

# **CY 2011**

## **Plan Benefit Package (PBP)**

### **Software Training for Beginners**

# PBP 2011 Training Agenda

- Discuss Relationship Between HPMS and PBP/BPT Software
- Provide Brief Overview of PBP
- Describe Key Software Features to Begin Entering Data into PBP
- Describe the Basic PBP 2011 Data Entry and Functionality, and Display Data Entry Best Practices

# PBP 2011 Training Agenda (Continued)

- Describe Key Software Features for Completing the PBP
- Highlight HPMS – PBP Bid Reports
- Provide List of Contacts

# HPMS and PBP/BPT Software

- HPMS is central repository of all Organization/ Plan Bid data
- CY2011 plans are created in HPMS via the Bid Submission Module
- PBP Software Package (PBP and BPTs) downloaded from HPMS
- HPMS Org. & Plan Specific Information populated in the PBP Software

# HPMS and PBP/BPT Software

- The HPMS Bid 2011 Start Page lists the following steps to complete the download of the PBP software and plan data:
  - Step 1: Download the PBP Software (includes BPTs)
  - Step 2: Install the PBP Software
  - Step 3: Set-up your plan-specific information
  - Step 4: Edit your plan marketing information (Manage Plans)
  - Step 5: Ensure all your organization-level data is complete in the Contract Management Module
  - Step 6: Download your plan-specific information

# Bid 2011 – Download Plan-Specific Information

**HPMS** **Bid 2011**  
Home

## Download Plan-Specific Information

The following is a list of the counties and/or regions that have not been assigned to a plan. Partial counties/regions are designated with an asterisk and pending service area expansions are designated by "[pending]\*".

**Z0321 - AMY'S 2009 PDP**  
(02) Central New England (Connecticut, Massachusetts, Rhode Island, and Vermont) [pending]  
(03) New York [pending]  
(26) New Mexico [pending]  
(28) Arizona [pending]

**Z0967 - CTM TEST CONTRACT 3**  
(05) Mid-Atlantic (Delaware, District of Columbia and Maryland) [Emp-only, pending]

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The following is a list of plans for which you have not completed the plan marketing information. To complete this information, select the "Edit Marketing Data" link under "Manage Plans" on the "Bid 2010 Start Page".

**Z0997 - AMY'S 2010 LOCAL CCP WITH D & UNITEDHEALTHCARE**  
002 - Healthcare Services Central and R (HMO-POS)  
802 - Healthcare Services Central and R (HMO-POS)

The following is a list of plans for which you have defined the plan as segmented but not all counties have been allocated to a segment. To complete this information, select the "Set-up Plans" link under "Manage Plans" on the "Bid 2010 Start Page".

**Z0997 - AMY'S 2010 LOCAL CCP WITH D & UNITEDHEALTHCARE**  
802 - Healthcare Services Central and R (HMO-POS)

•On the Download Plan-Specific Information page, you may see one or more messages for incomplete information (e.g., incomplete organization, plan, and/or contact information).

•The messages will provide instructions as to how to complete the missing information.

•You must complete this information prior to downloading the plan-specific information.

# Overview of PBP

# PBP Overview

- Provides standard set of benefits
- Facilitates CMS bid review and approval process
- Produces Summary of Benefits (SB)
- Generates data for CMS Websites [Medicare Options Compare (MOC) and Part D Plan Finder]
- Provides CMS Regional Offices with data reports (via HPMS) to review marketing materials



# Key Software Features to Begin Data Entry

# Key Software Features

- File Paths and Other Preferences
- Multi-User Environment
- Management Screen
- Data Entry Screen
- Types of PBP Help
- Edit Rules & Exit Validations
- Year-to-Year Plan Copy

# Set File Paths

## PBP File Paths:

The PBP Paths screen will appear during the initial login, at which point users must specify a backup path in order to proceed to the PBP Management screen.

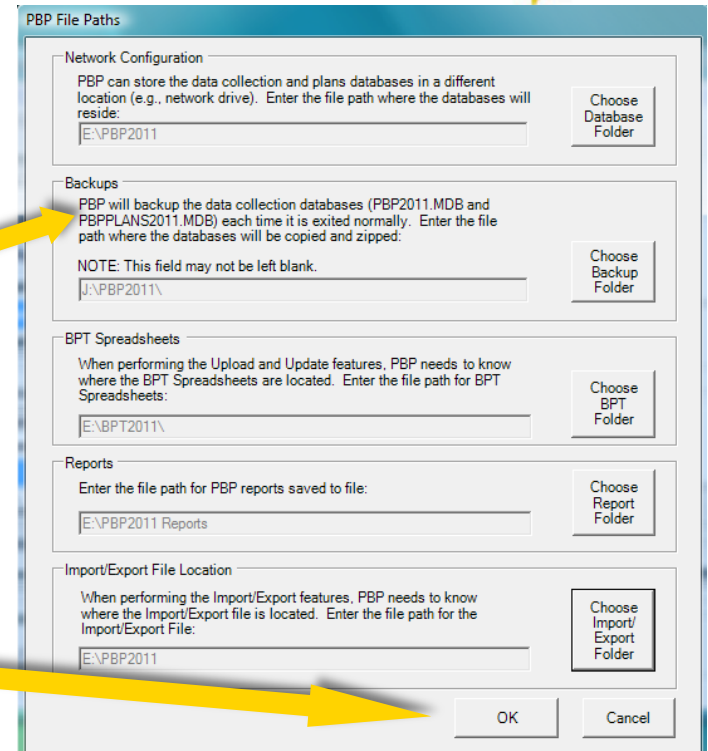
Additionally, if the backup path specified becomes “invalid” (i.e., deleted or renamed), users will once again encounter the PBP Paths screen during login and the backup path will need to be reestablished before proceeding to the PBP Management screen.

**Specify the Backup path.**

**NOTE: This should NOT be on the C: directory.**

**You should also set the paths where you will store your other files and reports.**

**Click OK when finished.**



**PBP File Paths**

**Network Configuration**  
PBP can store the data collection and plans databases in a different location (e.g., network drive). Enter the file path where the databases will reside:  
[E:\PBP2011] Choose Database Folder

**Backups**  
PBP will backup the data collection databases (PBP2011.MDB and PBPPLANS2011.MDB) each time it is exited normally. Enter the file path where the databases will be copied and zipped:  
NOTE: This field may not be left blank.  
[J:\PBP2011\] Choose Backup Folder

**BPT Spreadsheets**  
When performing the Upload and Update features, PBP needs to know where the BPT Spreadsheets are located. Enter the file path for BPT Spreadsheets:  
[E:\BPT2011\] Choose BPT Folder

**Reports**  
Enter the file path for PBP reports saved to file:  
[E:\PBP2011 Reports] Choose Report Folder

**Import/Export File Location**  
When performing the Import/Export features, PBP needs to know where the Import/Export file is located. Enter the file path for the Import/Export File:  
[E:\PBP2011] Choose Import/Export Folder

OK Cancel

# Set File Paths

PBP Management Screen

File Actions Preferences Help

Exit C Paths Options

Step 1: Select Plan

Z0293 - ESPFFS ORG SS

Step 2: Section A

| Plan ID | Plan Name         | Segment | User | Open | Status |
|---------|-------------------|---------|------|------|--------|
| 801     | ESPFFS MA-PD A DS | 0       |      |      | New    |
| 803     | ESPFFS MA-PD B DS | 0       |      |      | New    |

Enter Data for Section A

Step 3: Section B

| Service Category                   | Status |
|------------------------------------|--------|
| 01: Inpatient Hospital Services    | New    |
| 02: Skilled Nursing Facility (SNF) | New    |

Enter Data for Section B

Step 4: Section C

Section C - New

Step 5: Section D

Section D - New

Step 6: Medicare Rx Drugs

Section Rx - N/A

Step 7: Upload

Upload

Ready

Select Preferences, then Paths

# Set Preferences / Options

The screenshot shows the 'PBP Management Screen' with a menu bar containing 'File', 'Actions', 'Preferences', and 'Help'. The 'Preferences' menu is open, and the 'PBP Options' dialog box is displayed. The dialog box has three sections: 'Accessibility', 'Data Entry', and 'Startup'. In the 'Accessibility' section, the checkbox 'Display PBP variables that affect the Summary of Benefits in Red, and display the other variables in Blue' is checked. In the 'Data Entry' section, the checkbox 'Enable vertical screen data entry' is unchecked, and the 'Custom font size (0 for none)' is set to 0. In the 'Startup' section, the checkbox 'Do not display PBP Splash Screen' is unchecked. The dialog box has 'OK' and 'Cancel' buttons at the bottom.

Step 1: Select a Contract Number  
Z0978 - TIM'S

Step 2: Section  
Plan ID Plan  
801 ESP

Step 3: Section  
Service Category  
01: Inpatient  
02: Skilled Nursing

Step 4: Section  
Section

Step 7: Upload  
Upload

Ready

First click on Preferences, Options.

Then choose "Display PBP variables that affect..." to change the red/blue color scheme.

# Multi-User Environment

- PBP software can be configured to operate in a multi-user, network environment
  - Multiple users accessing the same data collection, plan information, and Summary of Benefits databases located on a shared drive on a network file server
  - Each of the PCs must have the PBP software installed
- **Note:** It is NOT recommended that the PBP software be installed on a file server (not supported).



# PBP Management Screen Contract/Plan Selection and Completion Status

PBP Management Screen

File Actions Preferences Help

Exit Copy Plan Data/History Report SB Report Plan Maintenance User Maintenance

Step 1: Select a Contract Number

Z0596 - Local PPO Org SS

Step 2: Section A

| Plan ID | Plan Name            | Segment | User | Open | Status      |
|---------|----------------------|---------|------|------|-------------|
| 001     | Local PPO MA-PD Q EA | 0       | mco3 |      | A Completed |
| 002     | Local PPO MA-PD O BA | 0       | mco3 |      | A Completed |
| 003     | Local PPO MA-PD P EA | 0       | mco3 |      | A Completed |

Enter Data for Section A

Step 3: Section B

| Service Category                   | Status |
|------------------------------------|--------|
| 01: Inpatient Hospital Services    | New    |
| 02: Skilled Nursing Facility (SNF) | New    |

Enter Data for Section B

Step 4: Section C

Section C - New

Step 5: Section D

Section D - New

Step 6: Medicare Rx Drugs

Section Rx - New

Step 7: Upload

Upload

Ready

Select a contract number in order to have plans displayed in Section 2.

# PBP Data Entry by Plan Type

- Section A: Org & Plan general info
- Section B: In-network benefits
- Section C:
  - Out-of-Network benefits
  - Point-of-Service benefits
  - Visitor/Travel Program
- Section D: Plan-level costs
- Section Rx: Medicare Part D benefit

Refer to PBP Data  
Entry Matrix in CY  
2011 Bid Submission  
User's Manual



# PBP Data Entry Screen

**PBP Data Entry System - Section B-1, Contract Z0596, Plan 001, Segment 0**

File Help

<<Previous Next>> Exit (Validate) Exit (No Validate) Go To: #1a Inpatient Hospital-Acute - Base 2

Maximum Plan Benefit Coverage is not applicable for this Service Category. Indicate the number of day intervals for the Medicare Covered stay:

Is there a service-specific Maximum Enrollee Out-of-Pocket Cost?

☐ Yes  
☐ No

Indicate the Maximum Enrollee Out-of-Pocket Cost amount:

Select the Maximum Enrollee Out-of-Pocket Cost periodicity:

☐ Every three years  
☐ Every two years  
☐ Every year  
☐ Every six months  
☐ Every three months  
☐ Every benefit period  
☐ Every stay  
☐ Other, describe

Indicate the coinsurance percentage and day interval(s) for the Medicare Covered stay (e.g., 1 to 30; 31 to 90):

Coinsurance % Interval 1: Begin Day Interval 1: End Day Interval 1:

Coinsurance % Interval 2: Begin Day Interval 2: End Day Interval 2:

Coinsurance % Interval 3: Begin Day Interval 3: End Day Interval 3:

Is there an enrollee Coinsurance?

☐ Yes  
☐ No

Do you charge the Medicare-defined cost shares? (These are the total charges for all services provided to the enrollee in the inpatient facility.)

☐ Yes  
☐ No

Indicate Coinsurance percentage for the Medicare Covered stay:

← Title Bar

← Menu Bar

← Navigation Bar

← Data Entry Toolbar

← Data Entry Window

# PBP Data Entry

- Questions (or “variables”) may or may not be “enabled.”
  - If a question is not enabled, the text will be grayed out and you cannot enter data for the variable
  - Questions that are “enabled” will be displayed in regular text and will allow you to enter data

# PBP Data Entry

- You must complete all enabled questions
  - The only exception is if an enabled question contains the word “Optional” in parentheses
- If you select an option such as “No, describe” or “Other, describe” then you must explain by adding text to the Notes (Optional) field

# Types of PBP Help

- Service category general descriptions
- Medicare-covered benefit descriptions
- Variable Help
- On-screen Labels
- PBP General System Help

# Service Category Description

Contract : Z8293, Plan ID: 801, Segment: 000

File Help Pause

<<Previous Next>> Exit (Validate) Exit

Is there an enrollee Copayment?

☒ Yes  
☐ No

Indicate Copayment amount per trip:

25.00

Enrollee must receive Authorization from one or more of the following:

☐ None  
☐ Primary Care Physician (Internist/Family Practice)  
☐ Physician Specialist  
☐ Organization Medical Director/Utilization Manager  
☒ Other, describe:

Is a referral required for Transportation Services?

☒ Yes  
☐ No

PBP Variable Help

Instructions:

#10b Transportation

Any mode of transportation, besides an ambulance, used to transport patients to a hospital or other treatment center in cases of illness, injury or accident. Alternative modes of medical transport may include but are not limited to private shuttle bus, public transit, taxi or limousine.

Print Close

**Service Category Description:**  
Brief description of services for each category

**General description of services included in the category (click on Help and select Category Description)**

# Medicare Benefit Description

PBP Data Entry System - Section B-1, Contract Z0293, Plan 801, Segment 0

File Help

<<Previous Next>> Exit (Validate) Exit (No Validate) Go To: #1a Inpatient Hospital-Acute - Base 1

CLICK FOR DESCRIPTION OF BENEFIT

Select type of benefit for Non-Medicare Covered stay:

☐ Mandatory

☐ Optional

Do you offer any Mandatory or Optional Supplemental Benefits?

☐ Yes

☐ No

Select enhanced benefits:

☐ Additional Days

☐ Non-Medicare Covered Stay

☐ Upgrades

Select type of benefit for Additional

☐ Mandatory

☐ Optional

Is this benefit unlimited for Additional

☐ Yes

☐ No, indicate number

Indicate number of Additional Days

PBP Variable Help

Question:

DESCRIPTION OF BENEFIT: 1a:Inpatient Hospital - Acute

Benefit Description:

Medicare can cover 90 days of medically necessary hospitalization for each benefit period\* and as many as 60 lifetime reserve days to a maximum of 150 days. The 60 reserve days can be used only once during the beneficiary's lifetime. Medicare does not pay for extra charges for a private hospital room (unless medically necessary), private nurse, personal convenience items (e.g., telephone and television), non-emergency care in a non-participating hospital, and most care received outside of U.S. (Note - U.S. includes Puerto Rico, the U.S. Virgin Islands, Guam, American Samoa and the Northern Mariana Islands). Coverage is generally limited to services provided by Medicare certified hospitals. Further, Heart, Lung, Heart-Lung, Liver, and Intestinal Transplants must be done at a Medicare Approved Transplant Facility.

\*A benefit period is a way of measuring use of services under Medicare Part A. A benefit period begins with the first day of a Medicare covered inpatient hospital stay and ends with the close of a period of 60 consecutive days during which the beneficiary was neither an inpatient of a hospital nor of a skilled nursing facility (SNF). A beneficiary is an inpatient of a SNF only if the beneficiary requires and receives skilled services on a daily basis, which could as a practical matter only have been provided in a SNF on an inpatient basis.

CMS Publication 13-3, Medicare Intermediary Manual, Section 3035-Benefit Period, Section 3101ff-Inpatient Hospital Services, Section 3154 Services provided outside the U.S.

SUBSTANCE ABUSE

Medically necessary inpatient substance abuse treatment services can be covered in Medicare certified hospitals. Services provided in facilities that are not Medicare certified are not covered by Medicare.

CMS Publication 6, Coverage Issues Manual, Section 35-22.

Print Close



# Variable Help

PBP Data Entry System - Section B-1, Contract 20293, Plan 801, Segment 0

File Help

<<Previous Next>> Exit (Validate) Exit (No Validate) Go To: #1a Inpatient Hospital-Acute - Base 1

CLICK FOR DESCRIPTION OF BENEFIT

Select type of benefit for Non-Medicare Covered stay:

☐ Mandatory  
☐ Optional

Do you offer any Mandatory or Optional Supplemental Benefits?

☐ Yes  
☐ No

Select enhanced benefits:

☐ Additional Days  
☐ Non-Medicare Covered Stay  
☐ Upgrades

Select type of benefit for Additional

☐ Mandatory  
☐ Optional

Is this benefit unlimited for Additional

☐ Yes  
☐ No, indicate number

Indicate number of Additional Days

PBP Variable Help

Question:  
Do you offer any Mandatory or Optional Supplemental Benefits?

Instructions:  
Select Yes if you offer any Mandatory or Optional Supplemental benefits for this service category. Select No if you do not offer any Mandatory or Optional Supplemental benefits for this service category.

Note:  
If you offer enhanced benefits for this category that do not appear in the list of enhanced benefits provided in PBP for this category, select No and enter the enhanced benefit(s) in the Notes section. In addition, for each enhanced benefit you describe in the Notes section, designate if the enhanced benefit is a Mandatory or Optional Supplemental benefit. (NOTE: The information provided for this field is used to create sentences in the Summary of Benefits. Please refer to the PBP/SB Crosswalk for further details.)

PBP\_B1A\_BENDESC\_YN

Print Close

Select F1 or right-click on the variable to get Variable Help. A pop-up screen will appear.

# On-Screen Labels

File Help

<<Previous Next>> Exit (Validate) Exit (No Validate) Go To: #7a Primary Care Physician Services - Base 1

CLICK FOR DESCRIPTION OF BENEFIT

If your plan offers in-network coverage such as through walk-in clinics or urgent care clinics during regular hours or after hours, then this benefit should be included in this category.

If cost sharing for this benefit is not the same as primary care, reflect the cost sharing in the range.

Maximum Plan Benefit Coverage is not applicable for this Service Category.

Is there an enrollee Coinsurance?

☐ Yes  
☐ No

Is there a service-specific Maximum Enrollee Out-of-Pocket Cost?

☐ Yes  
☐ No

Indicate Maximum Enrollee Out-of-Pocket Cost amount:

\_\_\_\_\_

Select the Maximum Enrollee Out-of-Pocket Cost periodicity:

☐ Every three years  
☐ Every two years  
☐ Every year  
☐ Every six months  
☐ Every three months  
☐ Other, describe

Is there an enrollee Deductible?

☐ Yes  
☐ No

Indicate Deductible Amount:

\_\_\_\_\_

Is there an enrollee Copayment?

☐ Yes  
☐ No

Indicate Minimum Copayment amount per visit for Medicare-covered Benefits:

\_\_\_\_\_

Indicate Maximum Copayment amount per visit for Medicare-covered Benefits:

\_\_\_\_\_

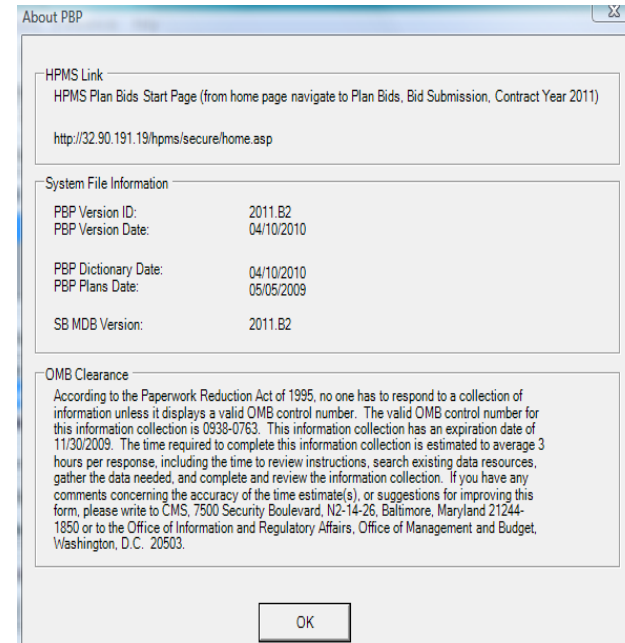
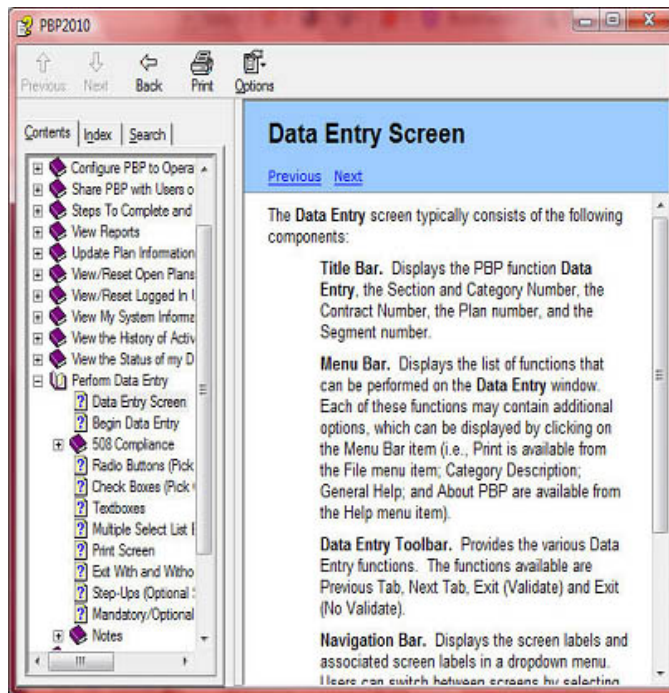
**On-screen labels**



# System Help

**General Help:** Provides PBP system help regarding how to use & maintain the software.

**About Help:** Identifies software information (e.g., Version), as well as the Installation Directory



# Data Edit Rules

**PBP Data Entry System - Section RX, Contract Z0775, Plan 001, Segment 0**

File Help

<<Previous Next>> Exit (Validate) Exit (No Validate) Go To: General Location/Supply

Hold down the CTRL key on your keyboard while selecting the coverage options with your MOUSE. After selecting ALL of your options release the CTRL key on your keyboard.

Enter number of days for:

|  | 1-Month              | 3-Month              | Other Day            |
|--|----------------------|----------------------|----------------------|
| In-Network Retail Pharmacy               | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| In-Network Preferred Retail Pharmacy     | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| In-Network Non-Preferred Retail Pharmacy | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Out-of-Network Pharmacy                  | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Mail Order Pharmacy                      | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Mail Order Preferred Pharmacy            | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Mail Order Non-Preferred Pharmacy        | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Long Term Care Pharmacy                  | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Select all Location/supply amount(s) that apply:

- In-Network Retail Pharmacy - one month supply
- In-Network Retail Pharmacy - three month supply
- In-Network Retail Pharmacy - other day supply
- In-Network Preferred Retail Pharmacy - one month supply
- In-Network Preferred Retail Pharmacy - three month supply
- In-Network Preferred Retail Pharmacy - other day supply
- In-Network Non-Preferred Retail Pharmacy - one month supply
- In-Network Non-Preferred Retail Pharmacy - three month supply
- In-Network Non-Preferred Retail Pharmacy - other day supply
- Out-of-Network Pharmacy - one month supply
- Out-of-Network Pharmacy - other day supply
- Mail Order Pharmacy - one month supply
- Mail Order Pharmacy - three month supply
- Mail Order Pharmacy - other day supply
- Mail Order Preferred Pharmacy - one month supply
- Mail Order Preferred Pharmacy - three month supply
- Mail Order Preferred Pharmacy - other day supply
- Mail Order Non-Preferred Pharmacy - one month supply
- Mail Order Non-Preferred Pharmacy - three month supply
- Mail Order Non-Preferred Pharmacy - other day supply
- Long Term Care Pharmacy - one month supply

Are all of the drugs on this list available at the extended day(s) supply?

☐ Yes ☐ No

Warning

For Item 'Select all Location/supply amount(s) that apply:' In-Network Pharmacy cannot be selected as a location if it is not specified as a network component.

OK

Data Edit Rules explain errors in data entry. Click OK to return to data entry.

# Exit Validation

**PBP Data Entry System - Section RX, Contract Z0775, Plan 001, Segment 0**

File Help

<<Previous Next>> Exit (Validate) Exit (No Validate) Go To: General Location/Supply

Enter number of days for:

1-Month 3-Month Other Day

In-Network Retail Pharmacy

In-Network Preferred Retail Pharmacy

Select all Location/supply amount(s) that apply:

- In-Network Retail Pharmacy - one month supply
- In-Network Retail Pharmacy - three month supply
- In-Network Retail Pharmacy - other day supply
- In-Network Preferred Retail Pharmacy - one month supply
- In-Network Preferred Retail Pharmacy - three month supply
- In-Network Preferred Retail Pharmacy - other day supply
- In-Network Non-Preferred Retail Pharmacy - one month supply
- In-Network Non-Preferred Retail Pharmacy - three month supply
- In-Network Non-Preferred Retail Pharmacy - other day supply
- Out-of-Network Pharmacy - one month supply
- Out-of-Network Pharmacy - other day supply
- Mail Order Pharmacy - one month supply
- Mail Order Pharmacy - three month supply
- Mail Order Pharmacy - other day supply
- Mail Order Preferred Pharmacy - one month supply
- Mail Order Preferred Pharmacy - three month supply
- Mail Order Preferred Pharmacy - other day supply
- Mail Order Non-Preferred Pharmacy - one month supply
- Mail Order Non-Preferred Pharmacy - three month supply
- Mail Order Non-Preferred Pharmacy - other day supply
- Long Term Care Pharmacy - one month supply

**Errors/Warnings**

Medicare Rx Drug Section., Contract Z0775, Plan 001

ERROR: Response required. QUESTION: Does this plan offer national prescription coverage?

ERROR: Response required. QUESTION: Do you charge the Medicare-defined Part D Deductible amount?

ERROR: Response required. QUESTION: Indicate the Out-of-Network cost sharing structure for this plan:

ERROR: Response required. QUESTION: Enter number of days for In-Network Preferred Retail Pharmacy three month supply

ERROR: Response required. QUESTION: Enter number of days for Out-of-Network Pharmacy one month supply:

ERROR: Since In-Network Non-Preferred Retail Pharmacy was specified as a network component, at least one location must include a one-month supply location for In-Network Retail Pharmacy or In-Network Preferred/Non-Preferred Pharmacy location. QUESTION: Describe the components of your network

ERROR: Plans MUST include the Long Term Care Pharmacy location. QUESTION: Select all Location/supply amount(s) the

Selected Error

ERROR: Response required.  
QUESTION: Does this plan offer national prescription coverage?  
SCREEN: Medicare Rx General 2

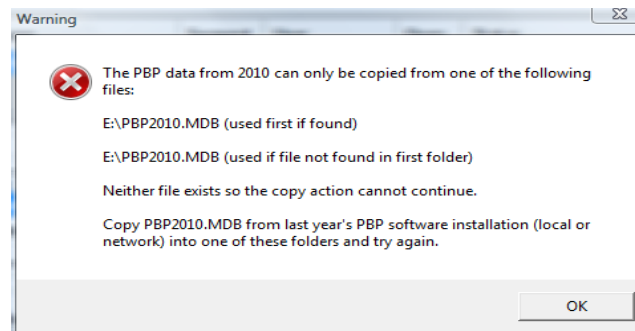
Go To Screen With Error Print Errors Continue Return to Data Entry

**You must resolve all Errors before the PBP will mark the category as "Completed."**

**You need not resolve all Warnings to have a category marked "Completed."**

# Year-to-Year Plan Copy

- Allows you to copy benefits data from previous year
- Requires previous year data (PBP2010.mdb) to be available
  - Previous year's .mdb data file must be located in 2010 or 2011 folder
  - The following message will appear if your prior year plan data is NOT available





# Year-to-Year Plan Copy

PBP Management Screen

File Actions Preferences Help

Copy Plan  
Copy Plan (from Previous Year)  
Import/Export  
Reports  
Update Plan Information  
Upload  
Plan Maintenance  
User Maintenance

SB Report Plan Maintenance User Maintenance

| nt | User | Open | Status      |
|----|------|------|-------------|
|    | mco3 |      | A Completed |
|    | mco3 |      | A Completed |
|    | mco3 |      | A Completed |

Enter Data for Section A

Step 3: Section B

| Service Category                   | Status     |
|------------------------------------|------------|
| 01: Inpatient Hospital Services    | Incomplete |
| 02: Skilled Nursing Facility (SNF) | New        |

Enter Data for Section B

Step 4: Section C  
Section C - New

Step 5: Section D  
Section D - New

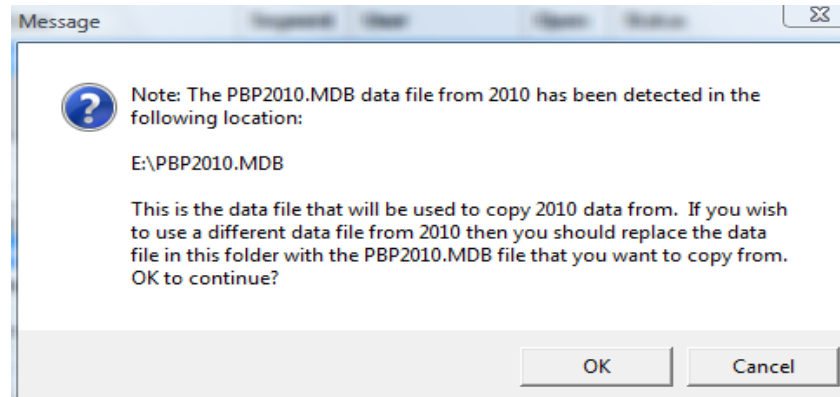
Step 6: Medicare Rx Drugs  
Section Rx - New

Step 7: Upload  
Upload

Ready

# Year-to-Year Plan Copy

- The following message will appear if your prior year plan data is available



- User can only copy one plan to one plan at a time
- NOTE: Copy will overwrite any data entry in the current year (2011) for the selected plan

# Year-to-Year Plan Copy

Select Source Plan (from previous year) and Destination Plan (in current year)

Table 3-9

PBP Management Screen

File Actions Preferences Help

Exit Copy Plan Data/History Report SB Report Plan Maintenance User Maintenance

Step 1: Select a Contract Number

Z0001 - Test Plan

Step 2: Section A

| Plan ID | Plan Name       | Segment | User | Open | Status                |
|---------|-----------------|---------|------|------|-----------------------|
| 029     | PFFS MA-PD A EA | 0       | mco3 |      | Plan Ready for Upload |
| 030     |                 |         |      |      |                       |
| 032     |                 |         |      |      |                       |

Enter Data for Section A

Step 3: Service

01: Inc

02: Sk

03: Co

Step 4: Step 2: Click to Copy

Only previous year plans that are Completed can be copied to current year.

Plans can only be copied when the previous year and current year Organization/Plan types are the same.

Go Copy

Step 7: Upload

Ready

PBP (Previous Year) Plan Copy

Step 1: Select Source Plan (from previous year) and Destination Plan (in current year)

| #  | Plan          | Status     | Name                    |
|----|---------------|------------|-------------------------|
| 18 | Z0001-003-000 | New        | PFFS MA-Only K          |
| 19 | Z0001-004-000 | New        | PFFS MA-Only L          |
| 20 | Z0003-001-000 | A Complete | Matt's RFB PSD MA-PD SS |
| 21 | Z0000-040-000 | Completed  | National PACE MA-PD H   |
| 22 | Z0000-042-000 | New        | National PACE MA-PD A   |
| 23 | Z0000-043-000 | New        | National PACE MA-PD B   |
| 24 | Z0000-044-000 | New        | National PACE MA-PD C   |

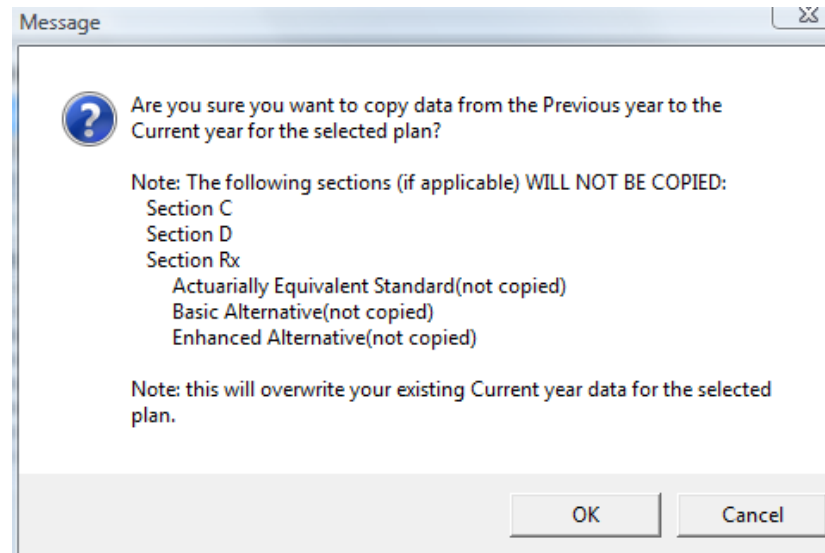
To

| # | Plan          | Status | Name                  |
|---|---------------|--------|-----------------------|
| 2 | Z0000-042-000 | New    | National PACE MA-PD A |
| 3 | Z0000-043-000 | New    | National PACE MA-PD B |
| 4 | Z0000-044-000 | New    | National PACE MA-PD C |
| 5 | Z0000-045-000 | New    | National PACE MA-PD D |
| 6 | Z0000-046-000 | New    | National PACE MA-PD E |
| 7 | Z0000-047-000 | New    | National PACE MA-PD F |
| 8 | Z0000-048-000 | New    | National PACE MA-PD G |

Close

# Year-to-Year Plan Copy

- Some data will not be copied because of software changes in the current year

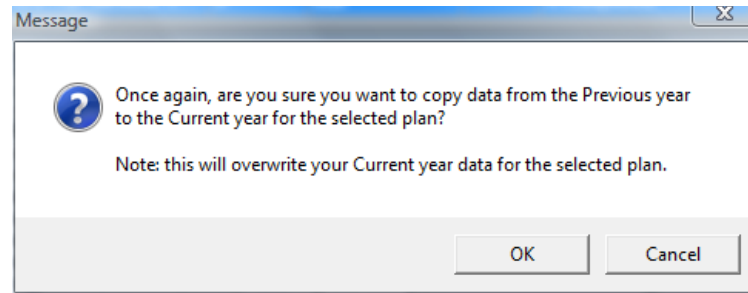


- Click on OK to continue

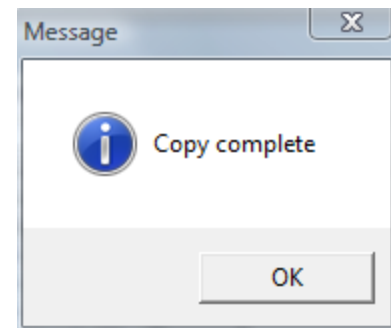


# Year-to-Year Plan Copy

- After you click on OK, the system will prompt you to confirm



- System will display sections being copied, then a message will appear when the Copy is complete



# Year-to-Year Plan Copy

**PBP Management Screen**

File Actions Preferences Help

Exit Copy Plan Data/History Report SB Report Plan Maintenance User Maintenance

**Step 1: Select a Contract Number**

Z0775 - HMO MA-PD SS

**Step 2: Section A**

| Plan ID | Plan Name            | Segment | User | Open | Status      |
|---------|----------------------|---------|------|------|-------------|
| 001     | Nancy's HMO MA-PD SS | 0       |      |      | A Completed |
| 801     | Nancy's HMO MA-PD SS | 0       |      |      | New         |

Enter Data for Section A

**Step 3: Section B**

| Service Category                   | Status    |
|------------------------------------|-----------|
| 01: Inpatient Hospital Services    | Completed |
| 02: Skilled Nursing Facility (SNF) | New       |

Enter Data for Section B

**Step 4: Section C** **Step 5: Section D** **Step 6: Medicare Rx Drugs**

Section C - New Section D - New Section Rx - New

**Step 7: Upload**

Upload

Ready

PBP sections that copied will show a Status change.

# Year-to-Year Plan Copy

**Copy tip:** If you have a ‘representative’ plan in 2010 that you want to use for multiple 2011 plans, copy the 2010 plan, then use the regular Plan Copy (within year) to populate multiple plans, and make any necessary changes.

# Basic PBP 2011 Data Entry and Functionality – Section A

## Section A

- General Plan information
- Most fields entered in HPMS
  - Downloaded into PBP (Read-only variables)
- Limited data entry for MA and MA-PD plans
- All plan types must *Exit with Validation* to go on and complete other sections

# Section A

- Some fields impact data entry in other PBP sections, and Summary of Benefits (SB) sentences. For example:
  - Plan type
    - Sections B, C, D; SB
  - Network indicator
    - Sections C & D; SB
  - Enrollee Type (Part A and Part B; Part B Only)
    - Section B: Inpatient Hospital & SNF; SB
  - Special Needs Plan (SNP) information
    - SB
- *Refer to PBP Data Entry Matrix in CY 2011 Bid Submission User's Manual*

# Section A

Go to Examples

## Section A – HPMS Data Updates

- Changes to HPMS Organization/Plan data MUST be made in HPMS
- HPMS data CANNOT be modified in PBP – User MUST Download Updated data
- HPMS Data MUST be Updated Manually in BPT



# Section A – HPMS Data Updates

## Changes to HPMS Organization/Plan data

- Contract Management Module data changes\*
  - Organization Marketing Name
  - Contract Service Area
  - Organization Web Addresses

*\*All other fields may only be edited by CMS. Please contact your Central Office plan/account manager if these fields must be modified*

# Section A – HPMS Data Updates (Continued)

- Bid Submission Module (Manage Plans)
  - Add/Delete Plans & Segments (including Employer Plans)
  - Plan Type (HMO with POS Only)
  - Plan Name & Plan Geographic Name (& Segment Name)
  - Plan Service Area
  - Customer Service Contact Information

# Section A – HPMS Data Updates: PBP – Update Plan Information

**PBP Management Screen**

File Actions Preferences Help

Copy Plan  
Import/Export  
Reports  
**Update Plan Information**  
Upload  
Plan Maintenance  
User Maintenance

History Report SB Report Plan Maintenance User Maintenance

Select "Update Plan Information" from the Actions menu

| Open        | Status             |
|-------------|--------------------|
| 801         | ED PFFS MA-PD A DS |
| 0           | MC03               |
| A Completed |                    |

Enter Data for Section A

**Step 3: Section B**

| Service Category  | Status     |
|---|------------|
| 01: Inpatient Hospital Services                             | Incomplete |
| 02: Skilled Nursing Facility (SNF)                          | Incomplete |
| 03: Comprehensive Outpatient Rehabilitation Facility (CORF) | Completed  |

Enter Data for Section B

**Step 4: Section C**  
Section C - Incomplete

**Step 5: Section D**  
Section D - Incomplete

**Step 6: Medicare Rx Drugs**  
Section Rx - Incomplete

**Step 7: Upload**  
Upload

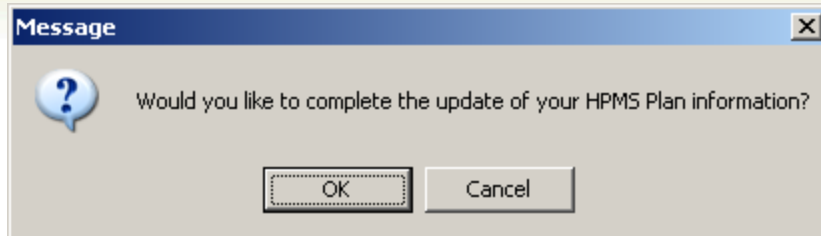
Ready

# Section A – HPMS Data Updates: PBP – Update Plan Information

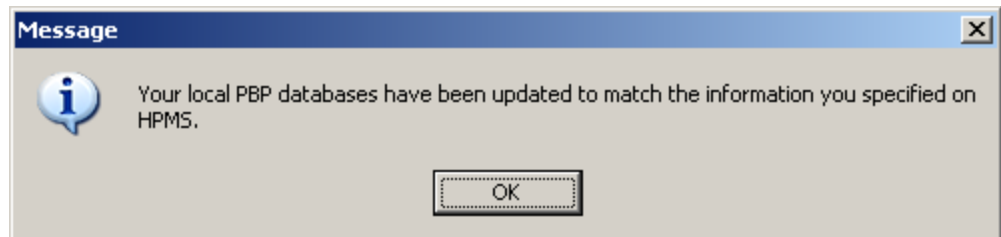
- Upon completion of plan information updates in HPMS, a Zip file called UPDATPBP2011\_*date/time*.ZIP is created
- You are required to save the new UPDATPBP2011\_*date/time*.ZIP file to the directory where you installed the PBP2011 software

# Section A – HPMS Data Updates: PBP – Update Plan Information

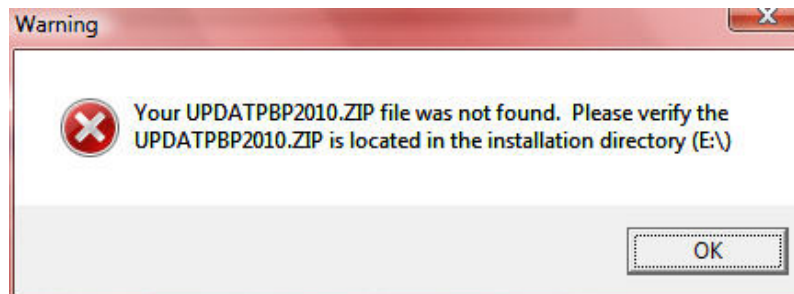
Return to PBP Mgt Screen.  
Select OK to complete the  
update.



A message will confirm that  
your local databases have  
been updated to match HPMS;  
click on OK.



A Warning message will  
appear if the HPMS update file  
was not found.



# Basic PBP 2011 Data Entry and Functionality – Section B

## Section B

- Plan-specific Benefits Information
  - 18\* Service Categories
  - 52 Subcategories
    - **Medicare covered benefits**
    - **Enhanced benefits**
      - Mandatory and Optional Supplemental benefits covered by the plan, but not by Medicare

### \*B-20: Outpatient Prescription Drugs

ONLY for Cost contracts NOT offering Medicare Part D benefit



# Section B – ‘Big 8’ Category Questions

1. Enhanced (Mandatory or Optional Supplemental) benefits
2. Maximum Plan Benefit Coverage (for non-Medicare benefits only)
3. Maximum Enrollee Out-of-Pocket costs
4. Coinsurance (for Medicare and enhanced benefits)
  - Single amount
  - Min/Max range
  - Intervals

# Section B – ‘Big 8’ Category Questions

5. Deductible
6. Co-payments (for Medicare and enhanced benefits; separate office visit co-pay)
  - Single amount
  - Min/Max range
  - Intervals
7. Authorization
8. Referral
  - (Optional) Notes

## Section B – Cost Share Example

Go to Examples

# Basic PBP 2011 Data Entry and Functionality – Section C

## Section C

- Out-of-Network (OON) benefits
- Point of Service (POS) Option
- Visitor/Travel Program (V/T) - U.S.

*See Plan Data Entry matrix in CY 2011 Bid Submission User's Manual for PBP sections available by plan type*

## Section C – Out-of-Network

- OON service categories
  - PPO and ‘Full Network’ PFFS plans must offer same benefits In-Network and Out-of-Network
  - All other plan types that cover OON benefits (i.e., ‘Partial Network’ PFFS) may subset benefits using Category picklist

## Section C – Point of Service

- Type of benefit
  - Mandatory or Optional Supplemental
- Select service categories for POS
- Coverage Limit
- Enrollee Out-of-Pocket Cost Limit
- Deductible
- Authorization
- Referral



## Section C – Visitor/Travel

- Type of benefit
  - U.S. (Mandatory or Optional Supplemental)
- Coverage Limit
- Authorization
- Referral

# Section C – Cost Share Structure

- Inpatient Hospital
- Skilled Nursing Facility
  - Coinsurance / Co-payment options:
    - Medicare-defined costs
    - Single amount (per stay)
    - Intervals with varying costs
  - Deductible

# Section C – Cost Share Structure

- Outpatient Services (1-15 groups)
  - Group together categories that have the same cost shares
  - Coinsurance / Co-payment
    - Min/Max range
  - Deductible

# Section C – Cost Share Example

Go to Example

# Basic PBP 2011 Data Entry and Functionality – Section D

## Section D – Plan Level Costs

- Deductible
  - Maximum Enrollee Out-of-Pocket Cost
  - Maximum Benefit Coverage
    - applies to Non-Medicare benefits only
  - Plan Premium
  - Premium Reduction
  - Balance Billing (PFFS plans only)
- Only Cost plans  
(all other plans  
enter in MA-BPT)

## Section D – Plan Level Costs

- Plan-level Deductible: indicate service categories included
  - **Screens based on Plan type and Network indicator**
    - **Combined** (In-Network and OON)
    - **In-Network**
    - **Out-of-Network**
    - **General** (Non-Network)



## Section D – Plan Level Costs

- Plan-level Maximum Enrollee Out-of-Pocket Cost: indicate service categories EXCLUDED
  - **Screens based on Plan type and Network indicator**
    - **Combined** (In-Network and OON)
    - **In-Network**
    - **Out-of-Network**
    - **General** (Non-Network)

## Section D – Cost Share Example

Go to Example

## Section D – Opt Supp Packages

- Plan can create Optional Supplemental benefit packages
  - Enter pkg. premium and select categories
- For 9 categories, plan can enter data (similar to Section B screens)
  - Can COPY data from Section B category and make necessary changes for variation (Step-up) in benefit (e.g., 2 visits vs. 1 visit)
  - Out-of-Network data entry (similar to Section C-OON Group screens) available only for PPO's and other plans with OON benefits

# Basic PBP 2011 Data Entry and Functionality – Section Rx

# Section D – Opt Supp Packages

- 4 Part D coverage types:
  - Defined Standard – *minimal data entry*
  - Actuarially Equivalent – *moderate data entry*
  - Basic Alternative – *detailed data entry*
  - Enhanced Alternative – *detailed data entry*
- Only one Part D coverage type may be defined per plan

# Rx General Screen 1

- *Required Data Entry:*
  - Type of drug benefit
  - Number of Tiers (*except Defined Std.*)
  - Basic plan (*Enhanced Alt. only*)
  - Components of Pharmacy Network
    - *The locations selected here must agree with the locations selected on the Tier Locations Screen(s) or the General Location/Supply Screen*
  - Quantity Limits
  - Prior Authorization
  - Step Therapy

# Rx General Screen 2

- *Required Data Entry:*
  - OTCs under Utilization Mgt Program
  - Limited Access
  - Free first fill (*Basic and Enhanced Alt. only*)
  - Partial prescriptions
  - National prescription coverage



# Part D Benefit Data Entry Table

| Data Entry                          | Defined Std      | Actuarially Equivalent | Basic Alternative | Enhanced Alternative |
|-------------------------------------|------------------|------------------------|-------------------|----------------------|
| Deductible                          | Medicare-defined | Medicare-defined       | √                 | √                    |
| Excluded drug coverage              | N/A              | N/A                    | N/A               | √                    |
| Reduced Part D Cost Sharing         | N/A              | N/A                    | N/A               | √                    |
| Pre-ICL Coinsurance                 | Medicare-defined | √                      | √                 | √                    |
| Initial Coverage Limit (ICL)        | Medicare-defined | Medicare-defined       | √                 | √                    |
| Gap Coverage                        | N/A              | N/A                    | N/A               | √                    |
| Annual Out-of-Pocket Cost Threshold | Medicare-defined | Medicare-defined       | Medicare-defined  | Medicare-defined     |
| Cost Sharing Beyond Threshold       | Medicare-defined | √                      | √                 | √                    |
| Locations / Supply                  | √                | √ if no tiers          | √ if no tiers     | √ if no tiers        |

# Tiers

- Plan may describe up to 6 Tiers
- Plans should enter the Tier data in ascending order by cost share (e.g. Tier 1 should be lowest cost drugs, Tier 2 next lowest cost, ...and last Tier should be highest cost drugs)
- Tier number auto-generated
- Use Tier Copy function to copy Tier type, label, locations and days supply from Tier to Tier (in the Pre-ICL phase) if attributes are same across tiers
- Pre-ICL Tier Type, Label and Location attributes are pre-populated across the benefit (*i.e.*, *Gap*, *Catastrophic*)

# Tiers

- Tier Type screen
  - Tier Drug Type(s)
  - Tier Includes: Part D drugs and/or Excluded drugs
  - Injectable drugs only Tier
  - Specialty drug Tier
  - Exceptions Tier
- Tier Label screen
  - Tier label: Allowable selections based on drug tier type data entry

# Tiers

- Tier Location screen
  - Select Location(s) that apply for this Tier
  - Enter Supply amount(s) for each location
  - Plan MUST offer
    - At least one In-Network location
      - Either Retail Pharmacy OR Preferred/Non-Preferred Retail Pharmacy
        - » These are mutually exclusive
    - Out-of-Network Pharmacy
    - Long-Term Care Pharmacy

# Tier Cost Share

- Indicate type of cost sharing structure for the Tier
  - Coinsurance
  - Co-payment
  - Greater of Coinsurance and Co-payment
  - Lesser of Coinsurance and Co-payment*(only one type of cost sharing per Tier)*

# Tier Cost Share (Continued)

- Tier Coinsurance screen
  - Enter Coinsurance percentage for selected location / supply
- Tier Co-payment screen
  - Enter Copayment amount for selected location / supply

# Rx Section - Example

Go to Example

# Key Software Features to Complete the PBP



# Key Software Features

- File Backups
- Copy Plan (within year)
- Plan Maintenance
- PBP Reports
- SB Crosswalk
- Upload Plan(s)

*See PBP System Help and Bid User Manual for more info on the software features*

# PBP File Backups

- PBP provides Archive folder in PBP Installation directory
- Automatically stores backup of every upload and update file
- Backup files important for security, historical reference and to aid in root cause analysis of errors

## Copy Plan (*within year*)

- Click on ACTIONS in the menu bar. Then, select the Copy Plan option from the drop down menu

Or:

- Click on the <COPY PLAN> button in the tool bar
- Note: Only the applicable, similar sections will be copied. The copy functionality will not overwrite basic properties of the plan (e.g., if you copy an MA-PD to an MA, it will only copy the MA data and will NOT convert the plan to an MA-PD).

# Copy Plan (Within Year)

PBP Copy Plan

Step 1: Select Source Plan and Destination Plan(s)

|       |     |     |             |
|-------|-----|-----|-------------|
| Z0005 | 029 | 000 | A Completed |
| Z0022 | 005 | 001 | A Completed |
| Z0022 | 007 | 000 | A Completed |
| Z0096 | 002 | 000 | A Completed |
| Z0096 | 021 | 000 | A Completed |
| Z0086 | 005 | 000 | A Completed |
| Z0053 | 018 | 000 | A Completed |
| Z0053 | 033 | 000 | A Completed |
| Z0047 | 002 | 000 | A Completed |

To

|       |     |     |             |
|-------|-----|-----|-------------|
| Z0022 | 005 | 001 | A Completed |
| Z0022 | 006 | 000 | New         |
| Z0022 | 007 | 000 | A Completed |
| Z0096 | 001 | 000 | Incomplete  |
| Z0096 | 002 | 000 | A Completed |
| Z0096 | 003 | 000 | New         |
| Z0096 | 004 | 000 | New         |

Step 2: Select Copy Type

☐ Section A

☒ Section B

Select All

01: Inpatient Hospital Services  
02: Skilled Nursing Facility (SNF)  
03: Comprehensive Outpatient Rehabilitation Facility (CORF)  
04: Emergency Care/Urgently Needed Services  
05: Partial Hospitalization  
06: Home Health  
07: Health Care Professional Services

Section C: ☐ Out-Of-Network ☐ Point Of Service  
☐ Visitor/Travel - U.S.

☐ Section D

☐ Section Rx

Step 3: Assign Copied Plans to User(s)

☒ Assign all target plans to a specific user test

☐ Assign each target plan to the source plan user

☐ Keep the currently assigned user for each target plan

Step 4: Click to Copy

Go Copy Close

Progress:

Select the Source and Destination plans.

Select what you are copying.

Assign plans to users.

Click to copy.

# Plan Maintenance

- Reset Open Plan(s)
  - This function is especially useful when abnormal termination of PBP occurs (e.g., power failure, system lockup)
    - When PBP is restarted, a user cannot access any plans marked as Open: (\* = open plan)
      - these plans must be reset by Super User before data entry can continue

Step 2: Section A

| Plan ID | Plan Name         | Segment # | User    | Open | Status      |
|---------|-------------------|-----------|---------|------|-------------|
| 001     | Sunrise Plan      | 1         | Charlie | *    | Incomplete  |
| 002     | Sunrise Plus Plan | 2         | PBP     |      | A Completed |

# Plan Maintenance

Click on **ACTIONS** in the menu bar. Then, select the **Plan Maintenance** option from the drop down menu.

Or:

Click on the **<Plan Maintenance>** button in the tool bar.

**PBP Plan Maintenance**

| Contract/Plan ID | Assigned User | Plan Name                    | Open | Last Entry Date | Plan Completed |
|------------------|---------------|------------------------------|------|-----------------|----------------|
| Z5043002000      |               | MSA Demo MA-Only B           |      |                 | No             |
| Z5043003000      |               | MSA Demo MA-Only C           |      |                 | No             |
| Z5043004000      |               | MSA Demo MA-Only D           |      |                 | No             |
| Z5181001000      |               | MSA MA-Only A                |      |                 | No             |
| Z5325001000      |               | Susan's RFB Local PPO MA ... |      |                 | No             |
| Z5505003000      | mco3          | HMO MA-Only A                | *    | 02/22/2010      |                |
| Z5505004001      | mco3          | HMO MA-PD B EA               |      | 02/22/2010      | No             |
| Z5505004002      |               | HMO MA-PD B EA               |      |                 | No             |
| Z5505004003      |               | HMO MA-PD B EA               |      |                 | No             |
| Z5505004004      |               | HMO MA-PD B EA               |      |                 | No             |
| Z5505004005      |               | HMO MA-PD B EA               |      |                 | No             |
| Z5505005000      |               | HMO MA-Only C                |      |                 | No             |
| Z5505006000      |               | HMO MA-Only D                |      |                 | No             |

Assign Plan(s)  Reset Open Plan(s)

Highlight open plan to be reset.

Click on Reset Open Plan(s) button.

# PBP Data/History Reports

Click on Data/History Report.

The screenshot displays the 'PBP Management Screen' with a menu bar including File, Actions, Preferences, and Help. The 'Data/History Report' option is highlighted in the menu. A yellow arrow points from the instruction 'Click on Data/History Report.' to this menu item.

The main window shows a 'PBP Data and History Report' dialog box with three steps:

- Step 1: Select Plan(s)**: A table with columns: Contract/Plan ID, Assigned User, Open, Last Entry Date, Plan Ready for Upload, Section A Completed, Section B Completed, Section C Completed, Section D Completed, and Section Rx Completed. The row for Contract/Plan ID 'Z0596001000' is highlighted in blue.
- Step 2: Select Section(s)**: Checkboxes for Section A, B, C, and Rx. Section A is selected.
- Step 3: Select Section B Service Categories (if applicable)**: A list of service categories including Inpatient Hospital Services, Skilled Nursing Facility (SNF), Comprehensive Outpatient Rehabilitation Facility (CORF), Emergency Care/Urgently Needed Services, Partial Hospitalization, Home Health Services, Health Care Professional Services, and Outpatient Procedures, Tests, Labs & Radiology Services.

At the bottom, there are buttons for 'Generate Data Report' and 'Generate History Report', along with checkboxes for 'Import', 'Export', 'Plan Update', and 'Plan Upload'. A 'Close' button is also present.

Click on Generate Data Report.

Highlight plan(s), and select the sections and categories to display in the report.



# PBP Data Report

**PLAN BENEFIT PACKAGE (PBP) DATA ENTRY SYSTEM DATA REPORT**

Enrollee must receive Authorization from one : None  
or more of the following.

**SECTION B: #1A INPATIENT  
HOSPITAL-ACUTE - BASE 10**

Is a referral required for Inpatient Hospital - No  
Acute Services?

**SECTION B: #1B INPATIENT  
PSYCHIATRIC HOSP - BASE 1**

Do you offer any Mandatory or Optional No  
Supplemental Benefits?

Is there a service-specific Maximum Enrollee No  
Out-of-Pocket Cost?

**SECTION B: #1B INPATIENT  
PSYCHIATRIC HOSP - BASE 2**

Is there an enrollee Coinsurance? Yes  
Do you charge the Medicare-defined cost Yes  
shares?

**SECTION B: #1B INPATIENT  
PSYCHIATRIC HOSP - BASE 5**

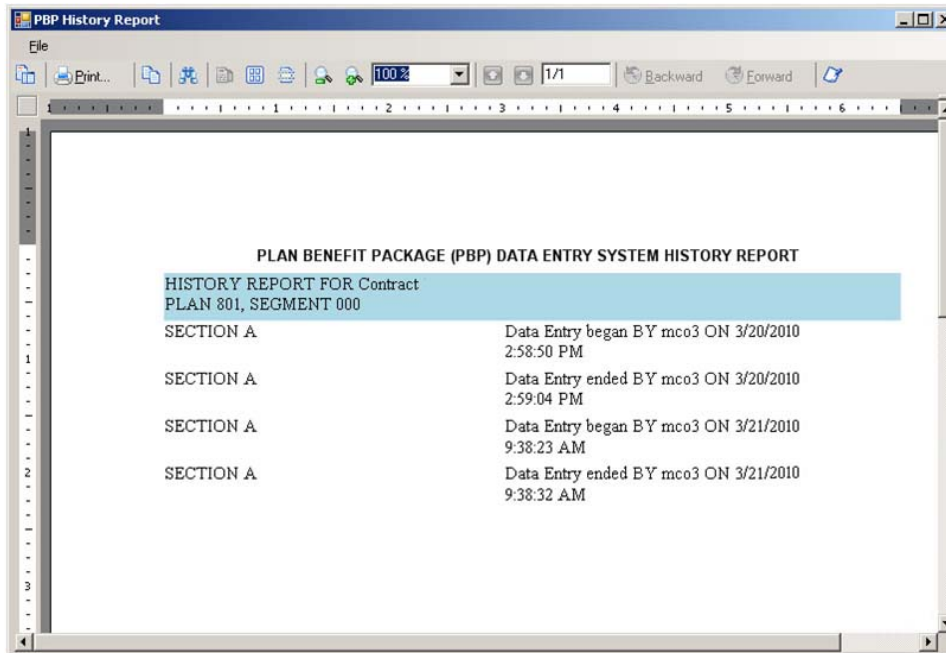
Is there an enrollee Deductible? No

**SECTION B: #1B INPATIENT  
PSYCHIATRIC HOSP - BASE 6**

- The Data Report displays the data that have been entered for a Section(s) or Service Category(ies). Only the questions that you responded to will display in the data report. Disabled questions will not be included in the report.



# PBP History Report



PLAN BENEFIT PACKAGE (PBP) DATA ENTRY SYSTEM HISTORY REPORT

HISTORY REPORT FOR Contract  
PLAN 801, SEGMENT 000

|           |   |
|-----------|---|
| SECTION A | Data Entry began BY mco3 ON 3/20/2010<br>2:58:50 PM |
| SECTION A | Data Entry ended BY mco3 ON 3/20/2010<br>2:59:04 PM |
| SECTION A | Data Entry began BY mco3 ON 3/21/2010<br>9:38:23 AM |
| SECTION A | Data Entry ended BY mco3 ON 3/21/2010<br>9:38:32 AM |

The History Report shows what data was entered, the date and time it was entered, and who completed the data entry.

# Summary of Benefits Report

- Summary of Benefits (SB)
  - Introduction + Plan sentences
  - SB Report in PBP
    - Select All, or select one or more SB categories
  - Plan sentences generated from data entered in SB-related variables
  - SB Categories linked to PBP subcategories
    - *See Bid Submission User's Manual for PBP-SB category list*
  - PBP-SB Crosswalk contains logic used to generate SB sentences
  - Certain SB sentences displayed on CMS websites (MOC & MPDPF)

# Summary of Benefits Report

PBP Management Screen

File Actions Preferences Help

Exit Copy Plan Data/History Report SB Report Plan Maintenance User Maintenance

Step 1: Select a Contract Number

Z0596 - Local PPO Org SS

Step 2: Section A

| Plan ID | Plan Name            |
|---------|----------------------|
| 001     | Local PPO MA-PD Q EA |
| 002     | Local PPO MA-PD O BA |
| 003     | Local PPO MA-PD P EA |

Step 3: Section B

Service Category

01: Inpatient Hospital Services

02: Skilled Nursing Facility (SNF)

Step 4: Section C

Section C - New

Step 7: Upload

Upload

Ready

PBP Summary of Benefits

Step 1: Select One or More Categories

- Introduction
- 1 - Premium and Other Important Information
- 2 - Doctor and Hospital Choice
- 3 - Inpatient Hospital Care
- 4 - Inpatient Mental Health Care
- 5 - Skilled Nursing Facility (SNF)
- 6 - Home Health Care
- 7 - Hospice
- 8 - Doctor Office Visits
- 9 - Chiropractic Services
- 10 - Podiatry Services
- 11 - Outpatient Mental Health Care
- 12 - Outpatient Substance Abuse Care
- 13 - Outpatient Services/Surgery

Select All Generate SB Report

Step 2: Display A Report

Introduction Summary of Benefits Clear All

Close

Report Status:

Click on the SB Report button, or on Actions, Reports, Summary of Benefits Report from the Menu Bar.

Select the categories.

Generate the report.

Once you have generated the report, you can either click to view the Introduction or the SB.

# Summary of Benefits Report

## Introduction

### **Introduction to the Summary of Benefits Report for MA-PD A/B DS (PPO)**

**January 1, 2011 - December 31, 2011**

#### **REGION 2**

---

Thank you for your interest in MA-PD A/B DS (PPO). Our plan is offered by SACRO-24 Local PPO, a Medicare Advantage Preferred Provider Organization (PPO). This Summary of Benefits tells you some features of our plan. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of our benefits, please call MA-PD A/B DS (PPO) and ask for the "Evidence of Coverage".

#### **YOU HAVE CHOICES IN YOUR HEALTH CARE**

---

As a Medicare beneficiary, you can choose from different Medicare options. One option is the Original (fee-for-service) Medicare Plan. Another option is a Medicare health plan, like MA-PD A/B DS (PPO). You may have other options too. You make the choice. No matter what you decide, you are still in the Medicare Program.

You may be able to join or leave a plan only at certain times. Please call MA-PD A/B DS (PPO) at the number listed at the end of this introduction or 1-800-MEDICARE (1-800-633-4227) for more information. TTY/TDD users should call 1-877-486-2048. You can call this number 24 hours a day, 7 days a week.

#### **HOW CAN I COMPARE MY OPTIONS?**

---

You can compare MA-PD A/B DS (PPO) and the Original Medicare Plan using this Summary of Benefits. The charts in this booklet list some important health benefits. For each benefit, you can see what our plan covers and what the Original Medicare Plan covers.

# Summary of Benefits Report

## Original Medicare and Plan Sentences

| Summary of Benefits Report<br>for Contract H5596, Plan 002 |   |   |
|--|---|---|
| Benefit Category   | Original Medicare   | MA-PD A/B DS (PPO)  |
| OUTPATIENT CARE  |   |   |
| 8 - Doctor Office Visits                                   | 20% coinsurance   | <p><b>In-Network</b></p> <p>\$10 copay for each primary care doctor visit for Medicare-covered benefits.</p> <p>\$20 copay for each in-area, network urgent care Medicare-covered visit.</p> <p>\$25 copay for each specialist visit for Medicare-covered benefits.</p> |
| 9 - Chiropractic Services                                  | <p>Routine care not covered</p> <p>20% coinsurance for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers.</p> | <p><b>In-Network</b></p> <p>\$15 copay for each Medicare-covered visit.</p>   |

# Summary of Benefits Crosswalk

- *Purpose:* Guide for understanding how sentences are generated
  - Organized by SB category and sentence
  - Provides step-by-step data entry (variables and values) that generate SB sentences
  - Displays variations in sentence wording based on differences in data entry

# Summary of Benefits Crosswalk

| PBP  | PBP Question  | PBP Answer                                   | SB/MOC Sentence   |
|------|---|--|---|
|      |   | ALL PLANS EXCEPT Exclusive Dual Eligible SNP |   |
| B-7a | Is there an enrollee Coinsurance?                                     | Yes  | <b>In-Network</b><br>\$___ to \$___ copay [or ___% to %___ of the cost] for each primary care doctor visit for Medicare-covered benefits. |
|      | Indicate Minimum Coinsurance percentage for Medicare-covered benefits | Min  |   |
|      | Indicate Maximum Coinsurance percentage for Medicare-covered benefits | Max  |   |
|      | <b>AND/OR</b>   |  |   |
|      | Is there an enrollee Copayment?                                       | Yes  |   |
|      | Indicate Minimum Copayment amount for Medicare-covered benefits       | Min  |   |
|      | Indicate Maximum Copayment amount for Medicare-covered benefits       | Max  |   |



# Upload Plan(s) - PBP

- Select Completed Plan(s) for Upload
  - Validate Bid
    - May validate one or more plans at a time
  - Verify SB
    - May only verify one plan at a time; when verifying, the SB introduction and SB sentences will be displayed
- Upload
  - May upload one or more plans at a time



# Upload Plan(s) - PBP

PBP Management Screen

File Actions Preferences Help

Copy Plan  
Copy Plan (from Previous Year)  
Import/Export  
Reports  
Update Plan Information  
Upload  
Plan Maintenance  
User Maintenance

SB Report Plan Maintenance User Maintenance

| Plan | User | Open | Status         |
|------|------|------|----------------|
| 00   | mco3 |      | Plan Comple... |
| 00   |      |      | New            |

Enter Data for Section A

Step 3: Section B

| Service Category               | Status    |
|--------------------------------|-----------|
| 17: Eye Exams/Eye Wear         | Completed |
| 18: Hearing Exams/Hearing Aids | Completed |

Enter Data for Section B

Step 4: Section C  
Section C - Completed

Step 5: Section D  
Section D - Completed

Step 6: Medicare Rx Drugs  
Section Rx - N/A

Step 7: Upload  
Upload

Ready

Select Actions, then Upload. Or use the Upload button.

# Upload Plan(s) - PBP

**PBP Plan Upload**

| Contract/Plan ID | Assigned User | Plan Name   | Last Entry Date | Plan Ready for Upload | Bid Validated | SB Verified  | Plan Uploaded    |
|------------------|---------------|-------------|-----------------|-----------------------|---------------|--------------|------------------|
| Z0000000000      | sacro1        | RFB PF...   | 04/27/2010      | Yes                   | Yes           | 04/29/201... | Not uploaded yet |
| Z2000000000      | john          | Sierra S... | 04/23/2010      | Yes                   | Pending       | Pending      | Not uploaded yet |
| Z2000000000      | sacro1        | Senior ...  | 04/23/2010      | Yes                   | Pending       | Pending      | Not uploaded yet |
| Z2000000000      | sacro1        | Senior ...  | 04/24/2010      | Yes                   | Pending       | Pending      | Not uploaded yet |
| Z2000000000      | sacro1        | Senior ...  | 04/24/2010      | Yes                   | Pending       | Pending      | Not uploaded yet |
| Z2000000000      | mary          | Basic G...  | 04/23/2010      | Yes                   | Pending       | N/A          | Not uploaded yet |
| Z2000000000      | mary          | Basic G...  | 04/23/2010      | Yes                   | Pending       | N/A          | Not uploaded yet |
| Z2000000000      | sacro1        | Senior ...  | 04/23/2010      | Yes                   | Pending       | Pending      | Not uploaded yet |
| Z2000000000      | sacro1        | Senior ...  | 04/23/2010      | Yes                   | Pending       | Pending      | Not uploaded yet |
| Z2000000000      | mary          | Basic G...  | 04/23/2010      | Yes                   | Pending       | N/A          | Not uploaded yet |
| Z2000000000      | mary          | Basic G...  | 04/23/2010      | Yes                   | Pending       | N/A          | Not uploaded yet |
| Z2000000000      | mary          | (NCY) B...  | 04/23/2010      | Yes                   | Pending       | N/A          | Not uploaded yet |
| Z4000000000      | mary          | Sierra O... | 04/23/2010      | Yes                   | Pending       | Pending      | Not uploaded yet |
| Z4000000000      | mary          | Sierra O... | 04/23/2010      | Yes                   | Pending       | Pending      | Not uploaded yet |

Progress:

Once the validation is complete, the validation status will change from Pending to Yes.

# Upload Plan(s) - PBP

- Bid Validation Errors and Warnings will display if plan(s) fail the Bid Validation checks



# Upload Plan(s) - PBP

PBP Plan Upload

| Contract/Plan ID | Assigned User | Plan Name   | Last Entry Date | Plan Ready for Upload | Bid Validated | SB Verified  | Plan Uploaded    |
|------------------|---------------|-------------|-----------------|-----------------------|---------------|--------------|------------------|
| Z0000000000      | sacro1        | RFB PF...   | 04/27/2010      | Yes                   | Yes           | 04/29/201... | Not uploaded yet |
| Z2000000000      | john          | Sierra S... | 04/23/2010      | Yes                   | Pending       | Pending      | Not uploaded yet |
| Z2000000000      | sacro1        | Senior ...  | 04/23/2010      | Yes                   | Pending       | Pending      | Not uploaded yet |
| Z2000000000      | sacro1        | Senior ...  | 04/24/2010      | Yes                   | Pending       | Pending      | Not uploaded yet |
| Z2000000000      | sacro1        | Senior ...  | 04/24/2010      | Yes                   | Pending       | Pending      | Not uploaded yet |
| Z2000000000      | mary          | Basic G...  | 04/23/2010      | Yes                   | Pending       | N/A          | Not uploaded yet |
| Z2000000000      | mary          | Basic G...  | 04/23/2010      | Yes                   | Pending       | N/A          | Not uploaded yet |
| Z2000000000      | sacro1        |             |                 |                       |               |              | Not uploaded yet |
| Z2000000000      | sacro1        |             |                 |                       |               |              | Not uploaded yet |
| Z2000000000      | mary          |             |                 |                       |               |              | Not uploaded yet |
| Z2000000000      | mary          |             |                 |                       |               |              | Not uploaded yet |
| Z2000000000      | mary          |             |                 |                       |               |              | Not uploaded yet |
| Z2000000000      | mary          |             |                 |                       |               |              | Not uploaded yet |
| Z4000000000      | mary          |             |                 |                       |               |              | Not uploaded yet |
| Z4000000000      | mary          | Sierra P    | 04/23/2009      | Yes                   | Pending       | Pending      | Not uploaded yet |

**Warning**

Does Contract Z0204, Plan 001 pass verification for Upload?

Yes No

Beginning SB Verification process...

Validate Bid Review SB Cancel Upload Plan(s) Close

When you verify the SB, this question will appear.

Click Yes to proceed.



# Upload Plan(s) - PBP

**PBP Plan Upload**

| Contract/Plan ID | Assigned User | Plan Name   | Last Entry Date | Plan Ready for Upload | Bid Validated | SB Verified         | Plan Uploaded    |
|------------------|---------------|-------------|-----------------|-----------------------|---------------|---------------------|------------------|
| Z0000000000      | sacro1        | RFB PF...   | 04/27/2010      | Yes                   | Yes           | 04/29/2010(2010.01) | Not uploaded yet |
| Z2000000000      | john          | Sierra S... | 04/23/2010      | Yes                   | Pending       | Pending             | Not uploaded yet |
| Z2000000000      | sacro1        | Senior ...  | 04/23/2010      | Yes                   | Pending       | Pending             | Not uploaded yet |
| Z2000000000      | sacro1        | Senior ...  | 04/24/2010      | Yes                   | Pending       | Pending             | Not uploaded yet |
| Z2000000000      | sacro1        | Senior ...  | 04/24/2010      | Yes                   | Pending       | Pending             | Not uploaded yet |
| Z2000000000      | mary          | Basic G...  | 04/23/2010      | Yes                   | Pending       | N/A                 | Not uploaded yet |
| Z2000000000      | mary          | Basic G...  | 04/23/2010      | Yes                   | Pending       | N/A                 | Not uploaded yet |
| Z2000000000      | sacro1        | Senior ...  | 04/23/2010      | Yes                   | Pending       | Pending             | Not uploaded yet |
| Z2000000000      | sacro1        | Senior ...  | 04/23/2010      | Yes                   | Pending       | Pending             | Not uploaded yet |
| Z2000000000      | mary          | Basic G...  | 04/23/2010      | Yes                   | Pending       | N/A                 | Not uploaded yet |
| Z2000000000      | mary          | Basic G...  | 04/23/2010      | Yes                   | Pending       | N/A                 | Not uploaded yet |
| Z2000000000      | mary          | (NCY) B...  | 04/23/2010      | Yes                   | Pending       | N/A                 | Not uploaded yet |
| Z4000000000      | mary          | Sierra D... | 04/23/2010      | Yes                   | Pending       | Pending             | Not uploaded yet |
| Z4000000000      | mary          | Sierra D... | 04/23/2010      | Yes                   | Pending       | Pending             | Not uploaded yet |

Progress:

Highlight plan(s) then click Upload Plans.

Note: Remember to specify the file path for the BPT worksheets

- Zip file called UPLD2011\_date/time.ZIP is created

# Upload Plan(s) - HPMS

- Uploading to HPMS
  - Step 1: After creating your zip file and clicking on the <OK> button, the browser is launched to access the HPMS Web site
  - Step 2: Log on to HPMS and complete Upload steps

# Upload Plan(s) - HPMS

To Finish the Upload process in the PBP  
PBP Upload Confirmation screen

**Bid Upload**

If your upload was successful but you don't have the confirmation number, you can obtain the confirmation number either by waiting for your confirmation e-mail or contact the PBP Help Desk.

☒ Upload was successful. The Upload confirmation number is :

☐ Upload was NOT Successful

Enter your confirmation number and click Return to Upload.

[Return to Upload](#)

# Review Upload Status - HPMS

Review the status of your uploads in HPMS

**HPMS**

**Bid 2010**  
[Home](#)

## Review Upload Status

Please note that a green check (✓) indicates the step has been completed for this contract/plan/segment.

| Contract | Plan | Segment | Plan Name       | Service Area Verification | Plan Crosswalk | Formulary Crosswalk | Latest Actuarial Certification |     | 2-Year Lookback | Bid Submission                   | Substantiation |
|----------|------|---------|-----------------|---------------------------|----------------|---------------------|--------------------------------|-----|-----------------|----------------------------------|----------------|
|          |      |         |                 |                           |                |                     | MA                             | PD  |                 |                                  |                |
| Z0001    | 001  | N/A     | TEST CONTRACT 1 | Concurred                 | ✓              |                     |                                |     | N/A             | Plan Uploaded, but Not Processed | No             |
| Z0002    | 002  | N/A     | TEST CONTRACT 2 | Concurred                 |                | N/A                 |                                | N/A | N/A             |                                  | No             |

[Back](#)

[Go To: Bid 2010 Start Page](#)



# HPMS Bid Reports

## (Available under Plan Bids)

# HPMS – PBP Reports

## PBP Reports available:

- PBP Benefits Report (*Section B data*)
- PBP Out-of-Network, Point of Service, Visitor/Travel Benefits Report (*Section C data*)
- Plan Level Cost Shares and Limits Report (*Section D data*)
- PBP Part D Benefits Report (*Rx data*)
- PBP Part D Benefits Highlight Report (*Rx data summary*)
- PBP Optional Supplemental Benefit Report
- PBP Notes Report
- Medicare Benefit Description Report
- Service Category Report

# HPMS – SB/Status Reports

## SB Reports:

- Summary of Benefits Report

## Bid Status Reports:

- Submission Status Report
- Bid Status History report
  - Provides upload, unload, and sent to Desk Review status

# HPMS – Contract Management Reports

- Service Area Report:
  - Contract Service Area, Plan Service Area, Plan Segment Service Area
- Contract and Plan Information Report:
  - Outlines contract level information (e.g., Org. Type, Org. Geographic Name, Corporate Website, etc) and includes contract level and plan level contacts
- Plan Crosswalk Report:
  - To view after bid submission. This report shows the crosswalk of CY2010 to CY2011 plans and what counties were added/reduced

# PBP & SB Contacts

# PBP Contact List

## **PBP Software Technical Issues:**

- Sara Silver 410-786-3330

[sara.silver@cms.hhs.gov](mailto:sara.silver@cms.hhs.gov)

## **PBP/HPMS Technical Help Desk:**

- Help Desk 800-220-2028

[hpms@cms.hhs.gov](mailto:hpms@cms.hhs.gov)

## **MA Benefit Operations & Policy Issues (MA PBP):**

- Dale Summers (Ops) 410-786-5135
- Marty Abeln (Policy) 410-786-1032
- Russell Hendel (Policy) 410-786-0329

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## **MA Marketing Operations & Policy Issues (MA SB):**

- Elizabeth Jacob 410-786-8658
- Anne Manley 410-786- 1096

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[anne.manley@cms.hhs.gov](mailto:anne.manley@cms.hhs.gov)

## **Part D Benefit Operations & Policy Issues (Part D PBP):**

- Rosalind Abankwah 410-786-2012
- Frank Tetkoski 410-786-5233

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[frank.tetkoski@cms.hhs.gov](mailto:frank.tetkoski@cms.hhs.gov)

## **Part D Marketing Operations & Policy Issues (Part D SB):**

- Rosalind Abankwah 410-786-2012
- Christine Hinds 410-786-4578

[rosalind.abankwah@cms.hhs.gov](mailto:rosalind.abankwah@cms.hhs.gov)

[christine.hinds@cms.hhs.gov](mailto:christine.hinds@cms.hhs.gov)