

CY 2027 List of Changes – 60 Day PRA Package

Contract Year (CY) 2027 PBP Changes

Overall

1. Date references throughout PBP pages and screens are updated to reflect CY 2027. Bid submission and formulary-related due dates will be updated to reflect CY 2027 deadlines, where appropriate.

SOURCE: CMS Policy

PBP SCREEN/CATEGORY: All

DOCUMENT: All

PAGE(S): All

CITATION: 42 CFR 422.256

REASON WHY CHANGE IS NEEDED: To update the contract year references and bid-related deadlines throughout the software.

IMPACT BURDEN: No Impact

General Setup / Benefit Offerings / Plan Level Cost Sharing

1. Three questions related to whether D-SNPs are buying down the nominal Part D low-income payments are being added to the Plan Characteristics page.

SOURCE: CMS Policy

PBP SCREEN/CATEGORY: All

DOCUMENT: Appendix_C_PBP2027_General Setup.pdf

PAGE(S): 2

CITATION: 42 CFR 422.256

REASON WHY CHANGE IS NEEDED: Clarify benefit offerings

IMPACT BURDEN: Low Impact

2. A checkbox will be added for a new Medicare service category 11c3 Diabetic Monitors.

SOURCE: CMS Policy

PBP SCREEN/CATEGORY: Benefit Offerings - Medicare Services

DOCUMENT: Appendix_C_PBP2027_General Setup.pdf

PAGE(S): 7

CITATION: 42 CFR 422.256

REASON WHY CHANGE IS NEEDED: Clarify benefit offerings

IMPACT BURDEN: Low Impact

Cost Share Groups

1. A new question asking users to specify which service categories from Additional MA UF and/or SSBCI benefits packages are included in the Combined Supplemental Benefit (CSB) group will be added to the CSB Add New Group page.

SOURCE: CMS Policy

PBP SCREEN/CATEGORY: Combined Supplemental Benefits - Add New Group
DOCUMENT: Appendix_C_PBP2027_Cost Share Groups
PAGE(S): 5
CITATION: 42 CFR 422.256
REASON WHY CHANGE IS NEEDED: Clarify benefit offerings
IMPACT BURDEN: Low Impact

2. Two questions related to maximum plan benefit and shared visit/trip limits will be added to the CSB Add New Group page:

- “Are the benefits combined such that a single benefit maximum available to all enrollees in the benefit details section is extended to an SSBCI or MA UF benefit for eligible enrollees?”
- “Are the benefits combined such that a single visit or trip limit available to all enrollees in the benefit details section is extended to an SSBCI or MA UF benefit for eligible enrollees?”

SOURCE: CMS Policy
PBP SCREEN/CATEGORY: Combined Supplemental Benefits - Add New Group
DOCUMENT: Appendix_C_PBP2027_Cost Share Groups
PAGE(S): 6
CITATION: 42 CFR 422.256
REASON WHY CHANGE IS NEEDED: Clarify benefit offerings
IMPACT BURDEN: Low Impact

Benefit Details

1. Service Category 3: Cardiac and Pulmonary Rehabilitation Services. Max plan benefit questions (Is there a maximum plan benefit coverage amount, amount, and periodicity) will be added to Non-Medicare covered benefits in this service category (3-1, 3-2, 3-3, and 3-4).

SOURCE: CMS Policy
PBP SCREEN/CATEGORY: 3-1 - Additional Cardiac Rehabilitation Services; 3-2 - Additional Intensive Cardiac Rehabilitation Services; 3-3 - Additional Pulmonary Rehabilitation Services, 3-4 - Additional SET for PAD Services
DOCUMENT: Appendix_C_PBP2027 Benefit Details - Service Categories 1-10
PAGE(S): 54, 58, 62, 66
CITATION: 42 CFR 422.256
REASON WHY CHANGE IS NEEDED: Clarify benefit offerings
IMPACT BURDEN: Low Impact

2. Service Category 7j: Plans selecting standard bid for In-Network Service categories will be able to select additional telehealth benefits as applicable.

SOURCE: CMS Policy
PBP SCREEN/CATEGORY: 7j - Additional Telehealth Benefits
DOCUMENT: Appendix_C_PBP2027 Benefit Details - Service Categories 1-10
PAGE(S): 151
CITATION: 42 CFR 422.256
REASON WHY CHANGE IS NEEDED: Clarify benefit offerings
IMPACT BURDEN: Low Impact

3. A new service category 11c3 Diabetic Monitors is being added with questions and screens similar to 11c1 and 11c2.

SOURCE: CMS Policy

PBP SCREEN/CATEGORY: 11c3 - Diabetic Monitors

DOCUMENT: Appendix_C_PBP2027 Benefit Details - Service Categories 11-15

PAGE(S): 22

CITATION: 42 CFR 422.256

REASON WHY CHANGE IS NEEDED: Clarify benefit offerings

IMPACT BURDEN: Low Impact

4. Service Category 14c4 Fitness Benefit - "Fitness Equipment or Kit" is being added as a new option for selection under "Indicate the type(s) of fitness benefits offered (check all that apply)"

SOURCE: CMS Policy

PBP SCREEN/CATEGORY: 14c4 - Fitness Benefit

DOCUMENT: Appendix_C_PBP2027 Benefit Details - Service Categories 11-15

PAGE(S): 86

CITATION: 42 CFR 422.256

REASON WHY CHANGE IS NEEDED: Clarify benefit offerings

IMPACT BURDEN: Low Impact

5. 15-1 Medicare Part B Insulin Drugs - PPO plans will be permitted to select yes to the question "Does the Part B drugs - Insulin cost sharing count towards any plan-level deductible?" if the plan is offering a deductible that is greater than 0.

SOURCE: CMS Policy

PBP SCREEN/CATEGORY: 15-1 - Medicare Part B Insulin Drugs

DOCUMENT: Appendix_C_PBP2027 Benefit Details - Service Categories 11-15

PAGE(S): 196

CITATION: 42 CFR 422.256

REASON WHY CHANGE IS NEEDED: Clarify benefit offerings

IMPACT BURDEN: Low Impact

6. Two questions related to maximum plan benefit coverage are being added to 18c Hearing Aids:

- "Select the Maximum Plan Benefit Coverage type
 - Covered under Hearing Exam Category (18a)
 - Covered under Prescription Hearing Aids Category (18b)
 - Plan-specified amount per period"
- "Is the enrollee required to choose between coverage for 18b Prescriptions Hearing Aids or 18c: Hearing Aids, but not both" (yes/no)

SOURCE: CMS Policy

PBP SCREEN/CATEGORY: 18c - OTC Hearing Aids

DOCUMENT: Appendix_C_PBP2027 Benefit Details - Service Categories 16-20

PAGE(S): 140

CITATION: 42 CFR 422.256

REASON WHY CHANGE IS NEEDED: Clarify benefit offerings

IMPACT BURDEN: Low Impact

UF-SSBCI

1. For MA UF and SSBCI Reduction in Cost Sharing and Additional Benefits packages, plans will be able to list up to 10 "Other" chronic conditions/disease states (an increase from 5 in CY 2026). Five "Other" options are being added to the chronic conditions/disease states picklist. Users will be required to enter a description of 100 characters for each chronic condition/disease state added.

Source: CMS Policy

PBP SCREEN/CATEGORY: Reduction in Cost Sharing and Additional Benefits Packages

DOCUMENT: Appendix_C_PBP2027 UF-SSBCI Packages.pdf

PAGE(S): 3, 4, 9, and 27

CITATION: 42 CFR 422.256

REASON WHY CHANGE IS NEEDED: Provide more flexibility in describing disease states/chronic conditions

IMPACT BURDEN: Low Impact

2. For SSBCI Additional Benefits packages, if the plan selects "Food and Produce (13i1)" in the "Select all the Non-Medicare-covered additional benefits offered in this package" picklist, plans will be asked to enter "mode of delivery" for Food and Produce (13i1). The following question will be added:

Indicate mode of delivery for Food and Produce (Required)

- ☐ Reimbursement
- ☐ Debit Card
- ☐ Claims Processing
- ☐ Catalogue Purchase
- ☐ Other

If the user selects the other option, then a text box should be enabled for the user to enter the description of other. Limit text to 200 characters

Source: CMS Policy

PBP SCREEN/CATEGORY: SSBCI Additional Benefits packages

DOCUMENT: Appendix_C_PBP2027 UF-SSBCI Packages.pdf

PAGE(S): 28

CITATION: 42 CFR 422.256

REASON WHY CHANGE IS NEEDED: Clarify benefit offerings

IMPACT BURDEN: Low Impact

Section Rx

1. The following text will be added to the Rx Setup screen: "A plan should specify both standard and preferred mail-order cost sharing if it will require different cost sharing amounts at different mail-order locations, even if both standard and preferred mail-order pharmacies are not currently included in its network."

SOURCE: CMS Policy

PBP SCREEN/CATEGORY: Rx Setup

DOCUMENT: Appendix_C_PBP2027 Section Rx.pdf

PAGE(S): 1

CITATION: 42 CFR 422.256

REASON WHY CHANGE IS NEEDED: Provide guidance to users

IMPACT BURDEN: No Impact

2. In Rx Insulin screens- A read only 'Initial Coverage Phase 1-month Coinsurance' field will be added to this page for each location supply to display the amount entered in the Initial Coverage Phase for the corresponding tier.

SOURCE: CMS Policy

PBP SCREEN/CATEGORY: Rx Insulin Tier Screen

DOCUMENT: Appendix_C_PBP2027 Section Rx.pdf

PAGE(S): 22

CITATION: 42 CFR 422.256

REASON WHY CHANGE IS NEEDED: Provide guidance to users

IMPACT BURDEN: No Impact

3. In Rx Notes- The character limit for the Rx notes field is being expanded from 225 characters to 300 characters.

SOURCE: CMS Policy

PBP SCREEN/CATEGORY: Rx Notes

DOCUMENT: Appendix_C_PBP2027 Section Rx.pdf

PAGE(S): 20

CITATION: 42 CFR 422.256

REASON WHY CHANGE IS NEEDED: Allow users to provide additional detail

IMPACT BURDEN: No Impact

4. The notes box and onscreen instruction underneath "Indicate the area(s) throughout the Part D benefit where the increase in actuarial value of benefits is reflected" is being removed that displayed when user selected "Reduced Initial Coverage Phase cost shares" is being removed.

SOURCE: CMS Policy

PBP SCREEN/CATEGORY: Rx Cost Share

DOCUMENT: Appendix_C_PBP2027 Section Rx.pdf

PAGE(S): 5

CITATION: 42 CFR 422.256

REASON WHY CHANGE IS NEEDED: Reduce burden

IMPACT BURDEN: Reduce Burden

5. The Zero-Dollar Cost-Sharing Attestation will be modified and/or an new attestation will be added related to D-SNPs buying down the nominal Part D low-income payments.

SOURCE: CMS Policy

PBP SCREEN/CATEGORY: Medicare Rx Attestations

DOCUMENT: Appendix_C_PBP2027 Section Rx.pdf

PAGE(S): 18

CITATION: 42 CFR 422.256

REASON WHY CHANGE IS NEEDED: Allow plans to attest to policy

IMPACT BURDEN: Low Impact

Formulary Changes

1. CMS is proposing revisions to the Prior Authorization File to standardize data entry. Fields under consideration for standardization include Age Restriction, Prescriber Restrictions, and Coverage Duration.

As part of these efforts, CMS is also assessing methods to ensure requirements within a Prior Authorization Group Description (PAGD) apply to all RxCUIs associated with the PAGD. This includes limiting the PA criteria submission to a single ingredient and submitting requirements at the indication level. To align with ingredient- and indication-based PA criteria, CMS is proposing movement of the PA Criteria Change Indicator to the Formulary File, removal of the Off-label Uses field, and addition of a Prior Authorization Group Indication field. CMS is also proposing to reduce the character count of the Other Criteria and Required Medical Information fields.

CMS is considering the use of NPPES Taxonomy codes, SNOWMED CT codes, MeSH codes and/or RxNORM data to validate these fields.

Source: Internal

Formulary SCREEN/CATEGORY: N/A

DOCUMENT: Appendix_C_CY2027_PA_Record_Layout.pdf

PAGE(S): 3

CITATION: Lessons learned

REASON WHY CHANGE IS NEEDED: To improve the efficiency of the prior authorization (PA) submission and review process, and to enhance the transparency of PA requirements for beneficiaries and providers

IMPACT BURDEN: Minor impact for plans

2. To facilitate standardization of the Prior Authorization File, CMS is proposing to move the PA Criteria Change Indicator to the Formulary File. Additionally, CMS is proposing a new validation for this field to ensure option 2 is selected for drugs subject to Indication Based Coverage.

Source: Internal

Formulary SCREEN/CATEGORY: N/A

DOCUMENT: Appendix_C_CY2027_Formulary_Layout.pdf

PAGE(S): 5

CITATION: Lessons learned

REASON WHY CHANGE IS NEEDED: To improve the efficiency of the prior authorization (PA) submission and review process, and to enhance the transparency of PA requirements for beneficiaries and providers

IMPACT BURDEN: Minor impact for plans

MTMP Changes

N/A