

CY 2022 List of Changes

CY 2022 PBP Changes

Landing Page

1. The PBP software landing page has been updated to reflect the CY2022 year change.

SOURCE: Internal

PBP SCREEN/CATEGORY: Landing Screen

DOCUMENT: Appendix_C_PBP2022_Screenshots-SectionA-Upload-2020-09-16.pdf

PAGE(S): Page 9

CITATION: 42 CFR 422.256

REASON WHY CHANGE IS NEEDED: To update the year references throughout the software.

IMPACT BURDEN: No impact

Section B

2. The PBP software will be updated to remove the Acupuncture/Chiropractic combination benefit questions in Section B: 7b, 13a, 14c17, 19B#13a

SOURCE: CMS Policy

PBP SCREEN/CATEGORY: Section B 7b Chiropractic Services, 13a Acupuncture, 14c Other Defined Supplemental Benefits; Section B VBID VBID/UF/SSBCI 19B #13a Acupuncture – Base 1

DOCUMENT: Appendix_C_PBP2022_Screenshots-SectionB-2020-12-02.pdf &

Appendix_C_PBP2022_Screenshots- Section B VBID-UF-SSBCI-2020-12-02.pdf

PAGE(S): Section B Pages 70, 135, 191; Section B VBID-UF-SSBCI Page 83

CITATION: 42 CFR 422.256

REASON WHY CHANGE IS NEEDED: These questions are no longer needed; this type of combined benefit can now be addressed in the Combined Benefit Screens in Section D.

IMPACT BURDEN: Reduce/No Impact

3. The PBP software will be updated to remove “per visit” from B9a Medicare-covered Observation Services questions and to add a question to indicate “per day,” “per stay”, or “other” if Medicare-covered Observation Services Copay is selected.

SOURCE: CMS Policy

PBP SCREEN/CATEGORY: Section B9a, Outpatient Hospital Services

DOCUMENT: Appendix_C_PBP2022_Screenshots-SectionB-2020-12-02.pdf

PAGE(S): 107

CITATION: 42 CFR 422.256

REASON WHY CHANGE IS NEEDED: Benefit is not limited to “per visit” and the responses should reflect the accurate information.

IMPACT BURDEN: No Impact

4. The PBP software will be updated to add additional questions to define Therapeutic Massage in Section B14c “Other Defined Supplemental Benefits.”

SOURCE: CMS Policy

PBP SCREEN/CATEGORY: B14c: Other Defined Supplemental Benefits

DOCUMENT: Appendix_C_PBP2022_Screenshots-SectionB-2020-12-02.pdf

PAGE(S): 192

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CITATION: 42 CFR 422.256

REASON WHY CHANGE IS NEEDED: To more precisely capture the type of therapeutic massage benefit offered.

IMPACT BURDEN: Slight Increase

5. The PBP software will be updated to rename the Section B4a title from “Emergency/Post Stabilization Services” to “Emergency Services”

SOURCE: CMS Policy

PBP SCREEN/CATEGORY: B4a Emergency Services:

DOCUMENT: Appendix_C_PBP2022_Screenshots-SectionB-2020-12-02.pdf;

Appendix_C_PBP2022_Screenshots- Section B VBID-UF-SSBCI-2020-12-02.pdf.

PAGE(S): Section B 52, 53; Section B VBID 13, 14, 16, 22,23,30

CITATION: 42 CFR 422.256

REASON WHY CHANGE IS NEEDED: “Post-Stabilization Services” is now considered to be under Inpatient Hospitalization, and not associated with “Emergency Services.”

IMPACT BURDEN: No Impact

6. The PBP software will be updated to ask the user to indicate type of meal benefit rather than quantity.

SOURCE: CMS Policy

PBP SCREEN/CATEGORY: B13c Meals, B19b/13c:

DOCUMENT: Appendix_C_PBP2022_Screenshots-SectionB-2020-12-02.pdf &

Appendix_C_PBP2022_Screenshots- Section B VBID-UF-SSBCI-2020-12-02.pdf

PAGE(S): Section B 141; Section B VBID-UF-SSBCI 89

CITATION: 42 CFR 422.256

REASON WHY CHANGE IS NEEDED: Updated to capture qualitative data on meal benefit, and allow for easier reporting by organizations.

IMPACT BURDEN: Reduces Burden

7. The PBP software will be updated to add additional questions to B14c and B19b/14c to indicate the type of Support for Caregivers offered.

SOURCE: CMS Policy

PBP SCREEN/CATEGORY: B14c Other Defined Supplemental Benefits, VBID/UF/SSBCI 19B #14c Other Defined Supplemental Benefits – Base 3

DOCUMENT: Appendix_C_PBP2022_Screenshots-SectionB-2020-12-02.pdf &

Appendix_C_PBP2022_Screenshots- Section B VBID-UF-SSBCI-2020-12-02.pdf

PAGE(S): Section B page 192, Section B VBID page 153

CITATION: 42 CFR 422.256

REASON WHY CHANGE IS NEEDED: Allows user to indicate the type of Support for Caregivers

IMPACT BURDEN: Slight increase/No impact

8. The PBP software will be updated to remove the selection B14e6 – “Other Medicare-Covered Preventive Services” from the list of selection options for B14e “Other Medicare-Covered Preventive Services”

SOURCE: CMS Policy

PBP SCREEN/CATEGORY: B14e Other Medicare-covered Preventive Services

DOCUMENT: Appendix_C_PBP2022_Screenshots-SectionB-2020-12-02.pdf

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PAGE(S): Section B 209, 210, 211, 212

CITATION: 42 CFR 422.256

REASON WHY CHANGE IS NEEDED: "Other" category is not needed. Removing to minimize confusion and reduce burden.

IMPACT BURDEN: Reduces/No Impact

9. The PBP software will be updated to add new screens in B19a and B19b for users to specify chronic conditions for each SSBCI package.

SOURCE: CMS Policy

PBP SCREEN/CATEGORY: #19a Reduced Cost Sharing for VBID/UF/SSBCI – Chronic Conditions: SSBCI; #19b Additional Benefits for VBID/UF/SSBCI – Chronic Conditions: SSBCI

DOCUMENT: Appendix_C_PBP2022_Screenshots-SectionB-VBID-UF-SSBCI-2020-12-02.pdf

PAGE(S): 11, 36

CITATION: 42 CFR 422.256

REASON WHY CHANGE IS NEEDED: Chronic condition needs to be specified for each SSBCI package.

IMPACT BURDEN: Slight Increase/No Impact

10. The PBP software will be updated to ask the user to indicate whether meal benefit is unlimited rather than providing a specific number.

SOURCE: CMS Policy

PBP SCREEN/CATEGORY: B19b/13i Meals

DOCUMENT: Appendix_C_PBP2022_Screenshots-SectionB-VBID_UF-SSBCI-2020-12-02.pdf

PAGE(S): 105

CITATION: 42 CFR 422.256

REASON WHY CHANGE IS NEEDED: To reduce burden by making the question more generic and easier to answer.

IMPACT BURDEN: Reduces Burden

Section C

11. The PBP software will be updated to include a notes field for each OON/POS grouping.

SOURCE: CMS Policy

PBP SCREEN/CATEGORY: Section C: POS Groups/OON Groups

DOCUMENT: Appendix_C_PBP2022-Screenshots-SectionC-2020-09-16.pdf

PAGE(S): 12, 27

CITATION: 42 CFR 422.256

REASON WHY CHANGE IS NEEDED: To provide a notes field for users to explain certain cost sharing conditions.

IMPACT BURDEN: Slight Increase/No Burden

Section D

12. The PBP software will be updated to add a periodicity question for maximum plan benefit amount on for each of the Combined Benefits package screens.

SOURCE: CMS Policy

PBP SCREEN/CATEGORY: Section D: Combined Benefits

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DOCUMENT: Appendix_C_PBP2022-Screenshots-SectionD-2020-09-16.pdf

PAGE(S): 33-35

CITATION: 42 CFR 422.256

REASON WHY CHANGE IS NEEDED: So that plans can specify maximum plan benefit amount periodicity for each combined benefits package

IMPACT BURDEN: Slight increase/No Impact

13. The PBP software will be updated to include "every month" as an option for Reductions in Cost Sharing periodicity.

SOURCE: CMS Policy

PBP SCREEN/CATEGORY: Section D: Reductions in Cost Sharing

DOCUMENT: Appendix_C_PBP2022-Screenshots-SectionD-2020-09-16.pdf

PAGE(S): Pages 27, 29, 31

CITATION: 42 CFR 422.256

REASON WHY CHANGE IS NEEDED: Allow users to select "every month" as an option for specifying periodicity.

IMPACT BURDEN: No impact

Section Rx -general

14. The PBP software will be updated to remove quantity limit, prior authorization, indication-based formulary design, and step therapy questions that are captured elsewhere in HPMS.

SOURCE: CMS Policy

PBP SCREEN/CATEGORY: Medicare Rx General

DOCUMENT: Appendix_C_PBP2022-Screenshots-SectionRx-2020-09-16.pdf

PAGE(S): 2

CITATION: 42 CFR 422.256

REASON WHY CHANGE IS NEEDED: To reduce burden on plans.

IMPACT Burden: Reduce Burden

Formulary Changes

1. CMS is adding a gate opening request field to the UMGD criteria response record layout when a change in the formulary file is required to resolve a criteria concern. Instances when a UMGD is removed from the formulary file, or when step therapy criteria dictates changes to a formulary file, would be examples of when a formulary file gate would be requested to be opened.

Source: CMS, Internal

Formulary Screen/Category: utilization Management Group Description (UMGD) Criteria Response Record Layout

Document: Appendix_C_Formulary2022_UMGD_Criteria_Response_Record_Layout.pdf

PAGE(S): 1

CITATION: CMS Model

REASON WHY CHANGE IS NEEDED: Currently no indicator exists to communicate this type of request from plans to CMS, and plans have to email this information outside the system to provide the information.

IMPACT Burden: Reduces Burden

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MTMP Changes

1. There is a requirement to place the word 'Any' prior to 'Chronic/maintenance drugs apply' option under the 'Type of Covered Part D Drugs' section on the Multiple Covered Part D Drugs Page.
SOURCE: CMS, Internal
MTMP SCREEN/CATEGORY: CY 2022 MTMP - Enter/Edit Multiple Covered Part D Drugs Page
DOCUMENT: Appendix_C_MTMP_CY2022_Enhancements_Mockups.docx
PAGE(S): 1
CITATION: Lessons Learned
REASON WHY CHANGE IS NEEDED: To meet the Business requirements need
IMPACT BURDEN: No impact