

CY 2023 List of Changes

CY 2023 PBP Changes

Landing Page

1. Update landing page to reflect the CY2023 year change.

SOURCE: Internal

PBP SCREEN/CATEGORY: Landing Screen

DOCUMENT: Appendix_C_PBP2023_Screenshots-SectionA-2021-12-27.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

2. New variable fields for C-SNP other type description added to the section A-2 screen to be populated with PBP download from HPMS

SOURCE: Internal

PBP SCREEN/CATEGORY: Section A-2

DOCUMENT: Appendix_C_PBP2023_Screenshots-SectionA-2021-12-27.pdf

PAGE(S): Page 2

CITATION: 42 CFR 422.256

REASON WHY CHANGE IS NEEDED: To reflect updates within HPMS allowing new C-SNP type "Other".

IMPACT BURDEN: No impact

Section B

1. Change "Copayment charged" variable label to "Observation Services copayment is charged."

SOURCE: CMS Policy

PBP SCREEN/CATEGORY: 9a Outpatient Hospital Services – Base 2

DOCUMENT: Appendix_C_PBP2023_Screenshots-SectionB-2021-12-27.pdf

PAGE(S): Page 107

CITATION: 42 CFR 422.256

REASON WHY CHANGE IS NEEDED: Reduce confusion by clarifying question

IMPACT BURDEN: No Impact

2. Remove questions asking user to describe the meal benefit included in 14c14 Re-admission Prevention. Require a note (existing field) when meals are selected under 14c14

SOURCE: CMS Policy

PBP SCREEN/CATEGORY: 14c: Other Defined Supplemental Benefits– Base 2

DOCUMENT: Appendix_C_PBP2023_Screenshots-SectionB-2021-12-27.pdf

PAGE(S): 191

CITATION: 42 CFR 422.256

REASON WHY CHANGE IS NEEDED: Level of detail not needed.

IMPACT BURDEN: Reduces Impact

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3. Revise language in question under 14c12 Medical Nutrition Therapy (MNT) benefit related to Coverage for Non-Medicare-covered diseases, removing request to specify and describe in notes field.

SOURCE: CMS Policy

PBP SCREEN/CATEGORY: 14c Other Defined Supplemental Benefits – Base 2

DOCUMENT: Appendix_C_PBP2023_Screenshots-SectionB-2021-12-27.pdf

PAGE(S): 191

CITATION: 42 CFR 422.256

REASON WHY CHANGE IS NEEDED: Additional info not needed.

IMPACT BURDEN: No Impact

4. Separate notes fields are added for each subcategory (enhanced benefits) under 16a and 16b. The general 16a and general 16b notes fields are removed.

SOURCE: CMS Policy

PBP SCREEN/CATEGORY: 16a Preventive Dental Base 5 and 16b Comprehensive Dental Base 6

DOCUMENT: Appendix_C_PBP2023_Screenshots-SectionB-2021-12-27.pdf

PAGE(S): 221 and 227

CITATION: 42 CFR 422.256

REASON WHY CHANGE IS NEEDED: To match notes fields with the specific benefits subcategory.

IMPACT BURDEN: No Impact

5. A question is added to the Reduced Cost Sharing for VBID/UF/SSBCI package screens for plans to indicate intent to reduce cost sharing to \$0 for all benefits.

SOURCE: CMS Policy

PBP SCREEN/CATEGORY: #19a Reduced Cost Sharing for VBID/UF/SSBCI - Base 1 (Package Info)

DOCUMENT: Appendix_C_PBP2023_Screenshots-SectionB-VBID-UF-SSBCI-2021-12-27.pdf

PAGE(S): 13

CITATION: 42 CFR 422.256

REASON WHY CHANGE IS NEEDED: Reduce burden to by potentially lowering number of cost sharing questions plans to which plans will need to respond.

IMPACT BURDEN: No Impact

6. Retroactive Reimbursement questions have been removed from B19a and B19b.

SOURCE: CMS Policy

PBP SCREEN/CATEGORY: B19a Reduced Cost Sharing for VBID/UF/SSBCI – Base 18 and B19b Additional Benefits for VBID/UF/SSBCI – Base 3

DOCUMENT: Appendix_C_PBP2023_Screenshots-SectionB-VBID-UF-SSBCI-2021-12-27.pdf

PAGE(S): 30 and 40

CITATION: 42 CFR 422.256

REASON WHY CHANGE IS NEEDED: Information not needed/used

IMPACT BURDEN: Reduce burden

7. Maximum benefit amount question is revised to read “Is there a package level maximum coverage amount?” and periodicity question is added for user to select the periodicity for package level maximum coverage. Ability for user to select/indicate via picklist the non-medicare covered benefits within the UF/SSBCI package that apply to the package level maximum coverage is added.

SOURCE: CMS Policy

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PBP SCREEN/CATEGORY: B19b Additional Benefits for VBID/UF/SSBCI – Base 3
DOCUMENT: Appendix_C_PBP2023_Screenshots-SectionB-VBID-UF-SSBCI-2021-12-27.pdf
PAGE(S): 40
CITATION: 42 CFR 422.256
REASON WHY CHANGE IS NEEDED: Clarify package level maximum coverage
IMPACT BURDEN: No Impact

8. “Every Month” is added as an option to all periodicity questions for Maximum Plan Benefit Coverage for all 13i & 13i-O benefits.

SOURCE: CMS Policy
PBP SCREEN/CATEGORY: VBID/UF/SSBCI 19B #13i
DOCUMENT: Appendix_C_PBP2023_Screenshots-SectionB-VBID-UF-SSBCI-2021-12-27.pdf
PAGE(S): pages 102, 105, 108,112, 114, 117,120, 123,126,133,136,139, and 142
CITATION: 42 CFR 422.256
REASON WHY CHANGE IS NEEDED: provide users “every month” option for periodicity.
IMPACT BURDEN: No Impact

Section C

1. For each OON Group, a periodicity question is added for plans to select the maximum plan benefit coverage periodicity.

SOURCE: CMS Policy
PBP SCREEN/CATEGORY: OON – Groups – Base 1
DOCUMENT: Appendix_C_PBP2023-Screenshots-SectionC-2021-12-27.pdf
PAGE(S): 11
CITATION: 42 CFR 422.256
REASON WHY CHANGE IS NEEDED: Capture periodicity for maximum plan benefit coverage amount.
IMPACT BURDEN: Slightly increases Impact

Section D

1. Additional screens are added to allow plans to enter up to 5 Reductions in Cost Sharing groups.

SOURCE: CMS Policy
PBP SCREEN/CATEGORY: Reductions in Cost Sharing
DOCUMENT: Appendix_C_PBP2023-Screenshots-SectionD-2021-12-27.pdf
PAGE(S): 25, 32-35
CITATION: 42 CFR 422.256
REASON WHY CHANGE IS NEEDED: to increase number of Reductions in Cost Sharing groups that can be entered from 3 to 5.
IMPACT BURDEN: Slightly increases impact

2. Additional screens are added to allow plans to enter up to 5 Combined Benefit Packages.

SOURCE: CMS Policy
PBP SCREEN/CATEGORY: Combined Benefits
DOCUMENT: Appendix_C_PBP2023-Screenshots-SectionD-2021-12-27.pdf
PAGE(S): 36, 40, and 41

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CITATION: 42 CFR 422.256

REASON WHY CHANGE IS NEEDED: to increase number of Combined Benefit Packages that can be entered from 3 to 5.

IMPACT BURDEN: Slightly increases impact

3. For each Combined Benefits package, a new question is added to capture Combined Benefit Maximum mode of delivery (Debit Card, Reimbursement, Other).

SOURCE: CMS Policy

PBP SCREEN/CATEGORY: Combined Benefits

DOCUMENT: Appendix_C_PBP2023-Screenshots-SectionD-2021-12-27.pdf

PAGE(S): 37-41

CITATION: 42 CFR 422.256

REASON WHY CHANGE IS NEEDED: to capture Combined Benefit Maximum mode of delivery

IMPACT BURDEN: Slightly increases impact

4. For each Combined Benefits package, new questions are added to capture whether Combined Supplemental Benefits are offered with a shared visit limit, number of shared visits, and periodicity.

SOURCE: CMS Policy

PBP SCREEN/CATEGORY: Combined Benefits

DOCUMENT: Appendix_C_PBP2023-Screenshots-SectionD-2021-12-27.pdf

PAGE(S): 37-41

CITATION: 42 CFR 422.256

REASON WHY CHANGE IS NEEDED: to capture shared visit limits for Combined Supplemental Benefits

IMPACT BURDEN: Slightly increases impact

Section Rx - general

1. The following questions are removed: Does plan utilize floor pricing?; Does plan utilize ceiling pricing?; and Do you pay for over-the-counter medications (OTCs) under the utilization management program?

SOURCE: CMS Policy

PBP SCREEN/CATEGORY: Medicare Rx General

DOCUMENT: Appendix_C_PBP2023-Screenshots-SectionRx-2021-12-27.pdf

PAGE(S): 2

CITATION: 42 CFR 422.256

REASON WHY CHANGE IS NEEDED: Questions no longer needed/used

IMPACT BURDEN: Reduces Impact

CY 2023 Formulary Changes

1. CMS is adding an optional criteria field for MAPD plans to indicate if they are requiring a Part B drug prior to a Part D drug.

SOURCE: CMS, Internal

Formulary Screen/Category: CY 2023 Prior Authorization File Record Layout

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PAGE(S): 2

Document: Appendix_C_PA_Record_Layout

CITATION: CMS Model

REASON WHY CHANGE IS NEEDED: Currently no indicator exists to communicate this requirement imposed by plans to beneficiaries and providers. Plans are now instructed to include "Part B before Part D Step Therapy" in the "Other Criteria" field, but have received failure notices when this language is not included in their criteria.

IMPACT BURDEN: Reduces impact

CY 2023 MTMP Changes

1. There is a requirement to remove following text and combine the sections: Data Evaluated to Identify Beneficiary as At-Risk (Select one or more options): ; Data Evaluated to Identify Chronic Conditions (Select one or more options):

SOURCE: CMS, Internal

MTMP SCREEN/CATEGORY: MTMP – Enter/Edit - Program Information

DOCUMENT: Appendix_C_MTMP2023_Mockups_09282021.pdf

PAGE(S): 1

CITATION: Lessons Learned

REASON WHY CHANGE IS NEEDED: To streamline data collected in the MTMP

IMPACT BURDEN: Reduces impact

2. There is a requirement to remove following text: Data Evaluated to Identify the Number of Covered Part D Drugs (Select one or more options):

SOURCE: CMS, Internal

MTMP SCREEN/CATEGORY: MTMP – Enter/Edit – Multiple Covered Part D Drugs

DOCUMENT: Appendix_C_MTMP2023_Mockups_09282021.pdf

PAGE(S): 2

CITATION: Lessons Learned

REASON WHY CHANGE IS NEEDED: To streamline data collected for MTMP

IMPACT BURDEN: Reduces impact

3. There is a requirement that the Drug claims check box is checked and disabled.

SOURCE: CMS, Internal

MTMP SCREEN/CATEGORY: CY 2023 MTMP – Enter/Edit – Targeting

DOCUMENT: Appendix_C_MTMP2023_Mockups_09282021.pdf

PAGE(S): 3

CITATION: Lessons Learned

REASON WHY CHANGE IS NEEDED: To meet the Business requirements need

IMPACT BURDEN: No impact