

Attachment C

Paperwork Reduction Act Submission

OMB # 0938 – 0944

CMS-10142

Summary of Structural Changes – Draft CY2008 BPT

Structural changes include the following:

MA Worksheet 5

1) Sections VII and VIII were removed. These sections contained demographic payment rates for certain demonstration plan types. Effective CY2008, all plan types (including demonstrations) will be paid based on risk payment rates. Therefore, the demographic sections are no longer needed in the BPT for contract years 2008 and thereafter. This change was the result of a CMS demonstration program.

2) The Stabilization Fund Adjustment Factor (Section IV lines 4 and 5) was removed. This change was the result of The Tax Relief and Health Care Act of 2006, which was enacted on December 20, 2006. As part of the Act, the stabilization fund for regional PPO plans (RPPOs) was deferred (i.e., not available in contract year 2008). Therefore, this factor is no longer needed in the CY2008 BPT.

3) Four columns were consolidated into two columns. The following columns were consolidated, in order to reduce redundancy in the MA BPT:

- Original Medicare cost sharing percentage – 2 columns (OP Facility and Other Part B) were combined into one column (Section VI column p),
- FFS costs to weight Original Medicare cost sharing – 2 columns (OP Facility and Other Part B) were combined into one column (Section VI column s).

This change was to remove duplicative information in the Bid Pricing Tool.

MA Worksheet 6

1) Section V was removed. This section developed the risk-sharing target for RPPOs. The risk-sharing arrangement between RPPOs and CMS was effective for contract years 2006 and 2007 only. This change was the result of 42 CFR Subpart 422.458. Therefore, this section is no longer needed in the BPT for contract years 2008 and thereafter.

2) Section VI was removed. This section developed the Claim Adjustment Ratio for RPPOs. This information was used in the risk sharing arrangement between RPPOs and CMS for contract years 2006 and 2007 only. This change was the result of 42 CFR Subpart 422.458. Therefore, the risk sharing sections are no longer needed in the BPT for contract years 2008 and thereafter.

The following changes to the Part D BPT were a result of CMS incorporating comments received from industry users and in an effort to streamline reporting requirements.

PD Worksheet 1

- 1) The reporting of “Rebates” and “Value of Part D as Secondary” was revised. In the CY2008 BPT, the Total Amounts are input in column g; the Average Amounts PMPM are calculated in column i.
- 2) The reporting of member cost sharing was revised. In the CY2008 BPT, “Average Cost Sharing per Member” amounts are input in column j and the “Supplemental Cost Sharing Reduction per Member” amounts are calculated in column k.

PD Worksheet 2

- 1) Two summary rows, “Total Generic and Preferred” and “Total Non-Preferred”, from sections II and III.
- 2) Two new categories of drugs, “Retail Specialty” and “Mail Order Specialty”, were added to sections II and III. A summary row, “Total Specialty”, was added to both sections as well.

PD Worksheet 6

- 1) All projected member and member month information were removed.
- 2) The out-of-network (OON) reporting category was removed.
- 3) A new section, “Population Exceeding \$2,400 with Standard Coverage – All Spending”, was added to section II. The reporting of member cost sharing under “Population Exceeding \$2,400 with Standard Coverage - Amounts Allocated up to ICL” was revised.
- 4) Two new categories of drugs, “Retail Specialty” and “Mail Order Specialty”, were added to section II.