Plan Benefit Package (PBP) Software

Comment:

Section B Item #2 - A new service category screens will be added for Hospital at Home Services may be added as a supplemental benefit.

PBP SCREEN/CATEGORY: B13j, Hospital at Home Services

Question:

1. Will CMS be providing a ***Description of Benefit*** for this category? There is limited information currently available as to how this is defined so want to ensure we use this category correctly.

Response: CMS will look into evaluating the feasibility of adding this feature for future requirement for CY2024.

Comment:

Section B Item #5 - Separate notes fields are added for each subcategory (enhanced benefits) under 16a and 16b. The general 16a and general 16b notes fields will be removed.

PBP SCREEN/CATEGORY: 16a Preventive Dental and 16b Comprehensive Dental

Question:

1. The print screens provided makes it seem like a new note field is only being added to describe the “Other, Describe” periodicity throughout the dental sections. Is this separate from the item described in the List of Changes or in addition to it? (see the sample below - Appendix_C_PBP2023_Screenshots_SectionB.pdf page 219)

#16a Preventive Dental – Base 3

PBP Data Entry System - Section B-16, Contract X0001, Plan 001, Segment 000

File Help

Previous Next Exit (Validate) Exit (No Validate) Go To: #16a Preventive Dental - Base 3

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 Coinsurance?
Yes
No

Select which Preventive Dental Services have a Coinsurance (Select all that apply):
Oral Exams
Prophylaxis (Cleaning)
Fluoride Treatment
Dental X-Rays

Is there a combination of services included in a single cost per Office Visit?
Yes
No

Select which combination of services are included in a single cost per Office Visit:
Oral Exams
Prophylaxis (Cleaning)
Fluoride Treatment
Dental X-Rays

Indicate Minimum Coinsurance percentage for Office Visits:

Indicate Maximum Coinsurance percentage for Office Visits:

Indicate Minimum Coinsurance percentage for Oral Exams:

Indicate Maximum Coinsurance percentage for Oral Exams:

Indicate Mir Prophylaxis

Indicate Ma for Prophyla

Indicate Mir Fluoride Tre

Indicate Ma for Fluoride

Indicate Mir Dental X-Ra

Indicate Ma for Dental X

New field added to describe "Other"

Other, Describe

2. While the addition of separate note field for each subcategories is helpful, the removal of a general note box may require comments that apply to all dental to be repeated within those new multiple fields. Is it possible to keep a general note field for 16A and 16B for notes that apply to all services? Additionally, will 16B Medicare-covered comprehensive dental be considered a subcategory? It is not mentioned.

Response: Yes, the separate notes fields added for each subcategory (enhanced benefits) under 16a and 16b are in addition to the note field added to describe "Other, Describe" periodicity throughout the dental sections. Those new note fields can be seen on pages 221 and 227 of the updated 30-day PRA package. The general note field for 16A and 16B has been removed for CY2023. CMS hopes that this will make it easier to match the notes to the specific benefits subcategory without too much repetition. Yes, a separate notes field has been added for the subcategory "Medicare-covered Benefits" under 16b Comprehensive Dental.

Comment:

Section D –Item addition not noted on 2023 List of Changes memo

Question: Intermediate MOOP was last mentioned in the CMS 2020 announcement dated April 1st, 2019, but was never pushed through. Please advise if this is not an accurate change occurring to the 2023 PBP Database. This change noted on page 14 of Appendix_C_PBP2023_Screenshots_SectionD.pdf is not listed in the memo as an update.

Max Enrollee Cost Limit (In-Network)

Adding Intermediate MOOP

PBP Data Entry System - Section D, Contract X0001, Plan 001, Segment 000

File Help

Previous Next Exit (Validate) Exit (No Validate) Go To: Max Enrollee Cost Limit (In-Network)

Is there an In-Network Maximum Enrollee Out-of-Pocket Cost?

Yes
No

Is your In-Network Maximum Enrollee Out-of-Pocket (MOOP) Cost at the Voluntary or Mandatory Level?

Voluntary
Mandatory

All MA plans must have a maximum out-of-pocket (MOOP) that covers all A/B services. For a list of the Voluntary and Mandatory Limits, please right-click on the "Is your In-Network Maximum Enrollee Out-of-Pocket (MOOP) Cost at the Voluntary or Mandatory level?" question and view the Variable Help.

Note for D-SNPs: For purposes of submitting bids to CMS, D-SNPs must include Parts A, B, and Part D Medicare services in the PBP along with approved optional and mandatory supplemental benefits. No Medicaid benefits may be included in the PBP. D-SNPs have the flexibility to establish $0 as the MOOP amount, thereby guaranteeing there is no cost sharing for plan enrollees, including those who are liable for Medicare cost sharing. Otherwise, if the D-SNP does charge cost sharing for Medicare-covered services (or non-covered), it must track enrollees' out-of-pocket spending and it is up to the plan to develop the process and vehicle for doing so.

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

Select all of the In-Network Medicare-covered Service Categories INCLUDED in the In-Network Maximum Enrollee Out-of-Pocket C

1a: Inpatient Hospital-Acute
1b: Inpatient Hospital Psychiatric
2: Skilled Nursing Facility (SNF)
3-1: Cardiac Rehabilitation Services
3-2: Intensive Cardiac Rehabilitation Services
3-3: Pulmonary Rehabilitation Services
3-4: SET for PAD Services
4a: Emergency Care/Post-Stabilization Care
4b: Urgently Needed Services
5: Partial Hospitalization
6: Home Health Services
7a: Primary Care Physician Services
7b: Chiropractic Services

Does the In-Network Maximum Enrollee Out-of-Pocket Cost apply In-Network Non-Medicare-covered plan services?

Yes
No

Response: The list of changes is accurate, we are not adding Intermediate MOOP to the selection box. The indication we were doing so was erroneously included in the screenshots from a previous discussion of whether or not it would be included. We've updated the screenshots for the 30-day package accordingly.

Comment:

Mass Exit (Validate) of PBP Data Entry
The current PBP data validation process is a time-intensive process that requires users to click through every screen of the software to validate data on a single plan. Currently, during PBP data entry, there is a function at the data entry-level screen to "Exit (Validate)" the data. To improve efficiency and help organizations with quality checks prior to bid submission, we recommend that CMS develop the functionality within the PBP software to "Exit (Validate)" all screens simultaneously for a single plan.

Response: We are taking this into consideration for future PBP.

Comment:

Export PBP Data Reports Directly to PDF
To export PBP data reports to PDF currently requires health plans to complete a multi-step process in which plans must export the PBP data reports to Excel, then from Excel to PDF. Viewing the report in PDF is clearer and more user-friendly than viewing it in Excel format. To reduce the number of steps necessary to export PBP data reports to PDF, we recommend CMS add the capability to export PBP Data Reports directly to PDF format.

Response: We are taking this into consideration for future PBP reports

Comment:

Align Section C - OON and Section C - POS to Section B Service Category Setup

The OON Grouping setup of the PBP software creates situations where there are more OON benefit variations than groupings, which can cause data to be unclear when a user must enter multiple cost shares for multiple benefits in the same grouping. Currently, Section C - OON and Section C - POS restrict users to 15 groups of like cost sharing. This causes issues when plans have more than 15 variations in OON cost sharing for filed benefits. We recommend that Section C - OON and Section C - POS be redesigned to align to the setup in Section B for Service Categories. Having alignment between Section B and Section C would eliminate the need to group benefits into common cost sharing. It would also result in more clear cost sharing descriptions in the Medicare Plan Finder and would reduce burden on plans when developing their own member materials.

Response: We are taking this into consideration for future PBP.