# CY 2013 Plan Benefit Package (PBP) Software Training for Capitated Financial Alignment Demonstration Plans





#### **PBP 2013 Training Agenda**

- Discuss Relationship Between HPMS and PBP
- Describe Key Software Features to Entering Data into PBP
- Describe Basic PBP 2013 Data Entry & Functionality
- Describe PBP 2013 Data Entry Specific to Financial Alignment Demonstration Plans
- Describe Key Features for Completing the PBP





#### **HPMS and PBP Software**

- HPMS is central repository of all Organization/Plan Bid data
- CY2013 plans are created in HPMS via the Bid Submission Module
  - Released on April 6, 2012
- PBP Software Package downloaded from HPMS
- HPMS Organization & Plan Specific Information populated in the PBP Software





#### **HPMS** and **PBP** Software

- The HPMS Bid 2013 Start Page lists the following steps to complete the download of the PBP software and plan data:
  - Step 1: Download the PBP Software
  - Step 2: Install the PBP Software
  - Step 3: Set-up your plan-specific information
  - Step 4: Edit your plan marketing information (Manage Plans)
  - Step 5: Ensure all your organization-level data is complete in the Contract Management Module
  - Step 6: Download your plan-specific information





## Bid 2013 – Download Plan-Specific Information

HPMS

Bid 2013

Home

#### **Download Plan-Specific Information**

The following is a list of the counties and/or regions that have not been assigned to a plan. Partial counties/regions are designated with an asterisk and pending service area expansions are designated by "(pending)".

Z0001 - EXAMPLE CONTRACT 1

(02016) Aleutians West [pending]

(02020) Anchorage [pending]

(02050) Bethel [pending] (02060) Bristol Bay [pending]

Z0002 - EXAMPLE CONTRACT 2

(01350) Jackson [pending]

(01360) Jefferson [pending]

The following is a list of plans that are missing critical information (e.g., service area, plan type or type of employer-only plan). To complete this information for these plans, please select the "Back" button and select the "Set-up Plans" link under "Manage Plans" on the "Bid 2013 Start Page".

Z0003 - EXAMPLE CONTRACT 3

002 - Test

Z0004 - EXAMPLE CONTRACT 4

002 - Test

The following is a list of plans which you own that have incomplete contact information. To complete the required contact information for these contract numbers, please select the "Edit Contact Data" link under "Manage Plans" on the "Bid 2013 Start Page".

Z0005 - EXAMPLE CONTRACT 5

002 - Test

Z0006 - EXAMPLE CONTRACT 6

002 - Test





#### **Overview of PBP**





#### **PBP Overview**

- Provides standard set of benefits
- Facilitates CMS bid review and approval process
- Generates data for CMS Websites (Medicare Plan Finder)
- NOTE: The SB generated from the PBP will NOT be the SB used for Financial Alignment Demonstration Plans





## **Key Software Features to Begin Data Entry**





#### **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 File Paths:**

The PBP Paths screen will appear during the initial login, at which point users must specify a backup path in order to proceed to the PBP Management screen.

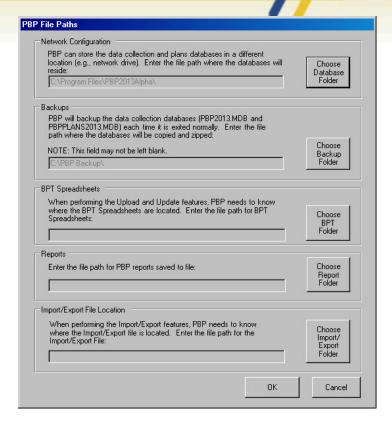
Additionally, if the backup path specified becomes "invalid" (i.e., deleted or renamed), users will once again encounter the PBP Paths screen during login and the backup path will need to be reestablished before proceeding to the PBP Management screen.

Specify the backup path.

NOTE: This should NOT be on the C: directory.

You should also set the paths where you will store your other files and reports.

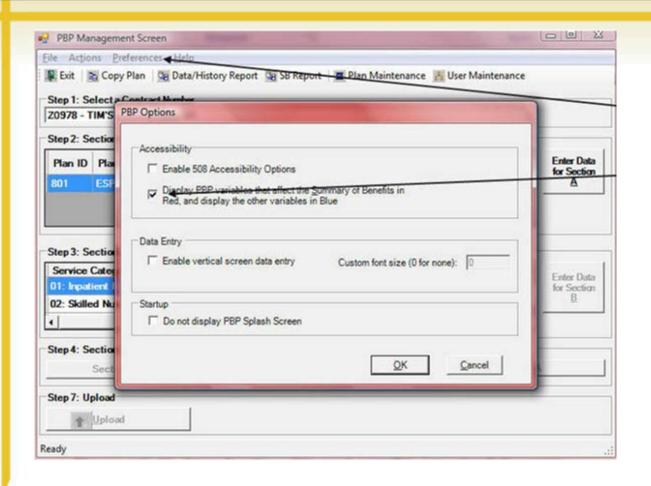
Click OK when finished.







#### **Set Preferences / Options**







#### **PBP Data Entry by Plan Type**

- Section A: Org & Plan general info
  - Standard Bid
- Section B: In-Network benefits
- Section C:
  - Out-of-Network benefits
  - Point-of-Service benefits
  - Visitor/Travel Program
- Section D: Plan-level costs
- Section Rx: Medicare Part D benefit

Refer to PBP
Data Entry
Matrix in CY
2013 Bid
Submission
User's Manual





#### **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 that variable
  - Questions that are enabled will be displayed in regular text and will allow you to enter data
- 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





## Basic PBP 2013 Data Entry and Functionality – Section A





#### **Section A**

- General Plan information
- Most fields entered in HPMS
  - Downloaded into PBP (Read-only variables)
- Limited data entry for MA and MA-PD plans
- All plan types must Exit with Validation to go on and complete other sections





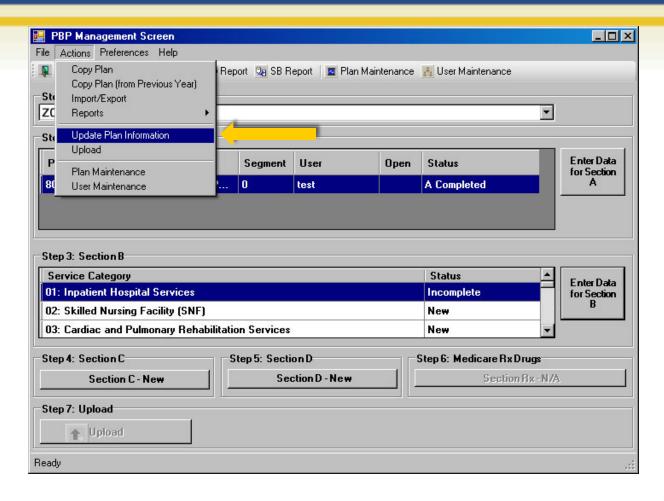
#### Section A – HPMS Data Updates

- Changes to HPMS Organization/Plan data MUST be made in HPMS
- HPMS data CANNOT be modified in PBP User MUST Download Updated data after it has been modified in HPMS
  - NOTE: Downloading updated HPMS data will NOT overwrite currently entered PBP benefits





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







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

- Upon completion of plan information updates in HPMS, a Zip file called UPDATPBP2013\_date/time.ZIP is created
- You are required to save the new UPDATPBP2013\_date/time.ZIP file to the directory where you installed the PBP2013 software





## Financial Alignment Demo Plan – Section A Data Entry

- All demo plans should complete Section A data entry as follows:
  - Enrollee Type: Part A and Part B
  - Does this Plan have a CMS-approved Continuation Area? No
  - Is your organization filing a standard bid for Section B, C, or D of the PBP? No





## Basic PBP 2013 Data Entry and Functionality – Section B





#### **Section B**

- In-Network Plan-specific Benefits Information
- 18 Service Categories
- 50 Subcategories
  - Medicare-covered benefits
  - Enhanced benefits
    - Supplemental benefits covered by the plan, but not by Medicare or Medicaid
  - PBP Section B-13h: "Additional Benefits" only available for Capitated Financial Alignment Demo plans



## Section B – Standard Category Questions & Data Entry

#### Enhanced (Mandatory Supplemental ONLY) benefits

- Supplemental benefits MUST be mandatory; they cannot be optional
- Enter applicable <u>PLAN</u> (NOT Medicaid-covered) supplemental benefits throughout Section B

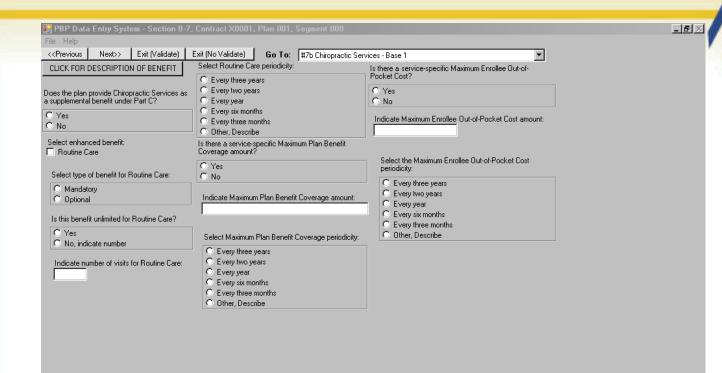
### 2. Maximum Plan Benefit Coverage (for non-Medicare benefits only)

 Complete this data entry if there is a dollar cap on the plan-covered benefits

#### 3. Maximum Enrollee Out-of-Pocket costs

Only applicable if plan is offering supplemental plan benefits

#### **Section B - Screenshot**





#### **Section B Data Entry - Continued**

#### 4. Coinsurance/Copayment (for Medicare and enhanced benefits)

- Must be \$0 for ALL Medicare A/B covered services, including emergency room
- PBP Data entry screens ensure cost-sharing is entered for all A/B covered services
- Select the "click for description of benefit" box to understand the Medicare benefit that is covered
- Appropriate in-network cost-sharing should be entered for supplemental plan-covered benefits

#### 5. Deductible

- Must be \$0 for ALL Medicare A/B covered services
- If there is a deductible for in-network plan-covered supplemental benefits, this should be entered in the PBP



#### Section B – Data Entry Screenshot

PBP Data Entry System - Section B-7, Contract X0001	1, Plan 001, Segment 000	_6
File Help  < <pre> &lt;<pre> </pre> <pre> </pre> <pre> </pre> <pre> <pre></pre></pre></pre>	Go To: #7a Primary Care Physician Services - Base 1 ▼	
CLICK FOR DESCRIPTION OF BENEFIT	Is there an enrollee Coinsurance?	
If cost sharing for this benefit is not the same as primary care, reflect the cost sharing in the range.	C Yes C No	
Maximum Plan Benefit Coverage is not applicable for this Service Category.	Indicate Minimum Coinsurance percentage for Medicare-covered Benefits:	
Is there a service-specific Maximum Enrollee Out-of-Pocket Cost?	Indicate Maximum Coinsurance percentage for Medicare-covered Benefits:	
○ No	Is there an enrollee Deductible?	
Indicate Maximum Enrollee Out-of-Pocket Cost amount:	C Yes C No	
Select the Maximum Enrollee Out-of-Pocket Cost periodicity:	Indicate Deductible Amount:	
C Every three years C Every two years C Every year	Is there an enrollee Copayment?	
C Every six months	C Yes C No	
C Every three months C Other, Describe	Indicate Minimum Copayment amount per visit for Medicare-covered Benefits:	
	Indicate Maximum Copayment amount per visit for Medicare-covered Benefits:	





#### **Section B Data Entry - Continued**

#### 6. Authorization

 Enrollee/Provider must obtain approval from plan prior to receiving service/benefit

#### 7. Referral

 Enrollee must obtain approval before receiving more specialized services

#### 8. (Optional) Notes

 Only use to describe benefits NOT clearly defined in the PBP data entry screens

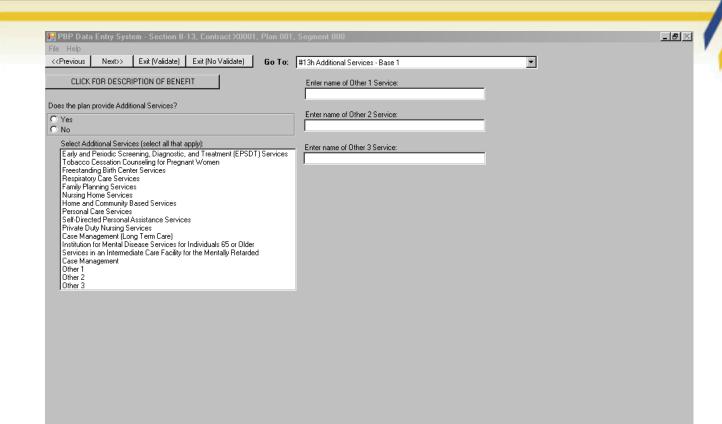


#### **Section B-13H – Additional Services**

- This additional data entry screen is available in the April 20<sup>th</sup> PBP Patch
- Use this data entry to include <u>ALL</u> required Medicaid-covered benefits
  - Only select the services that apply
- Both in-network <u>AND</u> out-of-network cost sharing needs to be entered in the min/max cost-sharing fields for this category only



#### Section B-13H - Additional Services





## Basic PBP 2013 Data Entry and Functionality – Section C





#### Section C

- Out-of-Network (OON) Benefits
  - PPO plan type ONLY
- Point of Service (POS) Option
  - HMOPOS plan type ONLY
    - If the plan is an HMOPOS plan type, at least one benefit must be offered at POS
    - Plan type (HMO or HMOPOS) is defined in the 2013 Bid Submission Module
- Visitor/Travel Program (V/T) U.S.





#### Section C - Out-of-Network

- Financial Alignment PPOs must offer the // same benefits In-Network and Out-of-Network, including the plan-covered benefits
- Cost-sharing may be imposed for any OON benefit
- NOTE: B-13H data entry will not be available for selection in the OON Screens (or any screens throughout Section C).





#### Section C - Point of Service

- Type of benefit
  - Financial Alignment Demo Plans MUST mark the benefit as mandatory
- Select service categories for POS
  - One or more services must be selected
- Coverage Limit
- Enrollee Out-of-Pocket Cost Limit
- Deductible
  - Deductible may be imposed for POS benefits
- Authorization
- Referral





#### Section C - POS Screenshot

🔛 PBP Data Entry System - Section C, Contract X0001, Plan	n 001, S	egment 000	_ 8
File Help			
< <pre>&lt;<pre>&lt;<pre>revious</pre></pre></pre>	Go To:	POS - General - Base 1	
CLICK FOR DESCRIPTION OF BENEFIT		Select all of the Non-Medicare-covered Service Categories that describe the	
CLICK FOR DESCRIPTION OF BENEFIT		POS option:	
Do you offer a Point-of-Service (POS) option?		3: Cardiac Rehabilitation Services:	
O Yes		Intensive Cardiac Rehabilitation Services:     Pulmonary Rehabilitation Services:	
⊙ res Ο No		7b: Chiropractic Services:	
<b>♥ NO</b>		7f: Podiatry Services:	
Select type of benefit for the POS option:		9d: Outpatient Blood Services: 10b: Transportation Services:	
C Mandatory		13a: Acupuncture:	
C Optional		13b: Over-the-Counter (OTC) Items:	
e optional		13c: Meal Benefit: 13d: Other 1:	
Select the benefits that apply to the POS Benefit:		13e: Other 2:	
Medicare-covered		13f: Other 3:	
Non-Medicare-covered		13g: Highly Integrated D-SNP: 14b: Annual Physical Exam:	
Hold down the CTRL key on your keyboard while selecting the coverage	•	14c: Supplemental Education/Wellness Programs:	
options with your MOUSE. After selecting ALL of your options release the CTRL key on your keyboard.		15: Medicare Part B Rx Drugs:	
trie CT hL key on your keyboard.		16a: Preventive Dental: 16b: Comprehensive Dental:	
Select all of the Medicare-covered Service Categories that describe the		17a: Eye Exams:	
POS option:	_	17b: Eye Wear:	
1a: Inpatient Hospital Acute: 1b: Inpatient Hospital Psychiatric:	_	18a: Hearing Exams: 18b: Hearing Aids:	
2: Skilled Nursing Facility (SNF):		20: Prescription Drugs (Cost Plans Only):	
3: Cardiac Rehabilitation Servićes:			
3: Intensive Cardiac Rehabilitation Services: 3: Pulmonary Rehabilitation Services:			
5: Partial Hospitalization:			
6: Home Health Services:			
7a: Primary Care Physician Services: 7b: Chiropractic Services:			
7c: Occupational Therapy Services:			
7d: Physician Specialist Services:			
7e: Mental Health Specialty Services: 7f: Podiatry Services:			
7g: Other Health Care Professional:			
7h: Psychiatric Services:			
7i: Physical Therapy and Speech-Language Pathology Services: 8a: Outpatient Diagnostic Procedures/Tests/Lab Services:			
8b1: Diagnostic Radiological Services:			
8b2: Therapeutic Radiological Services:	ΨI		
8b3: Outpatient X-Rays:			





#### Section C - Visitor/Travel

- Offered (Yes/No)
- Type of benefit
  - If financial alignment demo plan covers, this benefit MUST be a mandatory supplemental benefit
- 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 supplemental benefits at in-network cost-sharing levels consistent with Medicare access and availability requirements at 42 CFR 422.112.



#### **Section C – Cost-share Structure**

- Inpatient Hospital
- Skilled Nursing Facility
- Outpatient Services (1-15 groups)
  - Group together categories that have the same cost-shares
  - Coinsurance/copayment
    - Min/Max range
  - Deductible





# Basic PBP 2013 Data Entry and Functionality – Section D





### Section D – plan-level Costs

#### Deductible

- ONLY if there is a plan-level deductible for supplemental plan-covered services
- NOT permitted to include any Medicare-covered services

#### Maximum Enrollee Out-of-Pocket Cost

- ONLY if there is a limit on plan-covered services
- NOT permitted to include any Medicare-covered services

#### Maximum Benefit Coverage

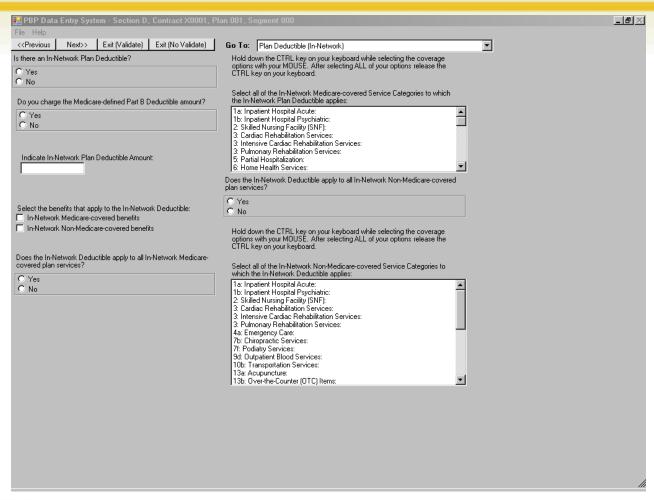
Only applicable to supplemental plan-covered services

#### Optional Supplemental Packages

NOT permitted to create optional supplemental packages



# Section D – Plan Deductible Screenshot







# Basic PBP 2013 Data Entry and Functionality – Section Rx





#### **Medicare Rx General Screen 1**

#### Required Data Entry:

- Type of drug benefit (4 Types):
  - All demonstration plans must be Enhanced Alternative plan types, because you must offer full gap coverage (and, most demonstration plans will offer excluded drugs through a supplemental Part D benefit)
- Components of pharmacy network
  - Financial Alignment Demo Plans must NOT select a Preferred/Non-Preferred structure for retail or mail order pharmacies
  - The locations selected here must agree with the locations selected on the Tier Locations Screen(s) or the General Location/Supply Screen

National prescription coverage



## Alternative – Deductible/Enhanced Characteristics Screen

- Plans must indicate "No Deductible" when completing data entry in the PBP
- Plans should answer "Yes" to offering reduced Part D cost sharing:
  - All demo plans offer a reduced deductible
- Only answer "Yes" to the excluded drug question if your plan is offering Part D excluded drugs
- All demo plans must answer "No" to offering Additional Gap Coverage.



# Alternative Characteristics Screen

Eppp p . F . C C	. 200	
🖥 PBP Data Entry System - Section RX, Contract X0001, Plan 001, Segmi	ent uuu	_
File Help		
	native - Enhanced Alternative Characteristics	
Do you offer reduced Part D cost sharing as part of your supplemental Part D Benefit?	Do you offer additional gap coverage as part of your supplemental benefit?	
	O Yes	
O Yes O No	○ No	
Indicate the area(s) throughout the Part D benefit where the reduced Part D cost	Additional gap coverage offered by enhanced alternative plans through a supplemental benefit represents coverage that is significantly greater than the standard benefit for	
sharing is reflected (select all that apply):	generic and brand drugs and provides for additional savings on brand drugs that are	
Reduced deductible	applied before the coverage gap discount. The additional gap coverage entered in the PBP will be inclusive of the standard benefit (21% reduction in beneficiary cost-sharing	
Reduced pre-ICL cost shares Raised ICL	for generic drugs and 2.5% reduction in cost-sharing for brand drugs in 2013), but will	
Reduced post-threshold cost shares	be in addition to the coverage gap discount for brand drugs.	
	For example, if a sponsor enters beneficiary cost-sharing of 30% for tier 1 generic	
Do you cover excluded drugs as part of your supplemental coverage (e.g., drugs	drugs in the coverage gap, the standard generic gap benefit would be satisfied and	
used to treat erectile dysfunction)? (Enhanced Alternative ONLY).	included in the 70% reduction in cost-sharing provided through the supplemental benefit. In contrast if a sponsor enters beneficiary cost sharing of 40% for tier 2 brands	
O Yes	in the coverage gap, the standard brand gap benefit would be satisfied and included in the 60% reduction in cost-sharing provided through this supplemental benefit but	
O No	would be applied first to the plan-negotiated price of the brand drug, followed by the coverage gap discount of 50% to the remaining drug cost.	
Formulary Submission Module by Friday, June 8, 2012 at 12:00pm EST.  Is there a Maximum Plan Benefit Coverage amount for excluded drugs?	The 2013 standard gap coverage benefit of 21% for generic drugs and 2.5% for brand drugs and the coverage gap discount for brand drugs applies to all benefit types and must be reflected in each plan's bid, but should not be entered into the PBP. The gap coverage section of the PBP is intended only for those enhanced alternative plans offering 'additional gap coverage' through a supplemental benefit, that is over and above the standard benefit for generic and brand drugs and applied before the	
© Yes	coverage gap discount for brand drugs.	
○ No		
Indicate Maximum Plan Benefit Coverage amount for excluded drugs:		
<del></del>		





#### **Tier Number and Model**

#### General 3 Screen

- Indicate the same number of tiers as the formulary submitted in April 2012
- Indicate Exceptions Tier

#### Tier Model Screen

- Choose labels for every tier
  - Please ensure the tier model selected in the PBP matches the tier model in the formulary.
  - REMINDER: Deadline to submit new formularies is April 30, 2012.
  - Please ensure you have completed the formulary contact information in HPMS to receive appropriate communications:
    - HPMS > Contract Management > Basic Contract Management > Select
       Contract Number > Contact Data > Formulary Contact



## **Tier Type and Cost-Share Structure**

- Tier Type and Cost-Share Structure screen
  - Tier Drug Type(s): Allowable selections based on tier labels chosen on the Tier Model screen
  - Tier Includes: Part D Drugs and/or Excluded Part D drugs
  - Indicate type of cost-sharing structure for the tier
    - Financial Alignment Demo Plans should ONLY choose Coinsurance OR Copayment cost share structure



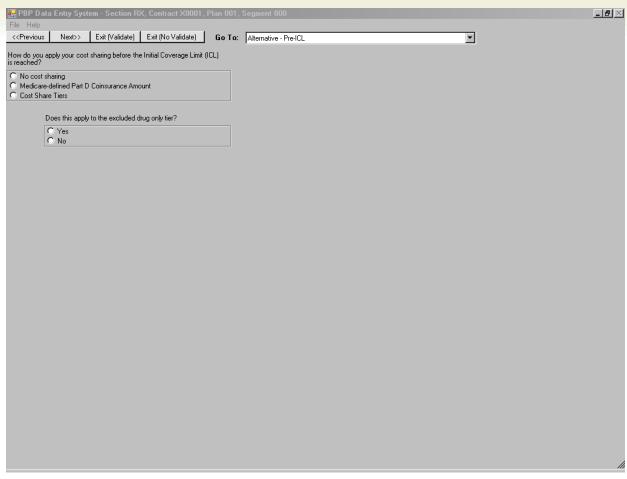


### **Alternative - Pre-ICL Cost Sharing**

- For demo plans offering LIS cost sharing amounts:
  - Indicate "Medicare-defined Part D coinsurance amount"
- For demo plans buying below LIS cost-sharing for one or more tiers:
  - Indicate "Cost Share Tiers" if a subset of tiers are being bought below LIS, or "No Cost Sharing" if ALL tiers are \$0 cost sharing
  - Enter the applicable cost-sharing that is BELOW the LIS value (e.g., if you offer a tier at \$0 copay)
  - Enter the LIS cost-sharing maximum for all other tiers, depending on type of drugs covered in the tier (\$2.65 for generics; \$6.60 for brands)
  - Must enter the one-month cost-sharing amount for any extended day supply (Chapter 13, Part D Benefit Manual)
- If Avg. Expected Cost Sharing is enabled because you offer coinsurance, enter "0" in this field



#### **Alternative - Pre-ICL Screen**







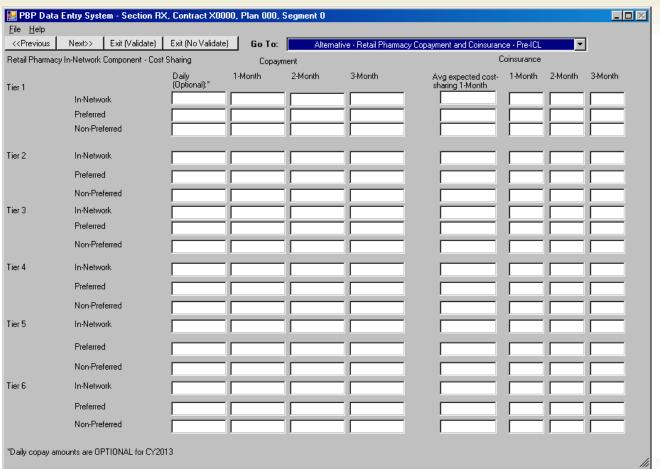
# Pre-ICL Tier Type and Cost Share Structure Screen

File Help  > E  Tier Drug Type(s) (select a Generic  Preferred Generic  Non-Preferred Gener  Brand  Preferred Brand		Go To Tier 1	Tier 2	Alternative - Tier 3	Tier 4	nd Cost Share Tier 5	Structure - Pre-ICL Tier 6	₹
Generic Preferred Generic Non-Preferred Gener Brand						Tier 5	Tier 6	
Preferred Generic Non-Preferred Gener Brand	С				_			
Non-Preferred Gener Brand	С							
Brand	c							
Preferred Brand								
i iciciica bialia								
Non-Preferred Brand								
Tier Includes (select only o	ne for each tier):							
Part D Drugs Only		0	0	0	0	0		
Excluded Drugs Only (e	g. erectile dysfunction drugs)				0			
Both Part D and Exclud	ad Druge			o	0			
Indicate the type of cost st one for each tier): Coinsurance	_							
		0					0	
Copayment		0	0	0	0	0		
Greater of Coinsurance	and Copayment	0	C	0	0	0	0	
Lesser of Coinsurance	and Copayment	0		0	0	0		





# Pre-ICL Copay and Coinsurance Screen







#### Alternative – ICL

- All financial alignment demo plans should select "No ICL (Full Gap Coverage)"
- All other data entry will be grayed out on this screen





#### Alternative - ICL Screen

		1-1
🖳 PBP Data Entry System - Section RX, Contract X0001, Plan 001, Segment 000 File Help		_ B ×
< <pre>real President Company</pre>		
Do you apply the Medicare-defined Part D Standard Initial Coverage Limit (ICL) Amount?	<b>V</b>	
C Yes	7	
○ No, enter amount		
C No ICL (Full Gap Coverage)		
Enter Initial Coverage Limit (ICL) Amount:		
		//





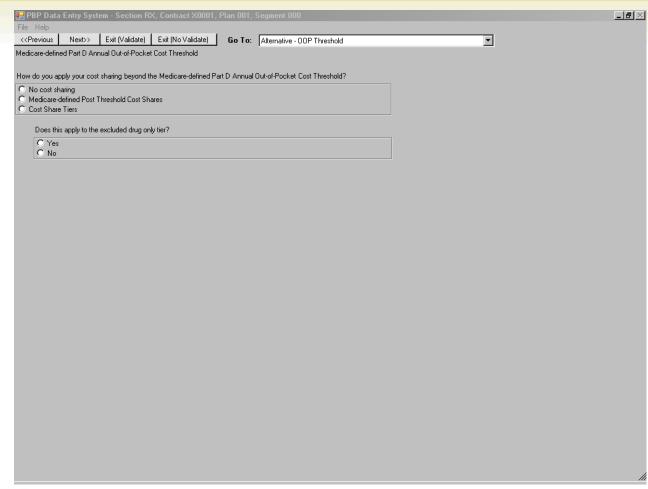
#### **Alternative – OOP Threshold**

- All Financial Alignment Demo Plans should indicate "No Cost Sharing"
  - Full Subsidy individuals pay \$0 above the out-of-pocket threshold





#### **OOP Threshold Screen**







# **Key Software Features** to Complete the PBP





#### **Key Software Features**

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





#### **PBP File Backups**

- PBP provides archive folder in 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



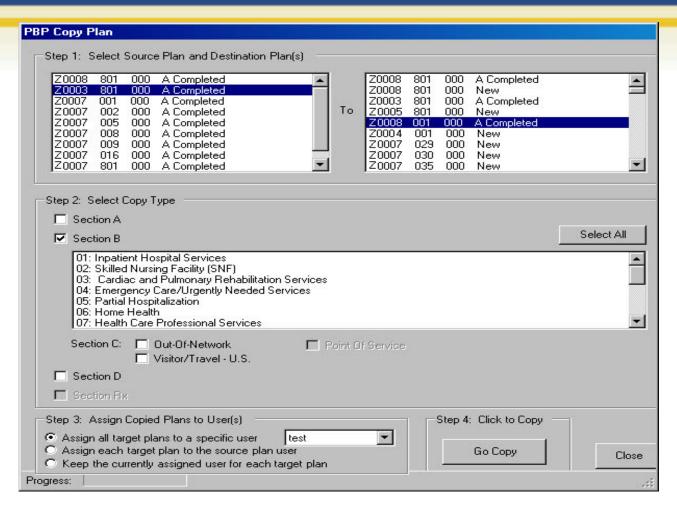


#### Copy Plan (within year)

- 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).



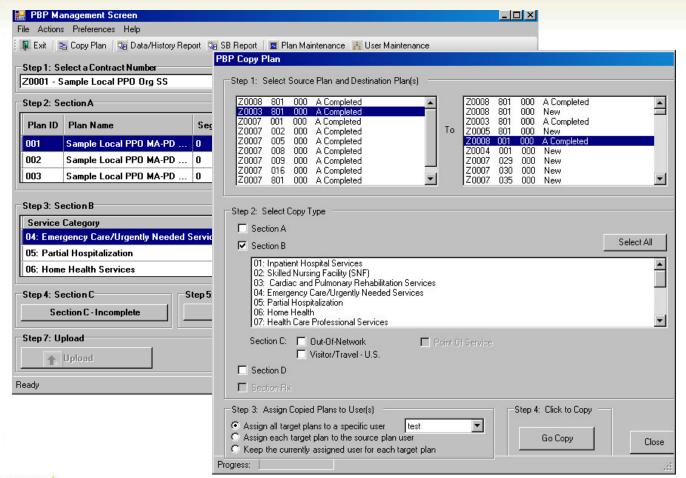
### Copy Plan (Within Year)







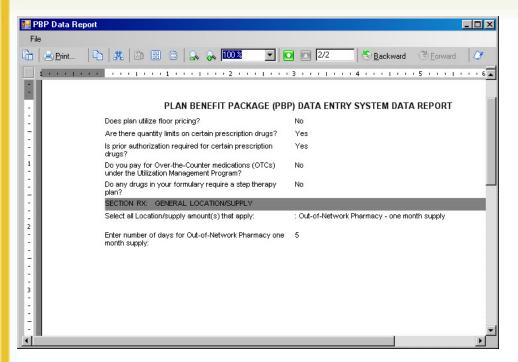
#### **PBP Data/History Reports**







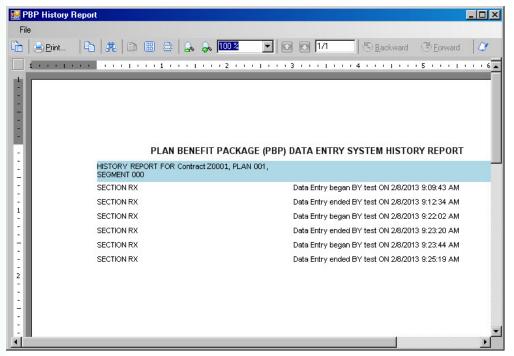
#### **PBP Data Report**



The Data Report displays the data that has 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.





### **Summary of Benefits Report**

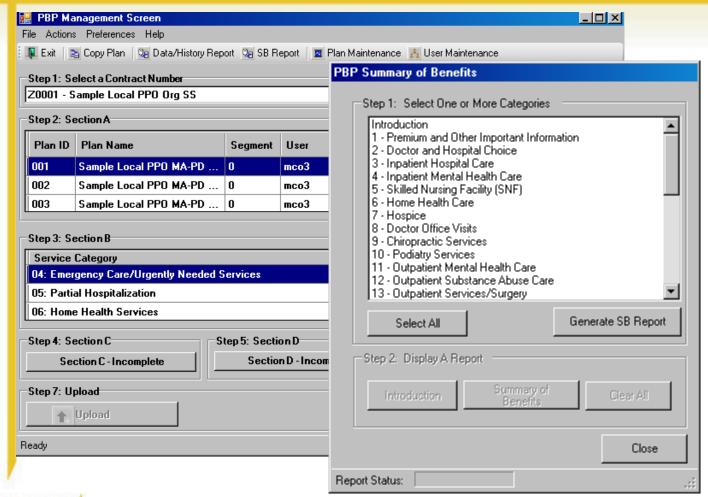
#### Summary of Benefits (SB)

- Financial Alignment demo plans should review the plan sentences as they will display on the Medicare Plan Finder (MPF)
- Plan sentences generated from data entered in SB-related variables (red variables in the PBP software)
- The Prescription Drug sentences will automatically display based on data entry in the PBP software
  - Please stay tuned for more information regarding the prescription drug sentence display on the MPF. MMCO will be reaching out to plans as applicable. Some plans may ultimately display the LIS sentences on MPF, based on the actual benefits being offered





### **Summary of Benefits Report**







#### **Upload Plan(s) - PBP**

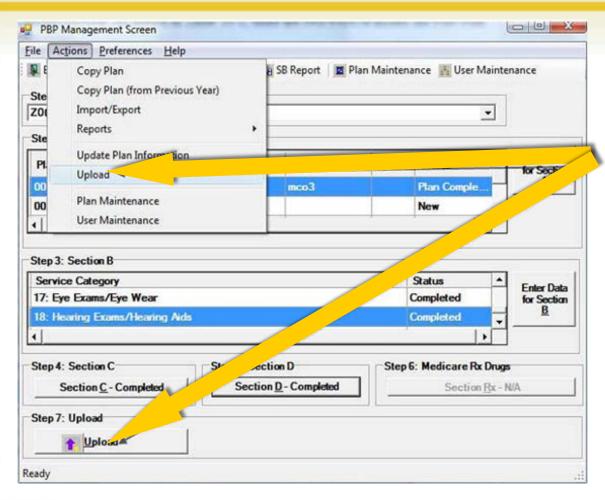
#### Select Completed Plan(s) for Upload

- Validate Bid
  - May validate one or more plans at a time
- Verify SB
  - May only verify one plan at a time; when verifying, the SB Introduction and SB sentences will be displayed
- Upload
  - May upload one or more plans at a time





### **Upload Plan(s) - PBP**







## **Review Upload Status - HPMS**

#### Review the status of your uploads in HPMS

HPMS

Bid 2013

#### **Review Upload Status**

Please note that a green check ( ) indicates the step has been completed for this contract/plan/segment.

Contract	Dia.	Segment	Plan Name	Service Area Verification	Plan Crosswalk	Formulary Crosswalk	<b>Latest Actuarial Certification</b>		2-Year Lookback	nide de la	
	Pian						MA	PD	2- Tear LOOKBack	Bid Submission	Substantiation
Z0001	006	N/A	TEST CONTRACT 1		N/A	N/A	N/A	N/A	N/A		No
Z0002	800	N/A	TEST CONTRACT 2		N/A	N/A	N/A	N/A	N/A		No
20003	009	N/A	TEST CONTRACT 3		N/A	N/A	N/A	N/A	N/A		No
Z0004	011	N/A	TEST CONTRACT 4		N/A	N/A	N/A	N/A	N/A		No
20005	012	N/A	TEST CONTRACT 5		N/A	N/A	N/A	N/A	N/A		No
Z0006	013	N/A	TEST CONTRACT 6		N/A	N/A	N/A	N/A	N/A		No
Z0007	016	N/A	TEST CONTRACT 7		N/A	1	N/A		N/A		No
20008	017	N/A	TEST CONTRACT 8		N/A	N/A	N/A	N/A	N/A		No
Z0009	801	N/A	TEST CONTRACT 9		N/A	1	N/A	N/A	N/A		No
Z0010	802	N/A	TEST CONTRACT 10		N/A	1	N/A	N/A	N/A		No
Z0011	803	N/A	TEST CONTRACT 11		N/A	1	N/A	N/A	N/A		No

Back

Go To: Bid 2013 Start Page





# HPMS Bid Reports (Available under Plan Bids)





#### **HPMS – PBP Reports**

#### PBP Reports available:

- 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 Notes Report
- Medicare Benefit Description Report
- Service Category Report





### **HPMS – SB/Status Reports**

#### **SB** Reports:

- Summary of Benefits Report
  - NOTE: This is how your benefits will appear on Medicare.gov

#### **Bid Status Reports:**

- 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 CY2012 to CY2013 plans and what counties were added/reduced
  - NOTE: Crosswalk exceptions WILL be documented in this report.
  - Further guidance is coming regarding crosswalk exceptions for financial alignment demonstration plans.



### Resources





#### Resources

#### **PBP Software Technical Issues:**

Sara Silver
 Lucia Patrone
 410-786-3330
 410-786-8621
 lucia.patrone@cms.hhs.gov

**PBP/HPMS Technical Help Desk:** 

Help Desk800-220-2028hpms@cms.hhs.gov

HPMS User Access Questions
 hpms\_access@cms.hhs.gov

#### **Medicare-Medicaid Coordination Office:**

MMCO Mailbox
 MMCOcapsmodel@cms.hhs.gov

MMCO Website: <a href="http://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Medicare-Medicaid-Coordination-Medicare-Medicaid-Coordination-Medicare-Medicaid-Coordination-Medicare-and-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-and-Medicaid-Coordination-

#### HPMS Memos (Available in the HPMS In the News Archive):

- January 25, 2012 Memo re: Guidance for Organizations Interested in Offering Capitated Financial Alignment Demonstration Plans
- March 29, 2012 Memo and attachment re: additional guidance on the Medicare plan selection process for organizations interested in offering capitated financial alignment demonstration plans in 2013
- April 6, 2012 Memo re: the release of the 2013 Plan Benefit Package (PBP) hands-on training presentation
- April 10, 2012 CY 2013 Medication Therapy Management Program Guidance and Submission Instructions



