

Out-of-Pocket Costs (OOPC) SAS Model FAQs

1. **Question:** Does CMS offer any alternative methods for calculating OOPC amounts for plan sponsors that do not have access to PC SAS.

Answer: CMS does not offer alternative tools for calculating OOPC costs for plans that do not have access to SAS. We recommend that you continue to use the tools/methodology that you employed for calculating OOPC costs for contract year (CY) 2012. However, plans are encouraged to use the OOPC SAS model to ensure the plans offered in a given service area are meaningfully different from one another in terms of key benefits or plan characteristics such as cost sharing, benefits offered, or plan type. In addition, Medicare Advantage (MA) plans can use these tools in meeting total beneficiary cost (TBC) requirements. As discussed in the CY 2013 Call Letter, plans are expected to submit bids that comply with CMS requirements.

2. **Question:** Are Dual Eligible Special Needs Plans (SNPs) excluded from OOPC SAS Model?

Answer: The OOPC tool will calculate the OOPC values for Dual Eligible Special Needs Plans (SNPs). However, beneficiary data for Dual Eligible Special Needs Plans (SNPs) were excluded from the MCBS data for the development of the OOPC model as it was deemed unrepresentative of the beneficiaries enrolling in these plans. Therefore, the resulting calculations may not be reliable for Dual eligible SNPs. The CMS Call Letter provides guidance regarding meaningful difference (MA and Prescription Drug Plan (PDP) organizations) and total beneficiary cost requirements (MA organizations). Also, please refer to the OOPC methodology document posted on the CMS website at: http://www.cms.gov/PrescriptionDrugCovGenIn/10_OOPCResources.asp#TopOfPage for further technical details.

3. **Question:** Will the OOPC SAS model work with older versions of SAS or SAS versions other than PC SAS (e.g. SAS running on UNIX or Mainframe)?

Answer: The CY 2013 OOPC SAS model has only been tested on PC SAS Version 9.1 and has not been tested on any other versions of SAS or SAS running on a different environment. We expect the tool to run, with minor modifications, on older versions of SAS or SAS running on a different environment. However, CMS cannot guarantee a successful run. Additionally, CMS will not be able to provide technical support for SAS versions other than PC SAS 9.1.

4. **Question:** What is the approximate amount of free disk space necessary for the model to run?

Answer: It has been recommended that the model requires at least 3GB of RAM and about 30GB of free disk space. However, the actual disk space requirements are dependent on the number of plans being run at one time. In such cases, additional free disk space may be needed.

5. **Question:** Does the OOPC SAS Model require administrative rights on the computer to run?

Answer: Administrative privileges are not required to run this model on a PC.

6. **Question:** Does the OOPC SAS Model require any SAS add-ins to run? Is base SAS 9.1 sufficient?

Answer: Base SAS 9.1 with SAS/ACCESS Interface to PC Files installed is needed to run the model. No additional SAS add-ins are needed.

7. **Question:** How can organizations obtain information about policy related questions regarding requirements for meaningful difference (MA and PDP organizations) and total beneficiary cost (MA organizations)?

Answer: Organizations are encouraged to review the CY 2013 Call Letter and related HPMS communications.

- For Part C policy related questions about meaningful difference and Total Beneficiary Cost (TBC), please contact <https://mabenefitsmailbox.lmi.org/>
- For Part D policy related questions about meaningful difference, please submit an email to partdbenefits@cms.hhs.gov
- For technical questions about the Bid Pricing Tool, please submit an email to actuarial-bids@cms.hhs.gov
- For technical questions about the OOPC model, please submit an email to OOPC@cms.hhs.gov

8. **Question:** Why are the categories different for the 2013 output compared with the output in the 2012 model?

Answer: The model was modified to incorporate 2013 changes to the PBP, to line up model output categories more closely with PBP categories, and to add other information. Among the changes are:

- Adding a Plan Deductible Allocation category,
- Adding a PBP Version Date,
- Removing the Screen_Mamography and Pap_Smear categories,
- Adding a Pulmonary_Rehab_Services category,

- Adding a Diabetes_Education category,
- Converting the Preventative_Comprehensive Dental and Medicare_Covered_Dental categories to Preventative_Dental and Comprehensive_Dental (which includes Medicare-covered Dental)