

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Beneficiary Choices
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PLAN OVERSIGHT & ACCOUNTABILITY GROUP

DATE: May 21, 2007

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

FROM: Cynthia E. Moreno, Director

SUBJECT: CY 2008 Plan Benefit Package Software Patch #2 Deployed to HPMS

The Contract Year (CY) 2008 Plan Benefit Package (PBP) software has been updated recently. Users should log into the Health Plan Management System (HPMS) and select Plan Bids > Bid Submission > Contract Year 2008 > Download and then download the appropriate file dictated by your situation as described below.

Users who have previously downloaded the CY 2008 PBP software:

Download the PBP 2008 Update file into the directory where the PBP 2008 software is installed. See the PBP Enhancement Download page for complete instructions on how to install the PBP patch.

Users who have NOT downloaded the CY 2008 PBP software:

These software changes and bug fixes are incorporated in to the PBP data entry software beginning on 05/11/2007; therefore, users who download the PBP software **AFTER** 05/11/2007 do not need to install the enhancement(s). Users should verify that they have the most recent PBP software enhancements by ensuring their version information matches the version information below:

Version Information:

PBP Version ID: 2008.03
PBP Version Date: 05/11/2007
Dictionary Date: 05/11/2007
SB MDB Version: SENT2008.03

If you downloaded the PBP 2008 software before 5/11/2007 and forwarded it to other users in your organization, please make sure that these other users receive and install the PBP 2008 software patch.

NOTE: An additional patch will be issued on May 25, 2007 to address additional Summary of Benefits (SB) issues. You will be notified when this patch is released.

PBP Software Patch #2 – Released on 5/11/2007

The PBP software patch #2 released on 5/11/2007 addresses the following software changes and bug fixes. Please note that a complete list of software modifications will be listed on HPMS.

Important Note: All PBP software patches are cumulative in nature. As a result, PBP software patch #2 contains all of the modifications described in this section as well as those modifications that were part of software patch #1. If you did not download software patch #1, you only need to download software patch #2.

PBP Section D – Optional Supplemental Benefit Packages

- **Optional Supplemental Benefits with Out-of-Network Coinsurance:** The PBP requires information to be entered into the Notes Section explaining the basis of the coinsurance. Users were having difficulty exiting with validation due to an improper exit validation message. The PBP dictionary has been updated for the Section D OON screen which will identify which NOTES field to look at if "Other, describe" is selected.
- **Optional Supplemental Service Categories Screen –** Some users reported the following error when attempting to select desired category(s) in each of the two pick lists: "Record not found. Data will not be saved. Please report this error immediately." The PBP dictionary has been updated to correct this problem.

PBP Reports

This release addresses the following PBP Report issues:

Data Report

Error(s)

- Generating a Data Report of Section D produced the following error(s) for several users:

Error in GetPBPDData: Column 'a.tag' does not belong to table BASE.

Error occurred in ProcessOptSupBens. See your system administrator. Error: Conversion from type 'DBNull' to type String is not valid (13)

This release addresses the problem in printing optional supplemental and/or step-up benefits in the data report.

Display

- In the Data Report, the PBP Rx section was repeating each tier 3 times in the Pre ICL section; repeating each tier in the gap section by showing the Pre ICL tier info twice; and then showing the tier 1 gap info once.

- The Section D Optional Supplemental Section was only printing package 001 and failed to print package 002, 003, etc.

History Report

- Users may now choose (check boxes) which events to include in their History Report (Import, Export, Upload, and Update). Additionally, a “Clear History” button has been added to the available options.
- A problem with the sort order of Section B items in the History Report has been corrected.

Summary of Benefits Report

- The generation of the Summary of Benefits Report has been further enhanced to improve speed.

Network Configuration

- If users performed a plan update while their data files were on the network, the PBP was not properly extracting/renaming the UPDATPBP2008.zip file in the PBP installation directory. This has been corrected and the PBP will now process the update file on start-up or from within PBP using the Plan Update function available from the ACTIONS menu on the PBP Management screen.

PBP Plan Upload

Bid Validation

- When selecting multiple plans for Bid Validation, the status changes (from Pending to Validated) were not stored in the MDB, even though the grid on the screen was updated.
- If multiple plans were selected for Bid Validation, false errors appeared because the wrong Plan ID data in PBP was used to compare with the plan data in the BPT.

SB Review/Verification

- When reviewing and validating the SB for a plan, the grid would refresh and set the topmost plan as the current plan, which caused the user to do a lot of unnecessary scrolling.

PBP Software Patch #1 – 4/27/2007

PBP software patch #1 was released on 4/27/2007 and addressed the following software changes and bug fixes. Please note that a complete list of software modifications is posted on HPMS.

Important Note: All PBP software patches are cumulative in nature. As a result, PBP software patch #2 contains all of the modifications described above as well as those modifications that were part of software patch #1. If you did not download software patch #1, you only need to download software patch #2.

PBP Section A-3 – Chronic/Disabling Conditions

- The data dictionary was revised to correctly display the data downloaded from HPMS.

PBP Section B-4a – Emergency Care

- The Maximum Plan Benefit coverage amount question for Worldwide coverage will now only be enabled if the plan indicates that it offers Worldwide coverage as an enhanced benefit.

PBP Section B-8b – Outpatient Diagnostic and Therapeutic Radiological Services

- The coinsurance variable names on the Base 2 screen were reversed for diagnostic radiology and therapeutic radiology. This has been fixed and the variable names now correspond with the screen labels displayed on the Base 2 screen. Plans should review and verify their previous data entry and make any necessary adjustments.

Section C – OON; CSR; POS; Visitor/Travel

- The number of Groups that a plan can designate in the Section C subsections has been increased from 10 to 15.

PBP Section D – Combined Deductible

- A validation rule has been fixed so that RPPOs are not required to answer 'Yes' to offering a Combined Deductible.

PBP Section D – Optional Supplemental Benefit Packages

- The software was reporting a bug on the OON screens and the data were not being saved. This has been fixed and the user may now enter OON data and it will be saved.

PBP Section Rx

- Basic Alternative Exit Validation Gap Tier error messages will no longer generate when exiting a Basic Alternative plan.

SB – Labels

- For PFFS, ESRD I, MSA, MSA Demo, and PFFS ED plan types that indicate they do not have a network (PBP Section A: Is this a Network plan = No), the SB labels 'In-Network', 'Out-of-Network', and 'In and Out-of-Network' will be suppressed. Note: This does not apply to SB-29.

SB – SNP Sentences

- The SB SNP sentences will now show cost share ranges for the Disproportionate Dual Eligible SNPs (\$0 copay, Medicaid Subset, Full Dual, All Dual). The SNP sentences for four plan types mirror the sentence structures for the Medicaid Subset, Full Dual and All Dual Exclusive Dual Eligible SNP types.

SB-3 – Inpatient Hospital Acute

SB-4 – Inpatient Mental Health

- The sentences for Lifetime Reserve Days will not be generated if the plan offers Unlimited Additional Days as a Mandatory Supplemental benefit.

SB-8 – Doctor Office Visits

- The reference to 'Section 33' has been removed.

SB-16 – Urgently Needed Care

- The following sentence has been revised: If you are immediately admitted to the hospital you pay \$0 for the urgent-care visit.

SB 28 – Prescription Drugs

- The CY 2008 Part D benefit parameters have been incorporated into the Summary of Benefits (SB) Rx sentences. Please refer to the *CMS 2008 Part D Payment Notification, Center for Beneficiary Choices, April 2, 2007* for the detailed numbers. The PBP-SB Crosswalk has also been updated.
- For plans with the Enhanced Alternative benefit, the subheading 'Limited Benefit After Initial Coverage' has been revised to 'Limited Coverage Gap.'
 - The following sentence has been revised: After the total yearly drug costs reach \$2,510, the plan will cover \$__ of (*Generic, Preferred Generic, Brand, Preferred Brand, All formulary Drugs*) drugs. This limited coverage gap coverage is only available until your total out-of-pocket drug costs reach \$___. During this period, your copay amounts for these drugs will stay the same as the copays listed under "Initial Coverage."

Plan Copy

- The plan copy function has been fixed to correctly copy all data entered for a specified category/section, per plan type, and update the section status accordingly. Performance has also been enhanced to improve the speed.

Reports

- The report generation performance has been enhanced to improve the speed.

Network Configuration

- Plans that set-up a multi-user environment will receive a pop-up message asking if the install is for a Super User or a Data Entry User.

Thank you for your patience as we continue to improve these submission tools for 2008. If you have any questions about this e-mail, please contact the HPMS Help Desk at either 1-800-220-2028 or hpms@cms.hhs.gov.