



CENTERS FOR MEDICARE & MEDICAID SERVICES

DATE: September 4, 2020

TO: All Medicare Advantage, Prescription Drug Plan, 1876 Cost, and Demonstration Organizations

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SUBJECT: Information for the Second Contract Year (CY) 2021 Drug Pricing and Plan Benefits Previews

CMS appreciates the valuable feedback provided by organizations during the first CY 2021 Medicare Plan Finder (MPF) preview window. This memo provides a summary of known and resolved issues as well as some general reminders in preparation for the second MPF plan preview, which is scheduled for **Tuesday, September 8, 2020 at 6:00 a.m. ET through Friday, September 11, 2020 at 11:59 p.m. ET.**

CY 2021 Plan Benefits Preview

Known Issues:

- The Opioid Treatment Program and Dialysis benefits are incorrectly displaying cost-sharing for **non-\$0** Dual Eligible Special Needs Plans (D-SNP). MPF will be updated to display "\$0 or \$XX" in these cases.

Resolved Issues:

- The "Advanced Plan Approval Required" option in the "Limits Apply" feature was not accurately displayed for all benefit categories.
- The Out-of-Network and Point-of-Service benefits had not been displayed for the Opioid Treatment Program or Dialysis categories.
- The Opioid Treatment Program and Dialysis benefits had been displaying as a blank instead of the appropriate \$0 value in cases where there was either "no coinsurance" or "no copayment" defined for these services.

- 1876 Cost plans had displayed “Not Covered” for the Chemotherapy and Other Part B Drug Service categories instead of the value entered into the Plan Benefit Package (PBP).
- The Opioid Treatment Program and Dialysis benefits were incorrectly displaying cost-sharing for **\$0** D-SNPs. MPF has been updated to display “\$0” in these cases.
- The “View Provider Network Directory” URL was not linking to the provider network directory website maintained in HPMS.
- The preview had not displayed the correct cost sharing for Opioid Treatment Program and Dialysis for **only** Medical Savings Account (MSA) and Medicare-Medicaid Plans (MMP).
- Some users encountered a pop-up window to sign up for important reminders from www.medicare.gov.

Reminders:

- The Part D drug deductible does not display as \$0 during the plan preview for D-SNPs. On the medicare.gov website, MPF will take into account the low-income subsidy eligibility of the beneficiary based on their data entry.
- Information provided in the PBP software note fields will not be displayed on MPF.
- The Part B premium reduction amount is reflected on Medicare.gov as “Part B premium reduction” and will have “Yes” or “No” values.
- Home health benefits are only displayed on MPF for MMPs, as they are the only plan type that can offer supplemental home health benefits in the PBP software.
- At this time, MPF currently displays the Medicare-covered benefits for hearing exams and dental benefits. CMS is looking to modify this display to include supplemental hearing and dental benefits after open enrollment.
- The 2021 Fee-for-Service (FFS) values are not available at this time. For purposes of the plan benefit preview, the preview will use the 2020 FFS values (e.g., the Part B premium will display as \$144.60).
- The CY 2021 plan benefit preview does **not** support Microsoft Internet Explorer. Organizations must use an alternative modern web browser to access the benefit preview functionality, such as Chrome, Edge, or Firefox.

CY 2021 Drug Pricing Preview

Known Issues:

- The deductible cost-sharing display is not accurate for some plans for tiers 1, 2, and/or 6 when the drugs are excluded from the deductible.

Resolved Issues:

- The 6 month/1 year frequency option was not available during this first drug pricing preview window.
- If the 60 and 90 day frequencies are not covered, MPF should display the full cash price of a drug. During the first plan preview, MPF displayed cost-sharing for these drugs as if they were covered at the 60 and/or 90 day frequency.
- Gap coverage calculations were using 37 percent rather than 25 percent.

Reminders:

- Out-of-Network (OON) drugs are not displaying the correct value in the deductible phase of the benefit when the deductible for the given tier is \$0. In the preview, the OON drug cost will appear as \$0 in the deductible phase. On MPF, the OON drug will display the full cash price.
- The drug pricing preview shows the cost of the drug in each phase of the benefit. The preview does not take into account the threshold for a given phase of the benefit. For example, if a drug costs \$1000, the preview will show \$1000 in the deductible phase, even though the deductible would be met before the beneficiary pays the full \$1000 cost.
- Prior authorization, step therapy, and quantity limits are not included in the drug pricing preview, but are included on MPF.
- CMS collected one value for the standard one-month copayment for plans participating in the new Part D Senior Savings Model. MPF will not reflect preferred cost-sharing for CY 2021, as the data was not included in the supplemental formulary file.
- For \$0 D-SNP plans, full subsidy LIS values are being displayed. For non-\$0 D-SNP plans, partial subsidy LIS values are being displayed.
- If an issue is discovered that appears to be widespread in nature, organizations are not required to submit the preview comment for all instances across plans. CMS recommends reporting the issue for a small subset of cases and indicate as such in the plan preview comment field.

For technical assistance during the second MPF plan preview, please contact the HPMS Help Desk at either hpms@cms.hhs.gov or 1-800-220-2028.