

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

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**DATE:** May 14, 2008

**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 2009 Plan Benefit Package Software Patch #1

The Contract Year (CY) 2009 Plan Benefit Package (PBP) software will be updated this Friday, May 16<sup>th</sup>. At that time, users should log into the Health Plan Management System (HPMS) and select Plan Bids > Bid Submission > Contract Year 2009 > Download and then download the appropriate file dictated by your situation as described below.

**Users who have previously downloaded the CY 2009 PBP software:**

Download the PBP 2009 Update file into the directory where the PBP 2009 software is installed. Please refer to the PBP Enhancement Download page for complete instructions on how to install the PBP patch.

**Users who have NOT downloaded the CY 2009 PBP software:**

These software changes and bug fixes are incorporated into the PBP Data Entry software beginning on 5/16/2008; therefore, users who download the PBP Software **AFTER** 5/16/2008 do not need to install the enhancement(s). To verify that they have the most recent PBP software enhancements, users should confirm that their version information matches the version information below:

**Version Information:**

PBP Version ID: 2009.01  
PBP Version Date: 05/16/2008  
Dictionary Date: 05/16/2008  
SB MDB Version: 2009.01

**NOTE:** If you downloaded the PBP 2009 software before 5/16/2008 and forwarded it to other users in your organization, please make sure that these other users receive and install the PBP 2009 patch.

**The PBP software being released on 05/16/2008 includes the following software changes and bug fixes. Please note that a complete list of software modifications as well as the updated software version number will be listed on HPMS:**

### PBP Paths (Network Environment)

- After change of network location, PBP Management screen is now refreshed if databases were moved.
- After change of network location, the user is now forced to exit PBP if databases already exist at the new location.
- Network location of databases cannot be changed when other users are logged in.

### PBP Upload

- Bid Validation and SB Review/Verification will be required for all plans after the patch has been applied, even if performed prior to the patch.
- During bid validation, the comparison of tier data between segments is now correct.

### PBP Reports

- Plans can now generate a PBP Patch History Report containing the PBP Version, Version Date, PBP Dictionary Date, SB MDB Version, SB Dictionary Date, and Applied Date. Additional detail contained in the report includes patch items addressed and further actions required by the user as a result of applying the patch.
- After applying a patch, it is no longer necessary to open Section A and exit with validation in order to register the version throughout the PBP software. Users can verify if the patch has been applied correctly by reviewing the information contained in the PBP Patch History Report.

### SB Reports

- The SB Report was fixed so it was not improperly flagging the plan as in use by another user.
- The SB report now uses the SB2009.MDB at the network location, when specified.

### SB Introduction

- The Introduction for Dual Eligible SNPs will be modified to replace the sentence ‘You must also receive medical assistance (Medicaid) from the state to join this plan.’ with the following sentence: ‘You must also receive assistance from the state to join this plan.’
- Under Can I Choose My Doctors, the following typo in the documentation will be corrected: ‘Our customer service number is listed at theN end of this introduction.’

- Under Can I Choose My Doctors, the following sentence will be reworded as follows: 'You can ask for a current Provider Directory or for an up-to-date list visit us at [www.provider.website.com](http://www.provider.website.com).'
- The Introduction will be modified to display "Medicare Advantage Program" on the last page, where @Plan\_program is currently generated.

#### SB-1: Premium and Other Important Information

- A deductible sentence will be generated, under the General label, based on data entered in the Section D Non-Network screens:
  - \$\_\_ yearly deductible. Contact the plan for services that apply.
  - In 2008 the yearly Part B deductible amount was \$135 and will change for 2009. OR In 2009 the yearly Part B deductible amount is \$\_\_\_. Contact the plan for services that apply.
- A sentence for the maximum plan benefit coverage for Non-Medicare covered services will be generated, under the General label, based on data entered in the Section D Non-Network screens:
  - \$\_\_ limit every (*specified period*) for Non-Medicare covered benefits. Contact the plan for services that apply.

#### SB-5: Skilled Nursing Facility

- The prior authorization sentence will be revised as follows: 'Authorization rules may apply.'
- The following sentences will be generated based on data entered in the SNF OON data entry screens:
  - \$ \_\_ copay [or \_\_% of the cost] for each SNF stay.
  - \$ \_\_ copay [or \_\_% of the cost] per day.

For each SNF stay:

  - Days \_\_-\_\_: \$ \_\_ copay [or \_\_% of the cost] per day.
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#### SB-8: Doctor Office Visits

- The sentence for in-area, network urgent care will be revised to specify 'Medicare-covered' and replace 'benefit' with 'visit', as follows: '\$\_\_ copay for each in-area, network urgent care Medicare-covered visit.'

#### SB-26: Pap Smears and Pelvic Exams

- A placeholder [ ] will be added to the "and" after the Medicare covered benefit and the plan's extra benefit, similar to other preventive benefit sentences.

#### SB-29: Prescription Drugs

- The CY 2009 Part D benefit parameters will be incorporated into the sentences.
- An additional sentence will be added to describe referenced-based pricing, as follows “You may have to pay more than your normal cost sharing amount if you choose to use a higher cost drug when a lower cost drug is available. This may also occur if a new, lower cost generic version of a brand name drug is added to the plan’s formulary after you enroll.”
- For EA plans that offer limited gap coverage, the sentences that generate under the Coverage Gap section will be revised as follows: 'For all other covered drugs, after your total yearly drug costs reach \$\_\_\_\_, you pay 100% until your yearly out-of-pocket drug costs reach \$\_\_\_\_.'
- For the OON Catastrophic sentence, the Medicare-defined cost share bullets will now generate properly.

#### SB-32: Vision

- The following sentence will not be generated if the plan indicates it does not cover non-Medicare covered eyewear: ‘100% of the cost for up to 1 pair(s) of glasses every two years.’

#### SB: Health/Wellness

- The Original Medicare sentence will be revised to specify that the benefit being referenced is smoking cessation.

#### SB: Transportation

- The following sentences will be generated for the benefits days’ and “other”, respectively:
  - \$\_\_\_\_ copay [or \_\_\_\_ % of the cost] for up to \_\_\_\_ day(s) for trips to [a plan-approved/any] location.
  - Transportation benefit available. Contact plan for details.

#### SB-POS

- The following sentences will be generated based on data entered in the SNF POS data entry screens:

\$ \_\_ copay [or \_\_% of the cost] for each SNF stay.  
\$\_\_ copay [or \_\_% of the cost] per day.

For each SNF stay:

- Days \_\_-\_\_: \$\_\_ copay [or \_\_% of the cost] per day.
- Days \_\_-\_\_: \$\_\_ copay [or \_\_% of the cost] per day.
- Days \_\_-\_\_: \$\_\_ copay [or \_\_% of the cost] per day.

Thank you for your patience as we continue to improve these submission tools for 2009. If you have any questions about this e-mail, please feel free to contact the HPMS Help Desk at either 1-800-220-2028 or [hpms@cms.hhs.gov](mailto:hpms@cms.hhs.gov).