Plan Benefit Package (PBP)
CY 2020 Software Changes

PBP CY 2020 Training Agenda

Objective: Focus on CY 2020 Technical Changes

- Describe Key PBP Software Changes

- Describe Key MMP Changes

- Describe Key VBID Changes and MA Uniformity Flexibility Additions

PBP CY 2020
General Changes

PBP CY 2020 General Changes

- The PBP software has been updated to restrict semi-colons (;), greater than (>), or less than (<) signs in all PBP Notes fields.

- The PBP has been updated to collect cost sharing information for the new Special Supplemental Benefits for the Chronically Ill (SSBCI) benefit. Plans that offer SSBCI will be able to include this information in Section B-19: VBID/MA Uniformity Flexibility/SSBCI.

PBP CY 2020
Section A Changes

PBP CY 2020 Section A

- The PBP software has been updated to populate the referral questions for B1a, B1b, and B2 when standard bid is selected for Section B in Section A.

- If a plan selects "Yes" to the question, "Is your organization filing a standard bid for Section B of the PBP?" on the Section A-5 screen, 14e6: Other Medicare-covered Preventive Services will not be populated with a 20% coinsurance.

- If a plan selects "Yes" to the question, "Is your organization filing a standard bid for Section B of the PBP?" on the Section A-5 screen, new Medicare Covered category B7k Opioid Treatment Services will be populated with 20% coinsurance.

PBP CY 2020
Section B Changes

Updated Section B – Cost Share Limits

Service Category	PBP Location	Voluntary MOOP	Mandatory MOOP
Inpatient Hospital – Acute - 60 Days	1a	N/A	$4,777
Inpatient Hospital – Acute - 10 Days	1a	$2,721	$2,177
Inpatient Hospital – Acute - 6 Days	1a	$2,461	$1,969
Inpatient Hospital Psychiatric - 60 Days	1b	$3,048	$2,438
Inpatient Hospital Psychiatric - 15 Days	1b	$2,204	$1,763
SNF-First 20 days	2	$20/day	$0/day
SNF-Days 21-100	2	$178/d	$178/d
Cardiac Rehabilitation Services	3	$50	$50
Intensive Cardiac Rehabilitation Services	3	$100	$100
Pulmonary Rehabilitation Services	3	$30	$30
Supervised exercise therapy (SET) for Symptomatic peripheral artery disease (PAD)	3	$30	$30
Emergency Care/Post Stabilization Care	4a	$120	$90
Urgently Needed Services	4b	$65	$65
Partial Hospitalization	5	$55/day	$55/day
Home Health	6a	20% or $35	$0
Primary Care Physician	7a	$35	$35

Updated Section B – Cost Share Limits 2

Service Category	PBP Location	Voluntary MOOP	Mandatory MOOP
Chiropractic Care	7b	$20	$20
Occupational Therapy	7c	$40	$40
Physician Specialist	7d	$50	$50
Psychiatric and Mental Health Specialty Services	7e & 7h	$40	$40
Physical Therapy and Speech-language Pathology	7i	$40	$40
Therapeutic Radiological Services	8b	20% or $60	20% or $60
DME-Equipment	11a	N/A	20%
DME-Prosthetics	11b	N/A	20%
DME-Medical Supplies	11b	N/A	20%
DME-Diabetes Monitoring Supplies	11c	N/A	20% or $10
DME-Diabetic Shoes or Inserts	11c	N/A	20% or $10
Dialysis Services	12	20% or $30	20% or $30
Part B Drugs-Chemotherapy	15	20% or $75	20% or $75
Part B Drugs-Other	15	20% or $50	20% or $50

Section B-1 and B-2

- "What is your Inpatient Hospital-Acute benefit period?" question will be enabled and must be answered even if the Medicare covered benefit is offered at no cost.

- "What is your Inpatient Hospital Psychiatric benefit period?" question will be enabled and must be answered even if the Medicare covered benefit is offered at no cost.

Section B-2

- "What is your SNF benefit period?" question will be enabled and must be answered even if the Medicare covered benefit is offered at no cost.

Section B-3

- The PBP software has been updated to include new Supervised Exercise Therapy (SET) for Symptomatic Peripheral Artery Disease (PAD) - SET for PAD Medicare and Non-Medicare covered services in Section B3. The on screen note from the CY2019 PBP software is removed.

- Cost share limitations have been updated for this section.

  - If offering the Maximum Out-of-Pocket (MOOP) at the Voluntary or Mandatory amount, cost shares for SNF will be limited as follows:

  - Cardiac Rehabilitation $50, Intensive Cardiac Rehabilitation $100, Pulmonary Rehabilitation $30, SET for PAD $30

Section B-7j and B-7k

B-7j: Additional Telehealth

- The PBP software has been updated to include a new Medicare-covered B7j: Additional Telehealth section. It will allow plan users to offer Additional Telehealth services for any Medicare-covered benefit. Although it is a Medicare-covered benefit, it will be optional for plans.

B-7k: Opioid Treatment Services

- The PBP software has been updated to include a new Medicare-covered B7k: Opioid Treatment Services section, including separate data entry fields for Coinsurance, Copayment, Deductible, Maximum Enrollee Out-of-Pocket Cost, Authorization, Referral, and Notes. It will be mandatory for plans.

Section B-10b

- The PBP software has been updated to modify Plan Approved Location to Plan Approved Health-related Location.

- The PBP software has been updated to add to Rideshare Services to PBP category B10b Transportation for Plan Approved Health-related Location and Any Health-related Location.

Section B-13c

- The PBP software has been updated to modify the B13c Meal Benefit question to read "Does the plan provide a limited duration Meal Benefit as a supplemental benefit under Part C? Note: Only primarily health-related meals offered in accordance with Chapter 4 of the MMCM should be entered in this section."

Section B-14b and B-14c

B-14b: Annual Physical Exam

- The PBP software has been updated to allow SNP plans to select B14b Annual Physical Exam as a supplemental benefit.

B-14c: Other Defined Supplemental Benefits

- The PBP software has been updated to change the name of Section B14c to "Other Defined Supplemental Benefits"

- The PBP software has been updated to include new supplemental benefits in 14c. They are Therapeutic Massage, Adult Day Health Services, Home-Based Palliative Care, In-Home Support Services, and Support for Caregivers of Enrollees. These new benefits include separate data entry fields for Coinsurance, Copayment, Maximum Plan Benefit, Maximum Enrollee Out-of-Pocket Cost, and Notes

Section B-15

- The PBP software has been updated to include a new Step Therapy Question for Part B plans offering a drug benefit in Section B15. The plan must then indicate if the benefit steps up in any of the following ways: Part B to Part B, Part B to Part D, Part D to Part B. MA only plans must offer Part B to Part B.

Section B-16a

- The PBP software has been updated to include minimum and maximum coinsurance and copayment range fields for office visits in Section B16a.

PBP CY 2020
Section C Changes

Section C

- The Medicare-covered Service Category picklists have been updated to include new Medicare covered benefits 7j Additional Telehealth and 7k Opioid Treatment.

- The Non-Medicare-covered Service Category picklists have been updated to list each new benefit from Section B-14c: Other Defined Supplemental Benefits including Therapeutic Massage, Adult Day Health Services, Home-Based Palliative Care, In-Home Support Services, and Support for Caregivers of Enrollees.

- B7j Additional Telehealth will not be allowed as part of an OON or POS group.

**PBP CY 2020
Section D Changes**

Section D

- The PBP software has been updated to require all EGWP plans, except for MSA EGWP Plans, to enter responses to "Are you using any of your plan's MA rebates to reduce the Part B Premium?" and "Indicate the Part B Premium reduction amount:" premium amounts in Section D since they do not submit a BPT with their bid.
- B7 Additional Telehealth will not be allowed as part of an Optional Supplemental package.

PBP CY 2020
Section Rx Changes

Section Rx

- The PBP software has been updated to include new guidance on entering Out-of-Network cost sharing in Section Rx.
  - Indicate the Out-of-Network (OON) cost-sharing structure for this plan:
  - Standard Retail Copay/Coinsurance (no differential)*
  - Standard Retail Copay/Coinsurance plus a differential between the OON billed charge and the Standard Retail allowable**
  - Standard Retail Copay/Coinsurance with limited days supply
    - *If a plan chooses this option and does not utilize either a differential in cost-sharing or a differential in days supply for OON coverage, CMS' expectation is that the plan is monitoring for appropriate OON use with either a post authorization process or alternative review tool.
    - **CMS will pay the OON differential, as applicable, for appropriate OON purchases of covered Part D drugs for individuals receiving the low-income subsidy.

Section Rx - Cont

- The PBP software has been updated to include a new mandatory Section Rx question about indication-based formulary design. "Will your plan be limiting on-formulary coverage of drugs to certain indications (i.e., are you implementing indication-based formulary design)?" on the Medicare Rx General 2 screen.

- The PBP software has been updated to modify the Benefit Description and Service Category description for Section Rx to clarify the Part D benefit to the plan.

Medicare-Medicaid Plans
CY 2020 PBP Changes

MMP – PBP (Section Rx)

- The edit rules for maximum cost sharing amounts for MMPs drug tiers have been updated as follows:
    - For a Generic only tier: The Maximum allowable copay is $3.60
    - For a Brand only tier: The Maximum allowable copay is $8.95
    - For a Non-Medicare drugs only tier: No validations
    - For a Combination (Brand & Generic) tier: The Maximum allowable copay is $8.95
    - For a Combination (Medicare & Non-Medicare drugs) tier: The Minimum and Maximum copay must both be $0.

VBID/UF/SSBCI/SSBCI CY 2020 PBP Changes

VBID/UF/SSBCI – PBP (Section B-19)

- Section B-19: VBID/ MA Uniformity Flexibility has been renamed B-19: VBID/MA Uniformity Flexibility/SSBCI and updated to allow plans to include Special Supplemental Benefits for the Chronically Ill along with the already existing UF and VBID benefits. Only one SSBCI package is allowed in 19a and 19b. SSBCI Packages do not select disease states.

  - Note: If a plan includes any combination of UF, VBID, and/or SSBCI benefits, the user will be able to note whether a package is a UF, VBID, or SSBCI package.

- The following plan types will be allowed to offer SSBCI: HMO; HMOPOS; LPPO; PSO; RFB HMO; RFB HMOPOS; RFB LPPO; RPPO; RFB PSO; PFFS Non-Network; PFFS Partial Network; PFFS Full Network; RFB PFFS Non-Network; PFFS Partial Network; PFFS Full Networks; Employer/Union Only Direct PFFS Non-Network; Employer/Union Only Direct PFFS Partial Network; Employer/Union Only Direct PFFS Full Networks; Employer/Union Only Direct LPPO; and MMP.

VBID/UF/SSBCI – PBP (Section B-19) - Cont

- The PBP software has been updated to include new questions regarding disease states for UF plans. The questions are "Does the enrollee need to have all diseases selected to qualify? Y/N" and "Does the enrollee have to have a combination of diseases selected to qualify? Y/N" will be added for all packages in 19a and 19b.

- The PBP software has been updated to include new VBID Interventions for selection in B19a and B19b. They are Original Value-Based Insurance Design Flexibilities, Value Based Insurance Flexibility by Socioeconomic Status, Medicare Advantage Rewards and Incentives Programs, and Telehealth Networks.

    - Note: A VBID plan must offer at least one 19a or 19b VBID package if they select either Original Value-Based Insurance Design Flexibilities or Value Based Insurance Flexibility by Socioeconomic Status interventions.

VBID/UF/SSBCI – PBP (Section B-19) - Cont

- The PBP software has been updated to include notes fields that must be entered if a VBID package indicates they are offering Medicare Advantage Rewards and Incentives Programs or Telehealth Networks.

- On the 19a and 19b VBID Disease State screens, the disease state question has been updated include socioeconomic status so that it now reads "Which disease states or socioeconomic status does this benefit apply? (Select all that apply):"

- A new "Low Socioeconomic Status" selection has been added to the "Which disease states or socioeconomic status does this benefit apply? (Select all that apply):" on the 19a and 19b VBID Disease State screens.

VBID/UF/SSBCI – PBP (Section B-19) - Cont

- The PBP software has been updated to include a new benefit for plans offering Special Supplemental Benefits for the Chronically Ill (SSBCI) in Section B19b. They will have the ability to select new 13i Non-Primarily Health Related Benefits for the Chronically Ill and 13i-O Non-Primarily Health Related Benefits for the Chronically Ill (Other) . Those sections include Food and Produce, Meals (beyond limited basis), Pest Control, Transportation for Non-Medical Needs, Indoor Air quality Equipment and Services, Social Needs Benefit, Complementary Therapies, Services Supporting Self-Direction, Structural Home Modifications, Transitional/Temporary Supports, and up to five other categories to be defined by the plan.

VBID/UF/SSBCI – PBP (Section B-19) - Cont

- The PBP software has been updated to remove restrictions on which Supplemental Benefits can be included in a 19b package for UF plans. All UF plans will now be able to offer 14c Health Education, 14c Medical Nutrition Therapy, and 14c Enhanced Disease Management. C-SNP plans will still be prevented from offering Enhanced Disease Management.

- Section B19b of the PBP software will be updated to change the text of the question "Is there a maximum aggregate amount of reduced cost sharing?" to "Is there a maximum benefit amount?"

VBID – PBP (Section Rx)

- The Disease State selection has been modified to ask , "Which disease states or socioeconomic status does this benefit apply? (Select all that apply):" on the VBID- Package Setup screen.

- A new "Low Socioeconomic Status" selection has been added to the "Which disease states or socioeconomic status does this benefit apply? (Select all that apply):" on the VBID- Package Setup screen.