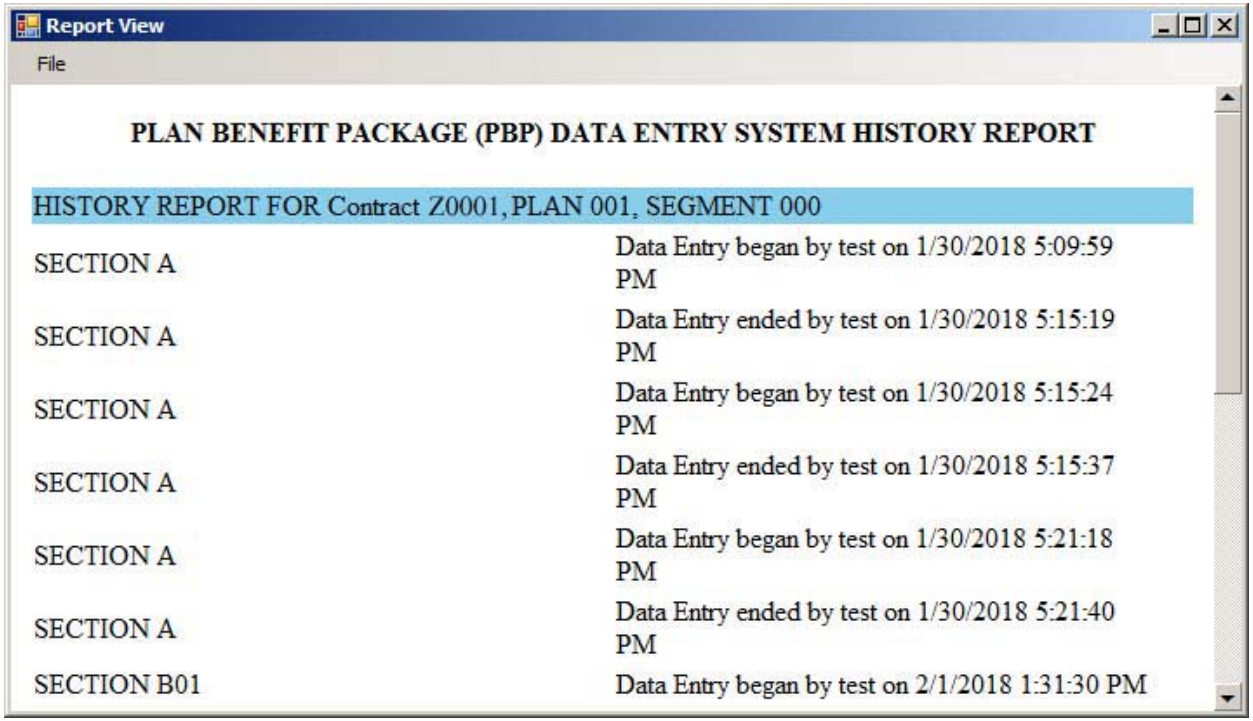
3. Click on Generate Data Report or Generate History Report.

PBP Data Report



The Data Report displays the data that have been entered for a Section(s) or Service Category(ies). Only the questions that you responded to will display in the data report. Disabled questions will not be included in the report.

PBP History Report

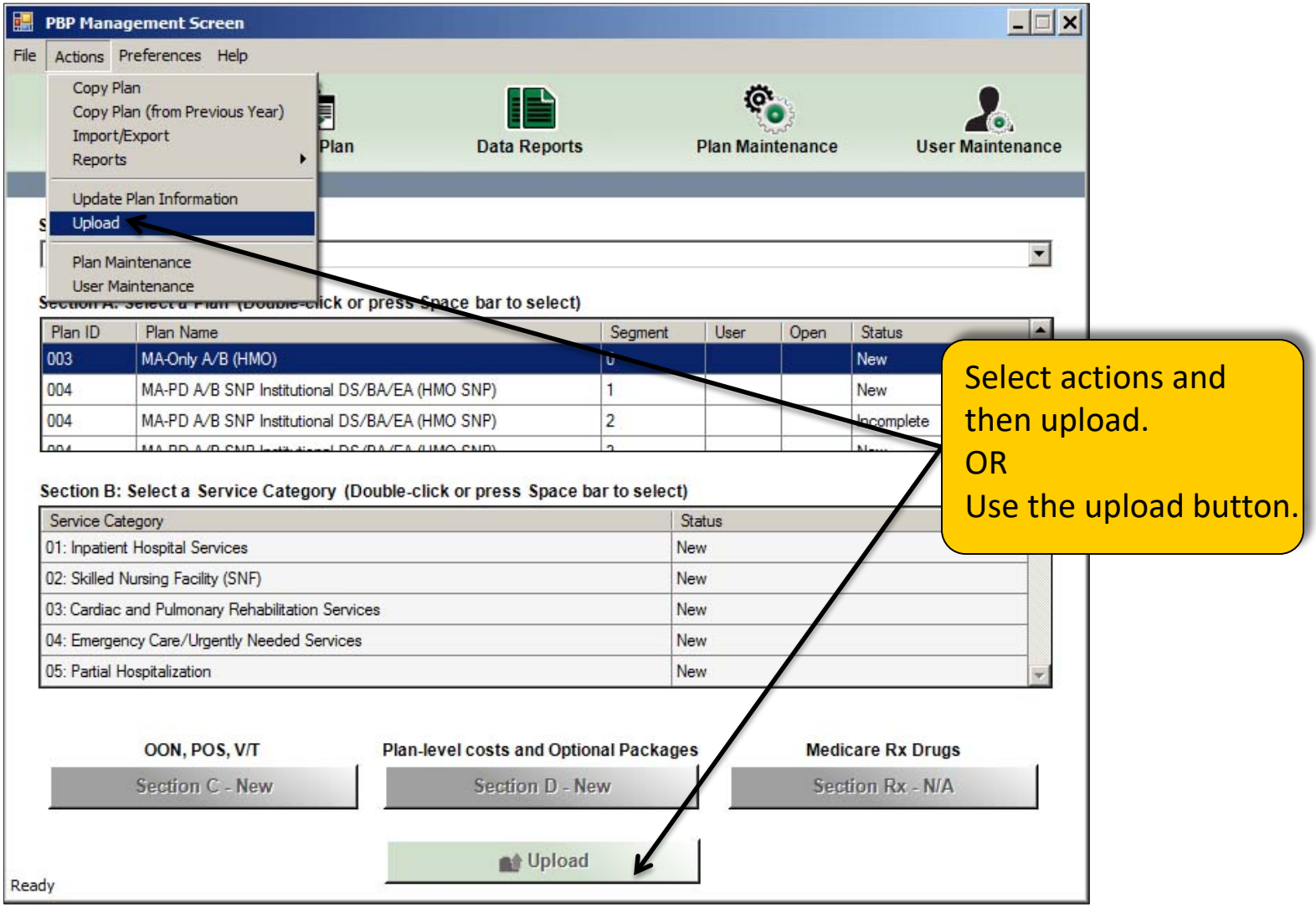


The History Report shows what data was entered, the date and time it was entered, and who completed the data entry.

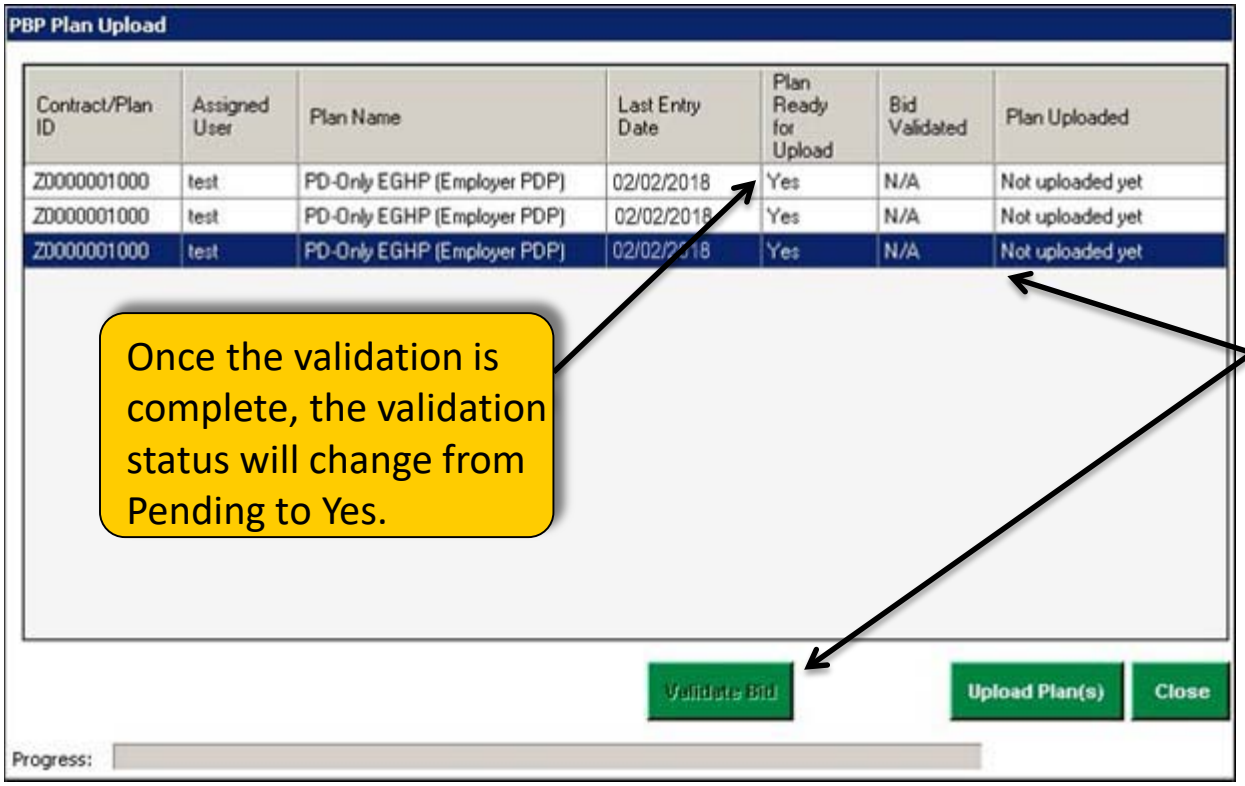
Upload Plan(s) – PBP – page 1

- Select Completed Plan(s) for Upload
  - Validate Bid
    - May validate one or more plans at a time
  - Upload
    - May upload one or more plans at a time

Upload Plan(s) – PBP – page 2



Upload Plan(s) – PBP – page 3

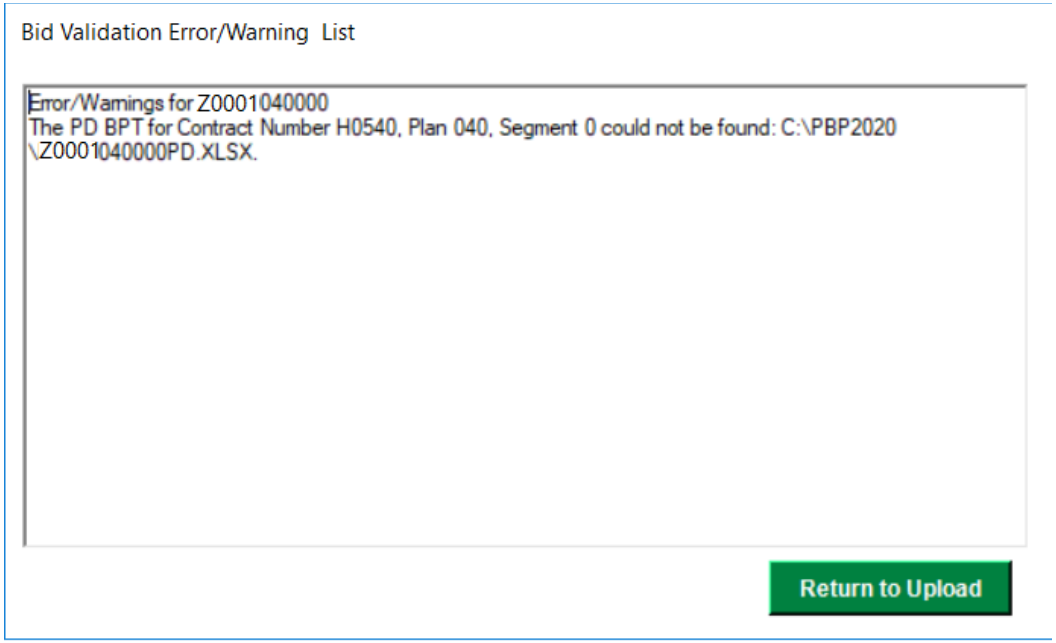


Once the validation is complete, the validation status will change from Pending to Yes.

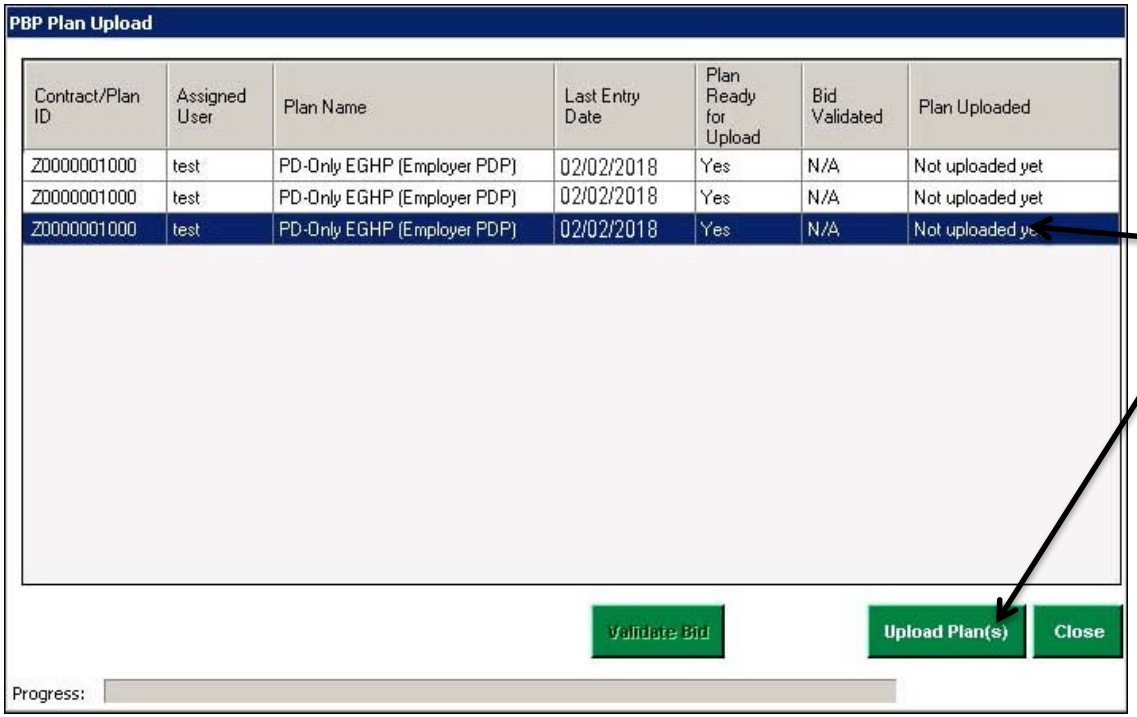
Highlight the plan(s) you want to upload, then click on Validate Bid (unless disabled).

Upload Plan(s) – PBP – page 4

- Bid Validation Errors and Warnings will display if plan(s) fail the Bid Validation checks



Upload Plan(s) – PBP – page 5



Ensure the plan you want to upload is still highlighted, then click Upload Plans.

Note: Remember to specify the file path for the BPT worksheets

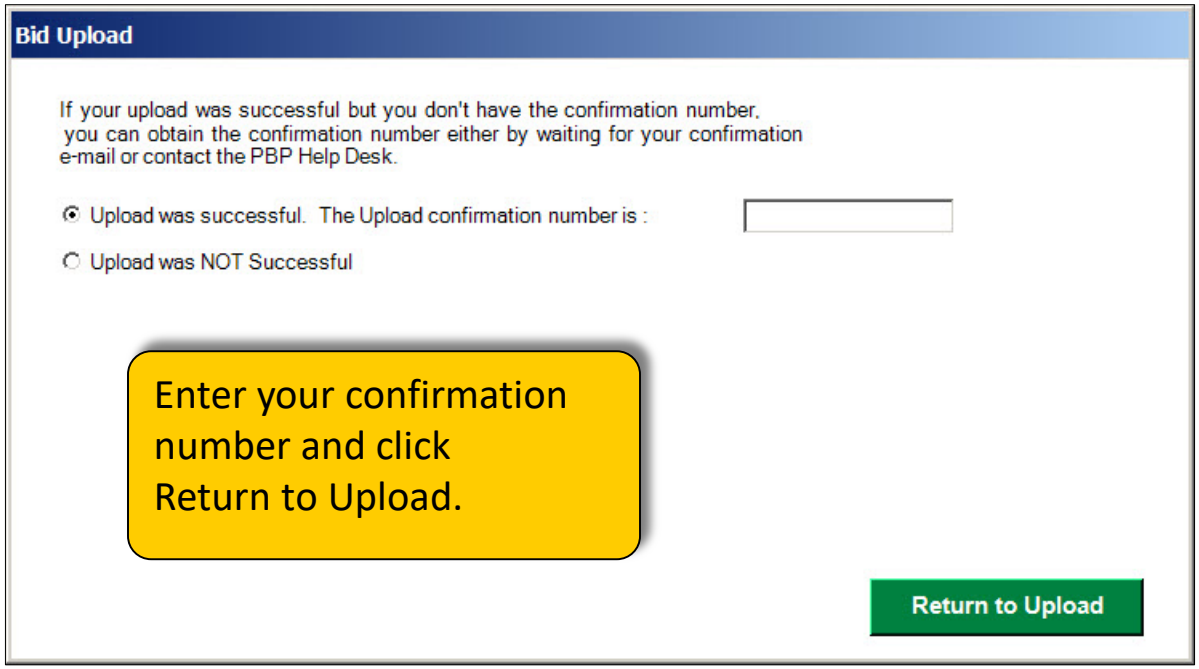
Upload Plan(s) - HPMS

- Uploading to HPMS
  - Step 1: After creating your ZIP file and clicking on the <OK> button, the browser is launched to access the HPMS website
  - Step 2: Log on to HPMS and follow this path:

    HPMS Home Page -> Plan Bids -> Bid Submission -> CY 2020 -> Upload -> Bid Submission
  - Step 3: To select a plan to upload, click the check box in the “Upload This Plan” column, then click the <Next> button. You may upload one or more plans at once.
  - Step 4: To upload a plan, click the <Browse> button. Select the ZIP file you created in Step 1. The default location of the ZIP file is C:/PBP2020. The default name of the ZIP file is PBPUPLOD2020. After selecting your ZIP file, click the <Send> button and note the upload confirmation number.

Upload Plan(s) – HPMS - continued

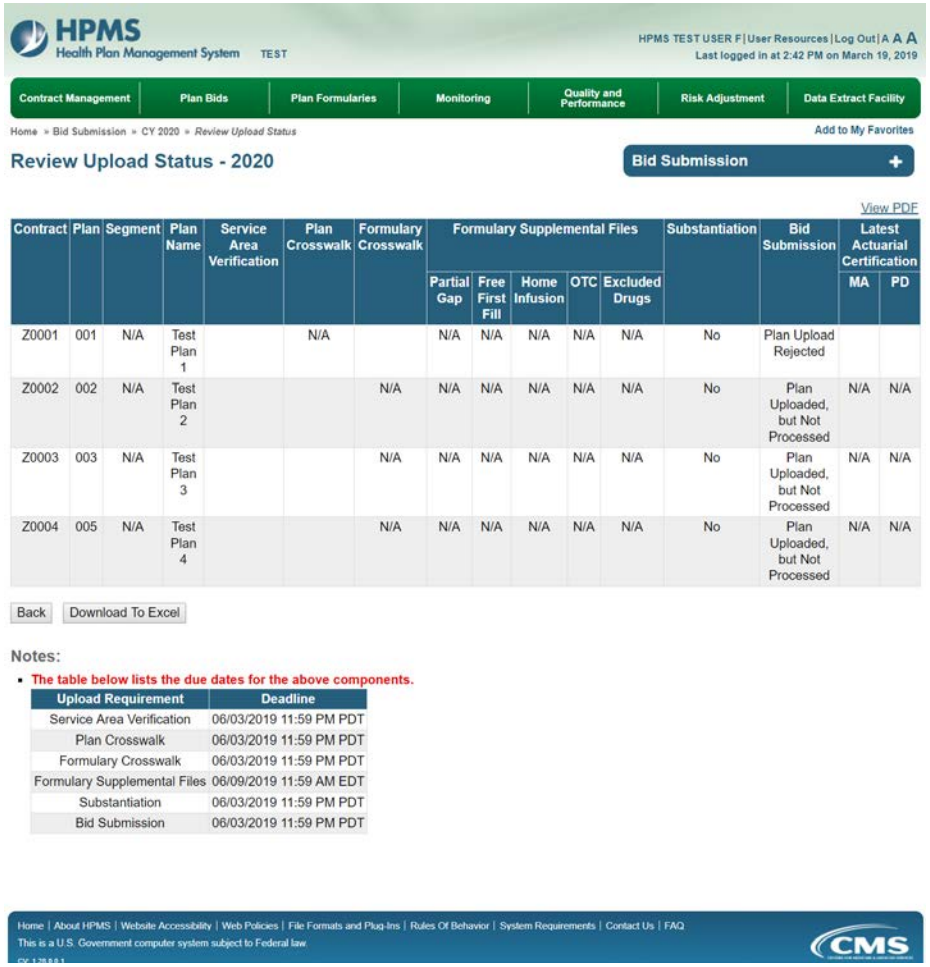
To finish the upload process in the PBP, enter the upload confirmation number.



For additional information regarding the PBP upload process, please see the CY 2020 Bid Submission User's Manual.

Review Upload Status - HPMS

Review the status of your uploads in HPMS.



HPMS
Health Plan Management System TEST

HPMS TEST USER F | User Resources | Log Out | A A A
Last logged in at 2:42 PM on March 19, 2019

Contract Management | Plan Bids | Plan Formularies | Monitoring | Quality and Performance | Risk Adjustment | Data Extract Facility

Home » Bid Submission » CY 2020 » *Review Upload Status*

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Review Upload Status - 2020

Bid Submission +

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Contract	Plan	Segment	Plan Name	Service Area Verification	Plan Crosswalk	Formulary Crosswalk	Formulary Supplemental Files					Substantiation	Bid Submission	Latest Actuarial Certification	
							Partial Gap	Free First Fill	Home Infusion	OTC	Excluded Drugs			MA	PD
Z0001	001	N/A	Test Plan 1		N/A		N/A	N/A	N/A	N/A	N/A	No	Plan Upload Rejected		
Z0002	002	N/A	Test Plan 2			N/A	N/A	N/A	N/A	N/A	N/A	No	Plan Uploaded, but Not Processed	N/A	N/A
Z0003	003	N/A	Test Plan 3			N/A	N/A	N/A	N/A	N/A	N/A	No	Plan Uploaded, but Not Processed	N/A	N/A
Z0004	005	N/A	Test Plan 4			N/A	N/A	N/A	N/A	N/A	N/A	No	Plan Uploaded, but Not Processed	N/A	N/A

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Notes:

- The table below lists the due dates for the above components.

Upload Requirement	Deadline
Service Area Verification	06/03/2019 11:59 PM PDT
Plan Crosswalk	06/03/2019 11:59 PM PDT
Formulary Crosswalk	06/03/2019 11:59 PM PDT
Formulary Supplemental Files	06/09/2019 11:59 AM EDT
Substantiation	06/03/2019 11:59 PM PDT
Bid Submission	06/03/2019 11:59 PM PDT

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This is a U.S. Government computer system subject to Federal law.

CMS

Resubmission Process

- To resubmit a bid prior to the bid submission deadline, re-upload following instructions on the previous slides
- To resubmit a bid after the bid submission deadline, plans should contact their CMS Reviewer to initiate the process and obtain further instructions. If unsure who to contact, submit resubmission request to the following mailbox:
  - Part C benefit resubmissions: https://mabenefitsmailbox.lmi.org/mabenefitsmailbox/MABenefitsMailbox and select “Part C Gate Opening” from the “Category” drop-down options on the bottom of the page
  - Part D benefit resubmissions: PartDBenefits@cms.hhs.gov
  - Bid Pricing Tool corrections: BidReviewC@cms.hhs.gov

•Benefit Review Highlights/Plan Benefit Reviews

The PBP 2020 Training covers the following lessons:

- PBP Introduction
- HPMS and PBP/BPT software
- PBP Overview and key software features
- Data Entry/Functionality
  - Section A
  - Section B
  - Section C
  - Section D
  - Section Rx
- Key software features for data entry
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- List of contacts

HPMS Bid Reports

Available under

Plan Bids

HPMS – PBP Reports

PBP Reports:

(Plan Bids -> Bid Reports -> 2020)

- PBP Benefits Report *(Section B data)*
- PBP Out-of-Network, Point of Service, Visitor/Travel Benefits Report *(Section C data)*
- Plan Level Cost Shares and Limits Report *(Section D data)*
- PBP Part D Benefits Report *(Rx data)*
- PBP Optional Supplemental Benefit Report
- PBP Notes Report
- Medicare Benefit Description Report
- Service Category Report

HPMS – Status and Preview Reports

Bid Status Reports:

(Plan Bids -> Bid Reports -> 2020)

- Submission Status Report
- Bid Status History Report
- Provides upload, unload, and sent to Desk Review status

HPMS – Contract Management Reports

- Service Area Report:
  - Contract Service Area, Plan Service Area, Plan Segment Service Area
- Contract and Plan Information Report:
  - Outlines contract level information (e.g., Org. Type, Org. Geographic Name, Corporate Website, etc.) and includes contract level and plan level contacts
- Plan Crosswalk Report:
  - To view after bid submission. This report shows the crosswalk of CY2019 to CY2020 plans and what counties were added/reduced

•List of contacts

The PBP 2020 Training covers the following lessons:

- PBP Introduction
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  - Section Rx
- Key software features for data entry
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- **List of contacts**

PBP Contact List

PBP Software Technical Issues:		
Andrew Chu	410-786-0488	andrew.chu@cms.hhs.gov
Sara Walters	410-786-3330	sara.walters@cms.hhs.gov
PBP/HPMS Technical Help Desk:		
Help Desk	800-220-2028	hpms@cms.hhs.gov
Medicare-Medicaid Plan Policy and Benefits:		
Medicare-Medicaid Plans Mailbox		MMCOcapsmodel@cms.hhs.gov
MA Benefit Operations & Policy Issues:		
MA Benefits Mailbox		https://MABenefitsMailbox.lmi.org
MA Policy Mailbox		https://dpap.lmi.org
MA Marketing Operations & Policy Issues:		
MA Marketing Mailbox		Marketing@cms.hhs.gov
Part D Benefit Operations & Policy Issues:		
Part D Benefits Mailbox		partdbenefits@cms.hhs.gov
Part D Policy Mailbox		partdpolicy@cms.hhs.gov
Part D Marketing Operations & Policy Issues:		
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