



CENTER FOR MEDICARE

DATE: December 9, 2022

TO: All Current and Prospective Medicare Advantage Organizations, Prescription Drug Plan Sponsors, Section 1876 Cost Plans, PACE Organizations, Medicare-Medicaid Plans, and Bid Consultants

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SUBJECT: Contract Year (CY) 2023 Plan Benefit Package (PBP) Module in HPMS

As indicated in the October 28, 2022 memo entitled “Updates and Timeline for the Contract Year (CY) 2024 Plan Benefit,” plan users may access the **CY 2023** PBP module in HPMS to preview the new PBP software and gain familiarity with its user interface design. Plans may access the module in HPMS production beginning on **December 10, 2022**.

CMS will auto-assign the following new PBP access types to plan users already assigned the existing “Bid Download/Upload” access type:

- a. PBP Data Entry
- b. PBP View-Only
- c. PBP Reports

The new PBP module will be available under the Plan Bids home page category. During this preview period, plan users will have access to the data entry sections of the PBP, including the PBP reports and the PBP copy feature. This effort will **not** include testing of the application programming interface (API), the Bid Pricing Tool (BPT), or the bid submission functionality.

Feedback must be submitted via the following website (HPMS user access is not required):

<https://877fp303.optimalworkshop.com/questions/32b164b62ed79562fbc19d4a28a1e185>

Below are some guidelines when submitting feedback:

- Limit your feedback to testing defects and focus on areas such as inefficiencies in the business process.
- Review the known issues listed in **Appendix A**.
- Hold your suggested enhancements at this time, as CMS will solicit feedback on the bid submission process in the summer of 2023.

Important Notes for PBP Testing

1. CMS has pre-populated the PBP module with a copy of your organization's latest approved CY 2023 PBP data. Plan users can modify these data, as needed, to exercise the new module. CMS will purge these data from HPMS at the conclusion of the testing window.
2. Plans can use the PBP module to generate JSON files to aid in API development and future PBP API testing.

A. To download a JSON file for a 2023 plan:

- i. Under the Reports header, select Generate Report.
- ii. Select CY 2023.
- iii. Select one or more contract numbers.
- iv. Select one or more plan IDs.
- v. Select one, more, or all PBP sections.
- vi. Click on Data Report.
- vii. Click on Download File(s) and select JSON.

B. To download a JSON file for a 2024 plan:

To assist with your API development work, we have enabled the JSON file download feature for the CY 2024 PBP. The overall CY 2024 PBP module is **not** ready for testing, so please limit your use to this test case.

To begin, you must first copy benefits from a CY 2023 plan to a CY 2024 plan:

- i. Select Copy Packages.
- ii. Select Full.
- iii. Select CY 2023.
- iv. Select the CY 2023 contract number that will be copied to CY 2024.
- v. Select the CY 2023 plan ID that will be copied to CY 2024.
- vi. Select the destination CY 2024 contract/plan(s).
- vii. Click on Copy Package(s).
- viii. Acknowledge the warning.

You can then generate the JSON file for CY 2024:

- i. Under the Reports header, enter Generate Report.
- ii. Select Contract Year 2024.
- iii. Select one or more contract numbers.
- iv. Select one or more plan IDs.
- v. Select one, more, or all PBP sections.
- vi. Click on Data Report.
- vii. Click on Download File(s) and select JSON.

3. CMS will release additional PBP API documentation under separate cover next week. This

documentation will cover the following topics:

- a. Mapping of the Access-based PBP data structures to the new JSON PBP data structures
- b. Data dictionary that provides the list of valid values per element, where applicable
- c. Sample JSON files for the HMO, HMOPOS, PPO, PDP, and PFFS plan types
- d. Draft PBP User Guide

For any questions regarding this memo, please contact the HPMS Help Desk at either hpms@cms.hhs.gov or 1-800-220-2028. For questions related to the PBP API, please send an e-mail to hpmstechsupport@softrams.com. Thank you for your participation.

APPENDIX A: Known PBP Software Issues

Plan Characteristics

- No known issues at this time.

Standard Bid

- No known issues at this time.

Benefit Offerings

- A POS plan will not be able to offer POS benefits as optional benefits when the POS benefit type is marked as optional on the plan characteristics screen.

Plan Level Cost Sharing

- A POS plan will not be able to select optional benefits under the Max Plan Benefit Picklist.
- The data reset is inconsistent for POS and PFFS plans for the combined and OON data entry fields.

Cost Share Groups

- At this time, the Optional Supplemental Packages functionality remains in progress. These packages may not work as designed.

VBID, MA Uniformity, SSBCI/ RIC and Additional Benefits Packages

- A user will not be able to enter the Maximum Plan Benefit on the Non-Medicare parent screen.
- Parent screens may not be available for all of the applicable child Service Categories for VBID RIC/Additional Benefits Packages.
- Max Plan Benefit is not displayed on the non-Medicare parent screen where available for VBID RIC/ Additional Benefits Packages.
- There is inconsistent behavior when adding service categories while editing an Additional Benefit Package. Not all service categories are showing up in the left navigation upon selection.
- Data entry fields are not displayed when Other Chronic Conditions are selected.
- There is an error thrown when saving the modal for MMP plans.

Benefit Details

- The data displayed for Authorization and Referral on a given benefit may be inconsistent with the selections made in the Authorization and Referral section.
- MMP - Occupational Therapy Services (7c) - The following question is disabled on the non-Medicare screen: Is there a service specific maximum plan benefit coverage amount?
- On the Non-Medicare Benefit Offering screen, Parent Non-Medicare is displayed when all of the child service categories are selected as optional.
- Medicare and the Non-Medicare OON/POS group details are being collected when the respective Medicare/Non-Medicare service category is not selected as an OON/ POS benefit in the benefit offerings.
- When the POS benefit is defined as optional on the plan characteristics screen, data entry is displaying as if the POS benefit is a mandatory benefit.

Rx (Part D)

- For EA, BA, and AE drug benefit types, the user will be able to select excluded drugs when the plan is offering less than a 5 tier formulary model.
- For EA, BA, and AE plans, the VBID reduction in cost share package incorrectly shows the coverage gap phase when plan does not offer gap coverage.
- For EA, BA, and AE drug benefit types, the user can enter a reduction amount for Post OOP in the VBID reduction in cost share package that is greater than the amount entered in Rx tiers/Post OOP page.
- Rx Cost Share Screen - When the plan offers supplemental drugs as an optional tier model, the module allows “No” as a response to the following question: Does this plan cover excluded drugs as part of supplemental coverage (e.g., drugs used to treat erectile dysfunction)?
- Rx Cost Share Screen - When the plan offers a tier model that has a vaccine tier, the module allows “Yes” as a response to the following question: Does the Deductible apply to all tiers?
- Rx Cost Share Screen - When the plan offers a tier model that has a vaccine tier, the vaccine tier option is enabled for the following question: Indicate each tier for which the deductible will NOT apply.
- Rx Cost Share Screen - If the plan offers reduced Part D cost sharing, then plans must offer a reduced deductible if an amount other than the Medicare-defined Part D Deductible amount option is selected for the following question: Does this plan charge the Medicare-defined Part D deductible amount? Currently, the module fails to display the appropriate error message when the plan does not select the reduced deductible option.

- Rx Cost Share Screen - The module fails to display the appropriate error message when the plan selects NO ICL (full gap coverage) for the following question: How does this plan apply cost sharing before the Initial Coverage Limit (ICL) is met?
- Rx Cost Share Screen - For the AE drug benefit type, the option to select Medicare-defined Post Threshold Cost Shares is missing from the following question: How does this plan apply cost sharing beyond the Medicare Part D Annual Out-of-Pocket cost threshold?

Reports

- Report development is in progress, so users may find inconsistencies with the data results.

Global Issues

- The updated status in the left navigation menu is inconsistent.
- Confirmation window behavior may be inconsistent when the user moves away from the screen without saving the data or when X is clicked on the modal.