

Contract Year (CY) 2024 Plan Benefit Package (PBP) Questions & Answers (Part 2)

General

Q1: Once the PBP goes live in April, will we have to copy our prior year data again, or will the test data remain in place?

A: After the PBP module goes live in April, all test data will be removed from HPMS. Organizations can use the year-to-year copy feature within the PBP to populate your approved CY 2023 data into CY 2024 plans.

Q2: Will we have access to the recordings from the training sessions in the past?

A: Yes, these recordings were provided via HPMS email communications on January 10, 2023 (for the January 3-4, 2023 training) and February 14, 2023 (for the February 9-10, 2023 training). You can access these communications via the HPMS News and Announcements Archive module under User Resources.

Q3: What support mechanisms will be in place in light of this technical overhaul?

A: CMS will offer multiple options to support customers throughout the bid submission process, such as extended hours for the HPMS Help Desk, comprehensive user guides and other plan communications, and training videos.

Standard Bid

Q4: In the past, there were specific questions for the standard bid in sections B, C and D. Where did those go?

A: The standard bid questions from PBP Sections B, C, and D are all housed in the new “standard bid” section of the PBP module.

Benefit Offerings

Q5: If a plan includes mandatory preventive/comprehensive dental coverage, but also offers an optional package, which benefit offering type should be selected?

A: In the Non-Medicare Services Benefits Offering screen, you should select “both.” This indicates that your plan is offering both a mandatory and a supplemental benefit.

Q6: Can you clarify the difference between the Optional, Mandatory, and Both options in the benefit offerings screens?

A: Mandatory should be selected when a plan offers mandatory supplemental benefits only. Optional should be selected when a plan offers the benefit only as an optional benefit in optional supplemental packages. Both should be selected where a plan offers the benefit as both a mandatory benefit as well as in an optional supplemental package.

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Q7: For MMPs, does the Mandatory/Both/Option selection reflect the list of "Benefits covered under Medicaid" and "Plan-covered Supplemental Benefit" in Section D?

A: Yes. All MMP-specific sections will be available for selection for MMP plans.

Plan Level Cost Sharing

Q8: What is the difference between the "Combined In-Network" and "Combined Out-of-Network" MOOPs?

A: These columns correspond to the different picklists from the combined MOOP screens. You will need to select which in-network benefits and which OON benefits apply to the Combined MOOP.

Prior Authorization & Referral

Q9: Why are service categories for Authorization and Referrals available to be selected at the individual service level (e.g., Diagnostic Radiological Services 8b1, Therapeutic Radiological Services 8b2, and Outpatient X-Ray services 8b3), but are then displayed at the overall service category level (e.g., Outpatient Diagnostic/Therapeutic Radiological Services (8b))?

A: This display has been updated so that Prior Authorization and Referral can be shown at the individual service level.

Cost Share Groups

Q10: What are these different groups? Why might there be more than one Out-of-Network (OON) group?

A: You can define different "groupings" of OON cost sharing. For example, some benefits may be 30% OON, while other benefits may be 35% OON. Each plan can define how they group their out-of-network cost sharing.

Q11: Will the PBP automatically assign an OON cost share to an OON group, or do plans need to manually track their OON cost sharing to ensure that they assign it to the correct group in the benefit details section?

A: You will need to assign the OON cost sharing to the correct group, as the PBP will not know which group is applicable to which benefits. There are edits in place to ensure all applicable service categories are assigned to an OON group.

Q12: If we only offer a mandatory hearing benefit, must we create an Optional Supplement group?

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A: No. You do not need to complete any optional supplemental data entry if your plan is only offering mandatory supplemental benefits.

VBID, MA Uniformity, and SSBCI

Q13: When will the VBID screens be released with the CY 2024 PBP? Can these data be copied from CY 2023?

A: The VBID data entry screens will be available with the April 7, 2023 production release of the module. The VBID data can be copied from year-to-year.

Q14: Is Special Supplemental Benefits for the Chronically Ill (SSBCI) still limited to only one package in reduced cost sharing (19a) and one package for additional benefits (19b)?

A: Yes. The PBP only permits one SSBCI package for reduction in cost sharing (19a) and one package for additional benefits (19b0).

Q15: For VBID, can we reduce coinsurance or only copayments?

A: You can reduce either coinsurance or copayment as part of VBID packages.

Q16: The CY 2024 Advanced Notice mentions that LIS 4 will sunset in 2024. Will that choice be removed from the PBP?

A: Per the Advanced Notice, category 4 beneficiaries will now have the same Part D benefit parameters as beneficiaries in category 1. LIS 4 will remain as an option in the PBP module, as LIS 4 is needed to determine LIS eligibility.

Q17: How do we enter a cost reduction for Part D drugs for a VBID plan?

A: You will enter all cost-sharing for VBID in the VBID section of the PBP module. VBID benefits should not be entered in the standard Rx Section.

Benefit Details

Q18: In previous years, we have been filing copay/coinsurance in the min and max fields separately, even if the values were the same. Will it be acceptable to enter the data in this way in the new PBP and add a blank space in the notes?

A: The CY 2024 PBP will capture the cost sharing for plans that have the same value for copay/coinsurance min and max differently than in CY 2023. Plans that have the same value for the min

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and max copay or coinsurance should select “Yes” rather than “Yes, with a min/max” and enter the single value with no note.

Q19: When offering a \$0 copayment, can we enter a \$0 min and \$0 max in the PBP?

A: You should enter a \$0 amount or answer "no" to both coinsurance and copayment.

Reports

Q20: Is there a log that displays all edits? Does the edit status change when accessing the PBP section or when changing the PBP section?

A: The edit status will reflect the user that last saved data. You can access the PBP history report to see a complete list of all users that made changes.

Q21: Can users download reports in PDF format?

A: Reports can be saved in HTML, JSON, or Excel format. If needed, users can download the reports from HPMS and then convert to PDF.

Bid Submission Process

Q22: Are we able to access and use a completely blank Bid Pricing Tool (BPT)?

A: Yes. You will have the option to download blank or pre-populated BPTs from HPMS. The BPT will be available on April 7, 2023.

Q23: Do we have to save BPT files on the C drive prior to upload?

A: No. You can upload the BPT from any drive.

Q24: Will there be a Bid Submission user manual for CY 2024?

A: Yes. CMS will provide both a Bid Submission user manual and a separate PBP user guide.

Q25: Can you upload the BPT even while the PBP remains in progress?

A: Yes. The BPT upload is a separate step from the PBP submission. However, you will not be able to final submit your PBP/BPT data until both are complete.

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Q26: If my plan receives BPTs from an actuarial firm, are we still required to download the BPTs from HPMS?

A: No. You can upload completed BPTs from an actuarial firm as long as they used the appropriate BPT version.

Q27: Will HPMS still send an email confirmation of a successful/unsuccessful submission?

A: Yes. You will still receive an email confirmation from HPMS. You may also check the submission status at any time within HPMS.

Q28: Can the PBP and BPT files be submitted separately?

A: You may complete and submit the PBP and BPT separately and at different times. However, you may not final submit your PBP/BPT data until both are complete in HPMS.

Q29: Will there be a report available that gives a listing of the submission confirmation IDs?

A: Yes. The submission confirmation IDs will remain available in the Bid Reports section of HPMS.

Q30: Will a submitter receive any error messages if there are issues with the BPT?

A: Yes. All validations will carry forward for CY 2024, validations of the BPT.

Q31: When uploading a single PBP's corresponding BPT(s), should the BPT ZIP folder only include the BPT file(s) for the one plan?

A: You may upload multiple BPTs for multiple plans in one zip.

Q32: How does the BPT upload process work for EGWP plans?

A: This section will be disabled for EGWPs, as the BPT is not applicable for those plans.

Q33: When working with actuaries, will they be able to access and upload the BPTs on their own?

A: Yes. Actuaries with the "Bid Submission" access type will be able to download and upload BPTs in HPMS.

Q34: Is there a PBP to BPT report/check like as was performed in the prior system?

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A: Yes. HPMS will still perform PBP and BPT edit checks during the PBP/BPT final submit process.

Q35: In prior years, our actuarial consultants would ask for copies of the MDB (Access) files for testing OOPC and/or TBC. Is there a data share functionality with the web-based PBP tool other than the API?

A: Plans can use the reporting features within the PBP module to export and share PBP data in various formats with external parties.

Q36: Will we be able to create (and print if needed) data reports with the new HPMS UI?

A: Yes. Plans can use the reporting features in the new PBP module to generate and print reports.

PBP API

Q37: If we use the API to submit PBP benefit data, will we have to feed a 'space' in the Notes field when a note is not required?

A: A space in the notes field is only needed if the Notes field is a mandatory field.

Q38: When will HPMS begin accepting CY 2024 PBP API submissions?

HPMS will accept CY 2024 production submissions via the PBP API beginning on Friday, May 5, 2023, the day on which the BPT upload and PBP-BPT final submission functionality becomes available. In the interim, organizations may continue testing API submissions via the PBP Sandbox module. Please note that CMS is continuously adding PBP API validations leading up to the May 5, 2023 release.

Q39: We obtained API keys to test the new PBP API. Do I need to request new keys for the production PBP API?

Yes. Organizations must request new API keys for CY 2024 PBP production submissions. You may submit key requests for the PBP production API starting on April 24, 2023. CMS will approve new PBP API key requests during the week of May 1, 2023.