



**CY 2013**  
**Plan Benefit Package (PBP)**  
**Software Training for Capitated**  
**Financial Alignment**  
**Demonstration Plans**

**Revised: May 30, 2012**

# PBP 2013 Training Agenda

- **Discuss Relationship Between HPMS and PBP**
- **Describe Key Software Features to Entering Data into PBP**
- **Describe Basic PBP 2013 Data Entry & Functionality**
- **Describe PBP 2013 Data Entry Specific to Financial Alignment Demonstration Plans**
- **Describe Key Features for Completing the PBP**

# HPMS and PBP Software

- **HPMS is central repository of all Organization/Plan Bid data**
- **CY2013 plans are created in HPMS via the Bid Submission Module**
  - Released on April 6, 2012
- **PBP Software Package downloaded from HPMS**
- **HPMS Organization & Plan Specific Information populated in the PBP Software**

# HPMS and PBP Software

- **The HPMS Bid 2013 Start Page lists the following steps to complete the download of the PBP software and plan data:**
  - Step 1: Download the PBP Software
  - Step 2: Install the PBP Software
  - Step 3: Set-up your plan-specific information
  - Step 4: Edit your plan marketing information (Manage Plans)
  - Step 5: Ensure all your organization-level data is complete in the Contract Management Module
  - Step 6: Download your plan-specific information

# Bid 2013 – Download Plan-Specific Information

HPMS

Bid 2013

Home

## Download Plan-Specific Information

The following is a list of the counties and/or regions that have not been assigned to a plan. Partial counties/regions are designated with an asterisk and pending service area expansions are designated by "[pending]".

**Z0001 - EXAMPLE CONTRACT 1**  
(02016) Aleutians West [pending]  
(02020) Anchorage [pending]  
(02050) Bethel [pending]  
(02060) Bristol Bay [pending]

**Z0002 - EXAMPLE CONTRACT 2**  
(01350) Jackson [pending]  
(01360) Jefferson [pending]

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**The following is a list of plans that are missing critical information (e.g., service area, plan type or type of employer-only plan). To complete this information for these plans, please select the "Back" button and select the "Set-up Plans" link under "Manage Plans" on the "Bid 2013 Start Page".**

**Z0003 - EXAMPLE CONTRACT 3**  
002 - Test

**Z0004 - EXAMPLE CONTRACT 4**  
002 - Test

**The following is a list of plans which you own that have incomplete contact information. To complete the required contact information for these contract numbers, please select the "Edit Contact Data" link under "Manage Plans" on the "Bid 2013 Start Page".**

**Z0005 - EXAMPLE CONTRACT 5**  
002 - Test

**Z0006 - EXAMPLE CONTRACT 6**  
002 - Test

**CMS**

CENTERS FOR MEDICARE & MEDICAID SERVICES



# Overview of PBP

# PBP Overview

- **Provides standard set of benefits**
- **Facilitates CMS bid review and approval process**
- **Generates data for CMS Websites (Medicare Plan Finder)**
- **NOTE: The SB generated from the PBP will NOT be the SB used for Financial Alignment Demonstration Plans**

# Key Software Features to Begin Data Entry



# Key Software Features

- **File Paths and Other Preferences**
- **Multi-User Environment**
- **Management Screen**
- **Data Entry Screen**
- **Types of PBP Help**
- **Edit Rules & Exit Validations**
- **Year-to-Year Plan Copy**

# Set File Paths

## PBP File Paths:

The PBP Paths screen will appear during the initial login, at which point users must specify a backup path in order to proceed to the PBP Management screen.

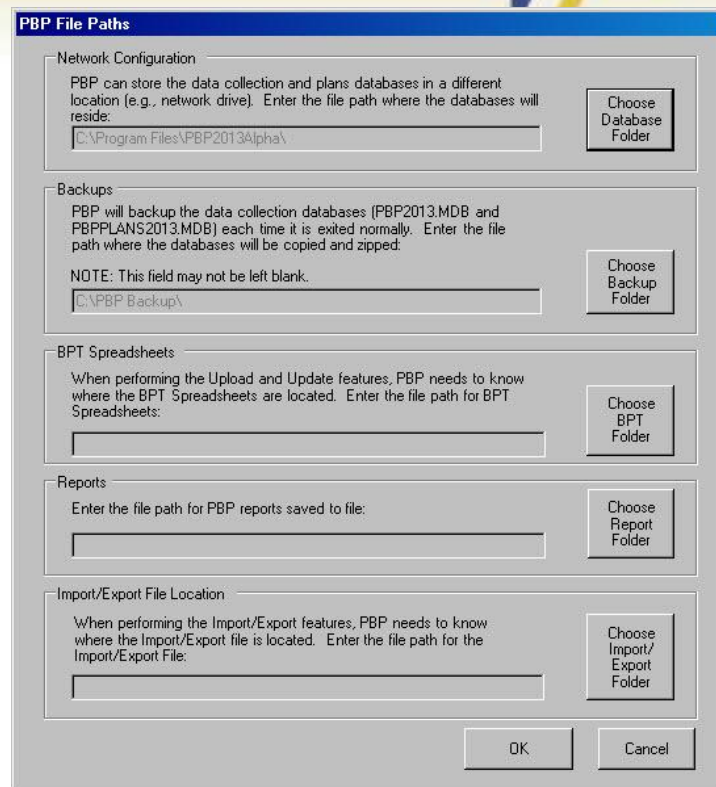
Additionally, if the backup path specified becomes “invalid” (i.e., deleted or renamed), users will once again encounter the PBP Paths screen during login and the backup path will need to be reestablished before proceeding to the PBP Management screen.

**Specify the backup path.**

**NOTE: This should NOT be on the C: directory.**

**You should also set the paths where you will store your other files and reports.**

**Click OK when finished.**

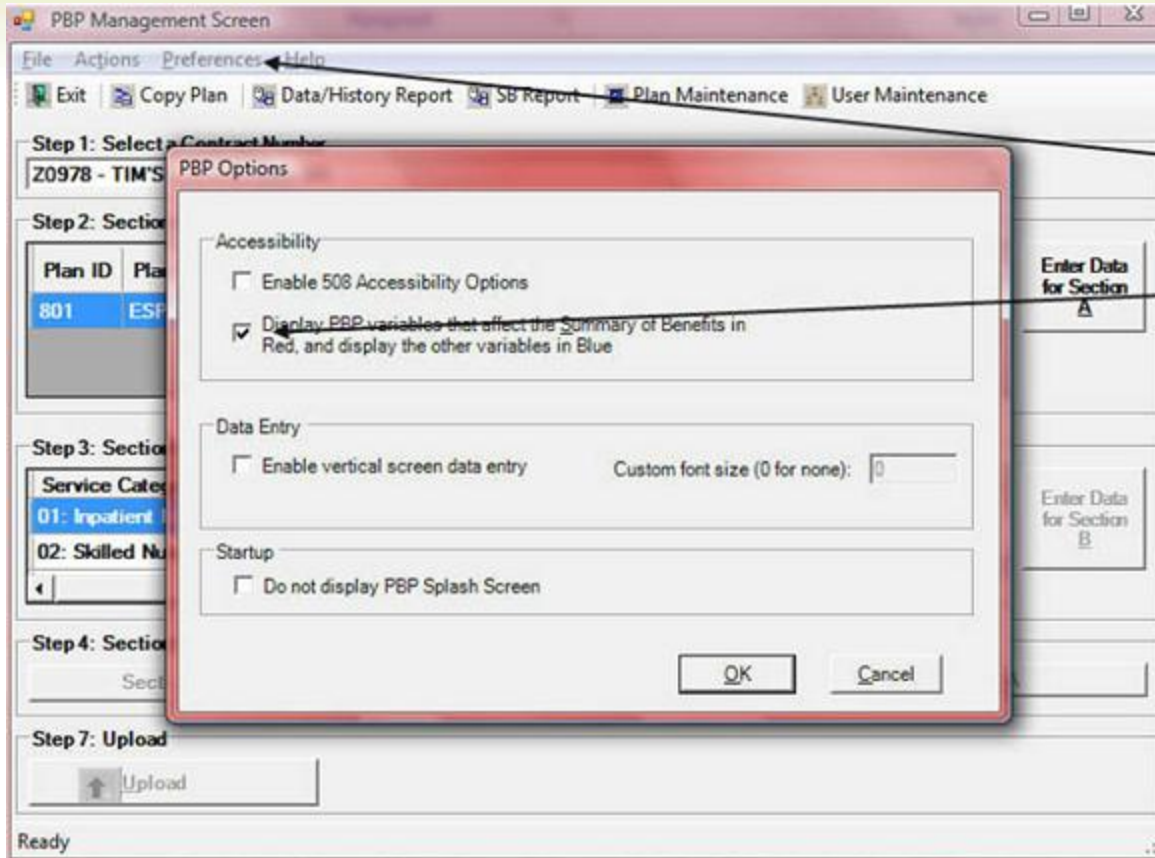


The screenshot shows a dialog box titled "PBP File Paths" with the following sections:

- Network Configuration:** A text box contains "C:\Program Files\PBP2013\alpha\" and a "Choose Database Folder" button.
- Backups:** A text box contains "C:\PBP Backup\" and a "Choose Backup Folder" button. A note below reads: "NOTE: This field may not be left blank."
- BPT Spreadsheets:** A text box is empty and a "Choose BPT Folder" button.
- Reports:** A text box is empty and a "Choose Report Folder" button.
- Import/Export File Location:** A text box is empty and a "Choose Import/Export Folder" button.

At the bottom right are "OK" and "Cancel" buttons.

# Set Preferences / Options



# PBP Data Entry by Plan Type

- **Section A: Org & Plan general info**
  - Standard Bid
- **Section B: In-Network benefits**
- **Section C:**
  - Out-of-Network benefits
  - Point-of-Service benefits
  - Visitor/Travel Program
- **Section D: Plan-level costs**
- **Section Rx: Medicare Part D benefit**

Refer to PBP  
Data Entry  
Matrix in CY  
2013 Bid  
Submission  
User's Manual

# PBP Data Entry

- **Questions (or “variables”) may or may not be enabled**
  - If a question is not enabled, the text will be grayed out and you cannot enter data for that variable
  - Questions that are enabled will be displayed in regular text and will allow you to enter data
- **You must complete all enabled questions**
  - The only exception is if an enabled question contains the word “Optional” in parentheses
- **If you select any option such as “No, describe” or “Other, describe” then you must explain by adding text to the “Notes (Optional)” field**

# Types of PBP Help

- **Service category general descriptions**
- **Medicare-covered benefit descriptions**
- **Variable Help**
- **On-screen Labels**
- **PBP General System Help**

# Basic PBP 2013 Data Entry and Functionality – Section A

# Section A

- **General Plan information**
- **Most fields entered in HPMS**
  - Downloaded into PBP (Read-only variables)
- **Limited data entry for MA and MA-PD plans**
- **All plan types must *Exit with Validation* to go on and complete other sections**



# Section A – HPMS Data Updates

- **Changes to HPMS Organization/Plan data MUST be made in HPMS**
- **HPMS data CANNOT be modified in PBP – User MUST Download Updated data after it has been modified in HPMS**
  - NOTE: Downloading updated HPMS data will NOT overwrite currently entered PBP benefits

# Section A – HPMS Data Updates: PBP – Update Plan Information

**PBP Management Screen**

File Actions Preferences Help

Report SB Report Plan Maintenance User Maintenance

Update Plan Information

Segment	User	Open	Status
0	test		A Completed

Enter Data for Section A

**Step 3: Section B**

Service Category	Status
01: Inpatient Hospital Services	Incomplete
02: Skilled Nursing Facility (SNF)	New
03: Cardiac and Pulmonary Rehabilitation Services	New

Enter Data for Section B

**Step 4: Section C** Section C - New

**Step 5: Section D** Section D - New

**Step 6: Medicare Rx Drugs** Section Rx - N/A

**Step 7: Upload** Upload

Ready

# Section A – HPMS Data Updates: PBP – Update Plan Information

- Upon completion of plan information updates in HPMS, a Zip file called **UPDATPBP2013\_*date/time*.ZIP** is created
- You are required to save the new **UPDATPBP2013\_*date/time*.ZIP** file to the directory where you installed the PBP2013 software

# Financial Alignment Demo Plan – Section A Data Entry

- All demo plans should complete Section A data entry as follows:
  - Enrollee Type: **Part A and Part B**
  - Does this Plan have a CMS-approved Continuation Area? **No**
  - Is your organization filing a standard bid for Section B, C, or D of the PBP? **No**

# Basic PBP 2013 Data Entry and Functionality – Section B

# Section B

- **In-Network Plan-specific Benefits Information**
- **18 Service Categories**
- **50 Subcategories**
  - Medicare-covered benefits
  - Enhanced benefits data entry
    - Supplemental benefits covered by the plan OR covered by Medicaid
  - PBP Section B-13h: “Additional Benefits” only available for Capitated Financial Alignment Demo plans

# Section B – Standard Category

## Questions & Data Entry

### 1. Enhanced (Mandatory Supplemental ONLY) benefits

- Supplemental benefits MUST be mandatory; they cannot be optional
- Enter applicable plan-covered AND/OR Medicaid-covered benefits throughout Section B

### 2. Maximum Plan Benefit Coverage (for non-Medicare benefits only)

- Complete this data entry if there is a dollar cap on the plan-covered benefits

### 3. Maximum Enrollee Out-of-Pocket costs

- Only applicable if plan is offering supplemental plan benefits

# Section B - Screenshot

PBP Data Entry System - Section B-7, Contract X0001, Plan 001, Segment 000

File Help

<<Previous Next>> Exit (Validate) Exit (No Validate) Go To: #7b Chiropractic Services - Base 1

CLICK FOR DESCRIPTION OF BENEFIT

Does the plan provide Chiropractic Services as a supplemental benefit under Part C?

Yes  
 No

Select enhanced benefit:  
 Routine Care

Select type of benefit for Routine Care:  
 Mandatory  
 Optional

Is this benefit unlimited for Routine Care?  
 Yes  
 No, indicate number

Indicate number of visits for Routine Care:

Select Routine Care periodicity:  
 Every three years  
 Every two years  
 Every year  
 Every six months  
 Every three months  
 Other, Describe

Is there a service-specific Maximum Enrollee Out-of-Pocket Cost?  
 Yes  
 No

Indicate Maximum Enrollee Out-of-Pocket Cost amount:

Is there a service-specific Maximum Plan Benefit Coverage amount?  
 Yes  
 No

Indicate Maximum Plan Benefit Coverage amount:

Select Maximum Plan Benefit Coverage periodicity:  
 Every three years  
 Every two years  
 Every year  
 Every six months  
 Every three months  
 Other, Describe

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



# Section B Data Entry - Continued

## 4. Coinsurance/Copayment

- Must be \$0 for ALL Medicare A/B covered services, including emergency room
- PBP Data entry screens ensure cost-sharing is entered for all A/B covered services
- Select the “click for description of benefit” box to understand the Medicare benefit that is covered
- Appropriate in-network cost-sharing should be entered for supplemental plan-covered benefits AND/OR Medicaid-covered benefits

## 5. Deductible

- Must be \$0 for ALL Medicare A/B covered services
- If there is a deductible for in-network plan-covered supplemental benefits AND/OR Medicaid-covered benefits, this should be entered in the PBP

# Section B – Data Entry Screenshot

PBP Data Entry System - Section B-7, Contract X0001, Plan 001, Segment 000

File Help

<<Previous Next>> Exit (Validate) Exit (No Validate) Go To: #7a Primary Care Physician Services - Base 1

CLICK FOR DESCRIPTION OF BENEFIT

If cost sharing for this benefit is not the same as primary care, reflect the cost sharing in the range.

Maximum Plan Benefit Coverage is not applicable for this Service Category.

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

Indicate Minimum Coinsurance percentage for Medicare-covered Benefits:

Indicate Maximum Coinsurance percentage for Medicare-covered Benefits:

Is there an enrollee Deductible?

Yes  
 No

Indicate Deductible Amount:

Is there an enrollee Copayment?

Yes  
 No

Indicate Minimum Copayment amount per visit for Medicare-covered Benefits:

Indicate Maximum Copayment amount per visit for Medicare-covered Benefits:

# Section B Data Entry - Continued

## 6. Authorization

- Enrollee/Provider must obtain approval from plan prior to receiving service/benefit

## 7. Referral

- Enrollee must obtain approval before receiving more specialized services

## 8. (Optional) Notes

- Only use to describe benefits NOT clearly defined in the PBP data entry screens

# Section B-13H – Additional Services

- This additional data entry screen is available in the April 20<sup>th</sup> PBP Patch
- Use this data entry to only include Medicaid-covered benefits
  - Only select the services that apply
- Both in-network **AND** out-of-network cost sharing needs to be entered in the min/max cost-sharing fields for this category only
- Per the May 18<sup>th</sup> HPMS Clarification email, demo plans have the flexibility to include Medicaid-covered benefits in either B-13H or in the plan-covered (supplemental) benefits screens

# Section B-13H – Additional Services

PBP Data Entry System - Section B-13, Contract X0001, Plan 001, Segment 000

File Help

<<Previous Next>> Exit (Validate) Exit (No Validate) Go To: #13h Additional Services - Base 1

CLICK FOR DESCRIPTION OF BENEFIT

Does the plan provide Additional Services?

Yes  
 No

Select Additional Services (select all that apply):

- Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services
- Tobacco Cessation Counseling for Pregnant Women
- Freestanding Birth Center Services
- Respiratory Care Services
- Family Planning Services
- Nursing Home Services
- Home and Community Based Services
- Personal Care Services
- Self-Directed Personal Assistance Services
- Private Duty Nursing Services
- Case Management (Long Term Care)
- Institution for Mental Disease Services for Individuals 65 or Older
- Services in an Intermediate Care Facility for the Mentally Retarded
- Case Management
- Other 1
- Other 2
- Other 3

Enter name of Other 1 Service:  
\_\_\_\_\_

Enter name of Other 2 Service:  
\_\_\_\_\_

Enter name of Other 3 Service:  
\_\_\_\_\_

# Basic PBP 2013 Data Entry and Functionality – Section C

# Section C

- **Out-of-Network (OON) Benefits**
  - PPO plan type ONLY
- **Point of Service (POS) Option**
  - HMOPOS plan type ONLY
    - If the plan is an HMOPOS plan type, at least one benefit must be offered at POS
    - Plan type (HMO or HMOPOS) is defined in the 2013 Bid Submission Module
- **Visitor/Travel Program (V/T) - U.S.**

## Section C – Out-of-Network

- Financial Alignment PPOs must offer the same benefits In-Network and Out-of-Network, including any Medicaid-covered and plan-covered benefits
- Cost-sharing may be imposed for any OON benefit
- **NOTE:** B-13H data entry will not be available for selection in the OON Screens (or any screens throughout Section C).



# Section C – Point of Service

- **Type of benefit**
  - Financial Alignment Demo Plans **MUST** mark the benefit as mandatory
- **Select service categories for POS**
  - One or more services must be selected
- **Coverage Limit**
- **Enrollee Out-of-Pocket Cost Limit**
- **Deductible**
  - Deductible may be imposed for POS benefits
- **Authorization**
- **Referral**

# Section C – POS Screenshot

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

File Help

<<Previous Next>> Exit (Validate) Exit (No Validate) Go To: POS - General - Base 1

CLICK FOR DESCRIPTION OF BENEFIT

Do you offer a Point-of-Service (POS) option?

Yes  
 No

Select type of benefit for the POS option:

Mandatory  
 Optional

Select the benefits that apply to the POS Benefit:

Medicare-covered  
 Non-Medicare-covered

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

Select all of the Medicare-covered Service Categories that describe the POS option:

- 1a: Inpatient Hospital Acute:
- 1b: Inpatient Hospital Psychiatric:
- 2: Skilled Nursing Facility (SNF):
- 3: Cardiac Rehabilitation Services:
- 3: Intensive Cardiac Rehabilitation Services:
- 3: Pulmonary Rehabilitation Services:
- 5: Partial Hospitalization:
- 6: Home Health Services:
- 7a: Primary Care Physician Services:
- 7b: Chiropractic Services:
- 7c: Occupational Therapy Services:
- 7d: Physician Specialist Services:
- 7e: Mental Health Specialty Services:
- 7f: Podiatry Services:
- 7g: Other Health Care Professional:
- 7h: Psychiatric Services:
- 7i: Physical Therapy and Speech-Language Pathology Services:
- 8a: Outpatient Diagnostic Procedures/Tests/Lab Services:
- 8b1: Diagnostic Radiological Services:
- 8b2: Therapeutic Radiological Services:
- 8b3: Outpatient X-Rays:

Select all of the Non-Medicare-covered Service Categories that describe the POS option:

- 3: Cardiac Rehabilitation Services:
- 3: Intensive Cardiac Rehabilitation Services:
- 3: Pulmonary Rehabilitation Services:
- 7b: Chiropractic Services:
- 7f: Podiatry Services:
- 9d: Outpatient Blood Services:
- 10b: Transportation Services:
- 13a: Acupuncture:
- 13b: Over-the-Counter (OTC) Items:
- 13c: Meal Benefit:
- 13d: Other 1:
- 13e: Other 2:
- 13f: Other 3:
- 13g: Highly Integrated D-SNP:
- 14b: Annual Physical Exam:
- 14c: Supplemental Education/Wellness Programs:
- 15: Medicare Part B Rx Drugs:
- 16a: Preventive Dental:
- 16b: Comprehensive Dental:
- 17a: Eye Exams:
- 17b: Eye Wear:
- 18a: Hearing Exams:
- 18b: Hearing Aids:
- 20: Prescription Drugs (Cost Plans Only):

# Section C – Visitor/Travel

- **Offered (Yes/No)**
- **Type of benefit**
  - If financial alignment demo plan covers, this benefit **MUST** be a mandatory supplemental benefit
- **The plan must furnish all plan covered services in its designated V/T area(s), including all Medicare Parts A and B services and all mandatory supplemental benefits at in-network cost-sharing levels consistent with Medicare access and availability requirements at 42 CFR 422.112.**

# Section C – Cost-share Structure

- **Inpatient Hospital**
- **Skilled Nursing Facility**
- **Outpatient Services (1-15 groups)**
  - Group together categories that have the same cost-shares
  - Coinsurance/copayment
    - Min/Max range
  - Deductible

# Basic PBP 2013 Data Entry and Functionality – Section D

# Section D – plan-level Costs

- **Deductible**
  - ONLY if there is a plan-level deductible for supplemental plan-covered services AND/OR Medicaid-covered benefits
  - NOT permitted to include any Medicare-covered services
- **Maximum Enrollee Out-of-Pocket Cost**
  - ONLY if there is a limit on plan-covered services AND/OR Medicaid-covered benefits
  - NOT permitted to include any Medicare-covered services
- **Maximum Benefit Coverage**
  - Only applicable to supplemental plan-covered services
- **Optional Supplemental Packages**
  - NOT permitted to create optional supplemental packages

# Section D – Plan Deductible Screenshot

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

File Help

<<Previous Next>> Exit (Validate) Exit (No Validate)

Go To: Plan Deductible (In-Network)

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

Select all of the In-Network Medicare-covered Service Categories to which the In-Network Plan Deductible applies:

- 1a: Inpatient Hospital Acute;
- 1b: Inpatient Hospital Psychiatric;
- 2: Skilled Nursing Facility (SNF);
- 3: Cardiac Rehabilitation Services;
- 3: Intensive Cardiac Rehabilitation Services;
- 3: Pulmonary Rehabilitation Services;
- 5: Partial Hospitalization;
- 6: Home Health Services;

Does the In-Network Deductible apply to all In-Network Non-Medicare-covered plan services?

Yes  
 No

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

Select all of the In-Network Non-Medicare-covered Service Categories to which the In-Network Deductible applies:

- 1a: Inpatient Hospital Acute;
- 1b: Inpatient Hospital Psychiatric;
- 2: Skilled Nursing Facility (SNF);
- 3: Cardiac Rehabilitation Services;
- 3: Intensive Cardiac Rehabilitation Services;
- 3: Pulmonary Rehabilitation Services;
- 4a: Emergency Care;
- 7b: Chiropractic Services;
- 7f: Podiatry Services;
- 9d: Outpatient Blood Services;
- 10b: Transportation Services;
- 13a: Acupuncture;
- 13b: Over-the-Counter (OTC) Items;

Is there an In-Network Plan Deductible?

Yes  
 No

Do you charge the Medicare-defined Part B Deductible amount?

Yes  
 No

Indicate In-Network Plan Deductible Amount:

Select the benefits that apply to the In-Network Deductible:

In-Network Medicare-covered benefits  
 In-Network Non-Medicare-covered benefits

Does the In-Network Deductible apply to all In-Network Medicare-covered plan services?

Yes  
 No

# Basic PBP 2013 Data Entry and Functionality – Section Rx



# Medicare Rx General Screen 1

- **Required Data Entry:**
  - Type of drug benefit (4 Types):
    - All demonstration plans must be **Enhanced Alternative** plan types, because you must offer full gap coverage (and, most demonstration plans will offer excluded drugs through a supplemental Part D benefit)
  - Components of pharmacy network
    - Financial Alignment Demo Plans must NOT select a Preferred/Non-Preferred structure for retail or mail order pharmacies
    - The locations selected here must agree with the locations selected on the Tier Locations Screen(s) or the General Location/Supply Screen
  - National prescription coverage

# Alternative – Deductible/Enhanced Characteristics Screen

- Plans must indicate “No Deductible” when completing data entry in the PBP
- Plans should answer “Yes” to offering reduced Part D cost sharing:
  - All demo plans offer a reduced deductible
- Only answer “Yes” to the excluded drug question if your plan is offering Part D excluded drugs
- All demo plans must answer “Yes” to offering Additional Gap Coverage.

# Alternative Characteristics Screen

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

File Help

<<Previous Next>> Exit (Validate) Exit (No Validate) Go To: Alternative - Enhanced Alternative Characteristics

Do you offer reduced Part D cost sharing as part of your supplemental Part D Benefit?

Yes  
 No

Indicate the area(s) throughout the Part D benefit where the reduced Part D cost sharing is reflected (select all that apply):

Reduced deductible  
 Reduced pre-ICL cost shares  
 Raised ICL  
 Reduced post-threshold cost shares

Do you cover excluded drugs as part of your supplemental coverage (e.g., drugs used to treat erectile dysfunction)? (Enhanced Alternative ONLY)

Yes  
 No

If you select "Yes" to "Do you cover excluded drugs as part of your supplemental coverage (e.g., drugs used to treat erectile dysfunction)?", you must indicate these specific medications in a flat file which must be uploaded through the Formulary Submission Module by Friday, June 8, 2012 at 12:00pm EST.

Is there a Maximum Plan Benefit Coverage amount for excluded drugs?

Yes  
 No

Indicate Maximum Plan Benefit Coverage amount for excluded drugs:

Do you offer additional gap coverage as part of your supplemental benefit?

Yes  
 No

Additional gap coverage offered by enhanced alternative plans through a supplemental benefit represents coverage that is significantly greater than the standard benefit for generic and brand drugs and provides for additional savings on brand drugs that are applied before the coverage gap discount. The additional gap coverage entered in the PBP will be inclusive of the standard benefit (21% reduction in beneficiary cost-sharing for generic drugs and 2.5% reduction in cost-sharing for brand drugs in 2013), but will be in addition to the coverage gap discount for brand drugs.

For example, if a sponsor enters beneficiary cost-sharing of 30% for tier 1 generic drugs in the coverage gap, the standard generic gap benefit would be satisfied and included in the 70% reduction in cost-sharing provided through the supplemental benefit. In contrast if a sponsor enters beneficiary cost sharing of 40% for tier 2 brands in the coverage gap, the standard brand gap benefit would be satisfied and included in the 60% reduction in cost-sharing provided through this supplemental benefit but would be applied first to the plan-negotiated price of the brand drug, followed by the coverage gap discount of 50% to the remaining drug cost.

The 2013 standard gap coverage benefit of 21% for generic drugs and 2.5% for brand drugs and the coverage gap discount for brand drugs applies to all benefit types and must be reflected in each plan's bid, but should not be entered into the PBP. The gap coverage section of the PBP is intended only for those enhanced alternative plans offering 'additional gap coverage' through a supplemental benefit, that is over and above the standard benefit for generic and brand drugs and applied before the coverage gap discount for brand drugs.

# Tier Number and Model

- **General 3 Screen**

- Indicate the same number of tiers as the formulary submitted in April 2012
- Indicate Exceptions Tier

- **Tier Model Screen**

- Choose labels for every tier
  - Please ensure the tier model selected in the PBP matches the tier model in the formulary.
  - REMINDER: Deadline to submit **new** formularies is April 30, 2012.
  - Please ensure you have completed the formulary contact information in HPMS to receive appropriate communications:
    - HPMS > Contract Management > Basic Contract Management > Select Contract Number > Contact Data > Formulary Contact

# Tier Type and Cost-Share Structure

- **Tier Type and Cost-Share Structure screen**
  - Tier Drug Type(s): Allowable selections based on tier labels chosen on the Tier Model screen
  - Tier Includes: Part D Drugs and/or Excluded Part D drugs
  - Indicate type of cost-sharing structure for the tier

# Alternative - Pre-ICL Cost Sharing

- For demo plans offering LIS cost sharing amounts:
  - Indicate “Medicare-defined Part D coinsurance amount”
- For demo plans buying below LIS cost-sharing for one or more tiers:
  - Indicate “Cost Share Tiers” if a subset of tiers are being bought below LIS, or “No Cost Sharing” if ALL tiers are \$0 cost sharing
  - Enter the applicable cost-sharing that is BELOW the LIS value (e.g., if you offer a tier at \$0 copay)
  - Enter the LIS cost-sharing maximum for all other tiers, depending on type of drugs covered in the tier (\$2.65 for generics; \$6.60 for brands)
  - Must enter the one-month cost-sharing amount for any extended day supply (Chapter 13, Part D Benefit Manual)
- If Avg. Expected Cost Sharing is enabled because you offer coinsurance, enter “0” in this field

# Alternative - Pre-ICL Screen

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

File Help

<<Previous   Next>>   Exit (Validate)   Exit (No Validate)   Go To: Alternative - Pre-ICL

How do you apply your cost sharing before the Initial Coverage Limit (ICL) is reached?

No cost sharing  
 Medicare-defined Part D Coinsurance Amount  
 Cost Share Tiers

Does this apply to the excluded drug only tier?

Yes  
 No

# Pre-ICL Tier Type and Cost Share Structure Screen

PBP Data Entry System - Section RX, Contract X0000, Plan 000, Segment 0

File Help

<<Previous Next>> Exit (Validate) Exit (No Validate) Go To: Alternative - Tier Type and Cost Share Structure - Pre-ICL

	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6
Tier Drug Type(s) (select all that apply):						
Generic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Generic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Generic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tier Includes (select only one for each tier):						
Part D Drugs Only	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Excluded Drugs Only (e.g. erectile dysfunction drugs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Both Part D and Excluded Drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Indicate the type of cost sharing structure (select only one for each tier):						
Coinsurance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Copayment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Greater of Coinsurance and Copayment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lesser of Coinsurance and Copayment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



# Pre-ICL Copay and Coinsurance Screen

PBP Data Entry System - Section RX, Contract X0000, Plan 000, Segment 0

File Help

<<Previous Next>> Exit (Validate) Exit (No Validate) Go To: Alternative - Retail Pharmacy Copayment and Coinsurance - Pre-ICL

Retail Pharmacy In-Network Component - Cost Sharing

Tier	Network	Daily (Optional)*	Copayment			Avg expected cost-sharing 1-Month	Coinsurance		
			1-Month	2-Month	3-Month		1-Month	2-Month	3-Month
Tier 1	In-Network	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Preferred	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Non-Preferred	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tier 2	In-Network	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Preferred	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Non-Preferred	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tier 3	In-Network	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Preferred	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Non-Preferred	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tier 4	In-Network	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Preferred	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Non-Preferred	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tier 5	In-Network	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Preferred	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Non-Preferred	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tier 6	In-Network	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Preferred	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Non-Preferred	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

\*Daily copay amounts are OPTIONAL for CY2013

## Alternative – ICL

- All financial alignment demo plans should select “No ICL (Full Gap Coverage)”
- All other data entry will be grayed out on this screen

# Alternative – ICL Screen

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

File Help

<<Previous | Next>> | Exit (Validate) | Exit (No Validate) | Go To: Alternative - ICL

Do you apply the Medicare-defined Part D Standard Initial Coverage Limit (ICL) Amount?

Yes

No, enter amount

No ICL (Full Gap Coverage)

Enter Initial Coverage Limit (ICL) Amount:

## Alternative – OOP Threshold

- All Financial Alignment Demo Plans should indicate “No Cost Sharing”
  - Full Subsidy individuals pay \$0 above the out-of-pocket threshold

# OOP Threshold Screen

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

File Help

<<Previous Next>> Exit (Validate) Exit (No Validate) Go To: Alternative - OOP Threshold

Medicare-defined Part D Annual Out-of-Pocket Cost Threshold

How do you apply your cost sharing beyond the Medicare-defined Part D Annual Out-of-Pocket Cost Threshold?

No cost sharing  
 Medicare-defined Post Threshold Cost Shares  
 Cost Share Tiers

Does this apply to the excluded drug only tier?

Yes  
 No

# Key Software Features to Complete the PBP

# Key Software Features

- **File Backups**
- **Copy Plan (within year)**
- **PBP Reports**
- **Upload Plan(s)**

# PBP File Backups

- **PBP provides archive folder in PBP Installation Directory**
- **Automatically stores backup of every upload and update file**
- **Backup files important for security, historical reference and to aid in root cause analysis of errors**



# Copy Plan (*within year*)

- Click on **ACTIONS** in the menu bar. Then, select the **Copy Plan** option from the drop down menu
- OR
- Click on the **<COPY PLAN>** button in the tool bar
- **Note:** Only the applicable, similar sections will be copied. The copy functionality will not overwrite basic properties of the plan (e.g., if you copy an MA-PD to an MA, it will only copy the MA data and will **NOT** convert the plan to an MA-PD).

# Copy Plan (Within Year)

**PBP Copy Plan**

Step 1: Select Source Plan and Destination Plan(s)

Z0008	801	000	A	Completed
Z0003	801	000	A	Completed
Z0007	001	000	A	Completed
Z0007	002	000	A	Completed
Z0007	005	000	A	Completed
Z0007	008	000	A	Completed
Z0007	009	000	A	Completed
Z0007	016	000	A	Completed
Z0007	801	000	A	Completed

To

Z0008	801	000	A	Completed
Z0008	801	000	New	
Z0003	801	000	A	Completed
Z0005	801	000	New	
Z0008	001	000	A	Completed
Z0004	001	000	New	
Z0007	029	000	New	
Z0007	030	000	New	
Z0007	035	000	New	

Step 2: Select Copy Type

Section A

Section B Select All

01: Inpatient Hospital Services  
02: Skilled Nursing Facility (SNF)  
03: Cardiac and Pulmonary Rehabilitation Services  
04: Emergency Care/Urgently Needed Services  
05: Partial Hospitalization  
06: Home Health  
07: Health Care Professional Services

Section C:  Out-Of-Network  Point Of Service  
 Visitor/Travel - U.S.

Section D

Section Rx

Step 3: Assign Copied Plans to User(s)

Assign all target plans to a specific user

Assign each target plan to the source plan user

Keep the currently assigned user for each target plan

Step 4: Click to Copy

Progress:

# PBP Data/History Reports

**PBP Management Screen**

File Actions Preferences Help

Exit Copy Plan Data/History Report SB Report Plan Maintenance User Maintenance

**Step 1: Select a Contract Number**

Z0001 - Sample Local PPO Org SS

**Step 2: Section A**

Plan ID	Plan Name	Seg
001	Sample Local PPO MA-PD ...	0
002	Sample Local PPO MA-PD ...	0
003	Sample Local PPO MA-PD ...	0

**Step 3: Section B**

Service Category

04: Emergency Care/Urgently Needed Services

05: Partial Hospitalization

06: Home Health Services

**Step 4: Section C**

Section C - Incomplete

**Step 5:**

**Step 7: Upload**

Upload

Ready

---

**PBP Copy Plan**

Step 1: Select Source Plan and Destination Plan(s)

Source Plan	Destination Plan
Z0008 801 000 A Completed	Z0008 801 000 A Completed
Z0003 801 000 A Completed	Z0008 801 000 New
Z0007 001 000 A Completed	Z0003 801 000 A Completed
Z0007 002 000 A Completed	Z0005 801 000 New
Z0007 005 000 A Completed	Z0008 001 000 A Completed
Z0007 008 000 A Completed	Z0004 001 000 New
Z0007 009 000 A Completed	Z0007 029 000 New
Z0007 016 000 A Completed	Z0007 030 000 New
Z0007 801 000 A Completed	Z0007 035 000 New

To

Step 2: Select Copy Type

Section A

Section B Select All

01: Inpatient Hospital Services  
 02: Skilled Nursing Facility (SNF)  
 03: Cardiac and Pulmonary Rehabilitation Services  
 04: Emergency Care/Urgently Needed Services  
 05: Partial Hospitalization  
 06: Home Health  
 07: Health Care Professional Services

Section C:  Out-Of-Network  Point Of Service  
 Visitor/Travel - U.S.

Section D

Section Rx

Step 3: Assign Copied Plans to User(s)

Assign all target plans to a specific user test

Assign each target plan to the source plan user

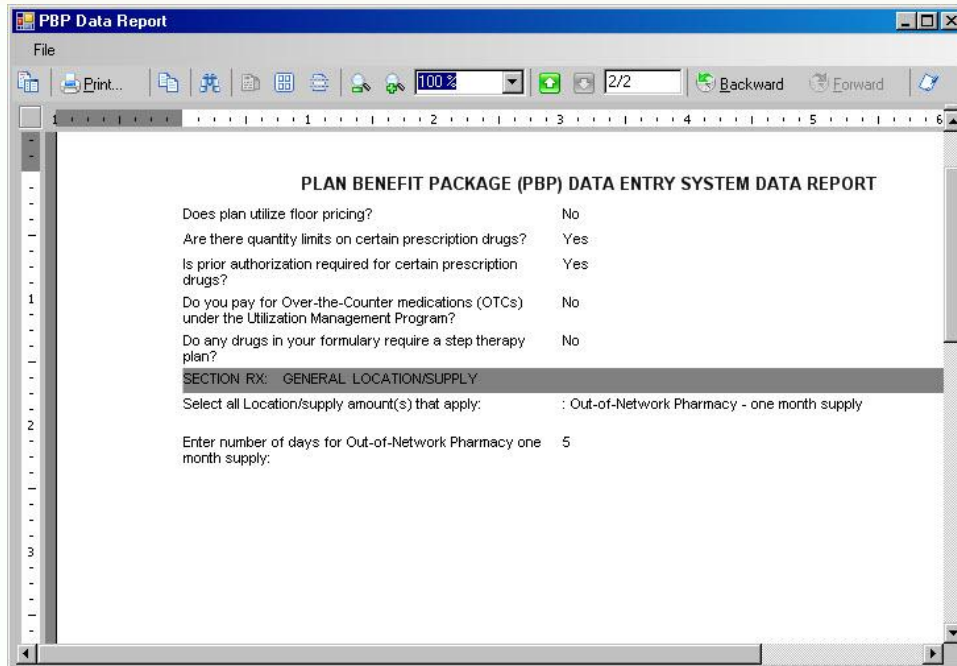
Keep the currently assigned user for each target plan

Step 4: Click to Copy

Go Copy Close

Progress:

# PBP Data Report



The screenshot shows a software window titled "PBP Data Report". The window has a menu bar with "File" and a toolbar with icons for Print, Save, and navigation. The main content area displays a form titled "PLAN BENEFIT PACKAGE (PBP) DATA ENTRY SYSTEM DATA REPORT". The form contains several questions with corresponding answers:

Question	Answer
Does plan utilize floor pricing?	No
Are there quantity limits on certain prescription drugs?	Yes
Is prior authorization required for certain prescription drugs?	Yes
Do you pay for Over-the-Counter medications (OTCs) under the Utilization Management Program?	No
Do any drugs in your formulary require a step therapy plan?	No

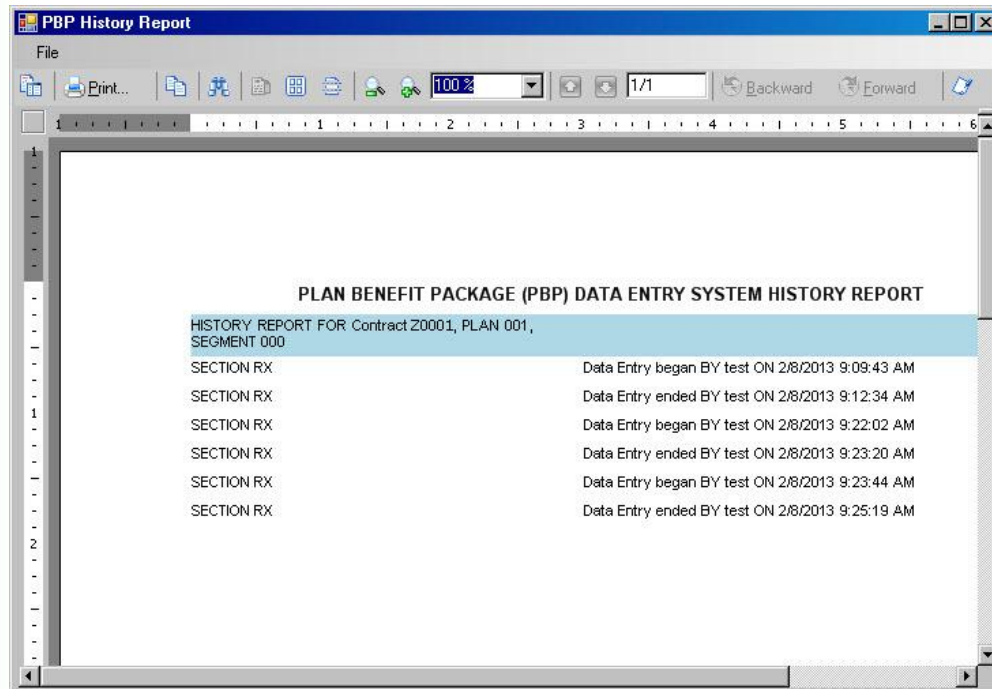
Below the questions, there is a section titled "SECTION RX: GENERAL LOCATION/SUPPLY". It contains the following text:

Select all Location/supply amount(s) that apply: : Out-of-Network Pharmacy - one month supply

Enter number of days for Out-of-Network Pharmacy one month supply: 5

The Data Report displays the data that has been entered for a Section(s) or Service Category(ies). Only the questions that you responded to will display in the data report. Disabled questions will not be included in the report.

# PBP History Report



The screenshot shows a window titled "PBP History Report" with a standard Windows-style menu bar (File) and toolbar (Print, Copy, Paste, Find, Zoom, Backward, Forward). The main content area displays a report titled "PLAN BENEFIT PACKAGE (PBP) DATA ENTRY SYSTEM HISTORY REPORT" for "Contract Z0001, PLAN 001, SEGMENT 000". The report lists six data entry events for "SECTION RX", each with a "Data Entry began" and "Data Entry ended" timestamp from February 8, 2013.

PLAN BENEFIT PACKAGE (PBP) DATA ENTRY SYSTEM HISTORY REPORT	
HISTORY REPORT FOR Contract Z0001, PLAN 001, SEGMENT 000	
SECTION RX	Data Entry began BY test ON 2/8/2013 9:09:43 AM
SECTION RX	Data Entry ended BY test ON 2/8/2013 9:12:34 AM
SECTION RX	Data Entry began BY test ON 2/8/2013 9:22:02 AM
SECTION RX	Data Entry ended BY test ON 2/8/2013 9:23:20 AM
SECTION RX	Data Entry began BY test ON 2/8/2013 9:23:44 AM
SECTION RX	Data Entry ended BY test ON 2/8/2013 9:25:19 AM

The History Report shows what data was entered, the date and time it was entered, and who completed the data entry.

# Summary of Benefits Report

- **Summary of Benefits (SB)**
  - Financial Alignment demo plans should review the plan sentences as they will display on the Medicare Plan Finder (MPF)
  - Plan sentences generated from data entered in SB-related variables (red variables in the PBP software)
  - The Prescription Drug sentences will automatically display based on data entry in the PBP software
    - Please stay tuned for more information regarding the prescription drug sentence display on the MPF. MMCO will be reaching out to plans as applicable. Some plans may ultimately display the LIS sentences on MPF, based on the actual benefits being offered



# Summary of Benefits Report

**PBP Management Screen**

File Actions Preferences Help

Exit Copy Plan Data/History Report SB Report Plan Maintenance User Maintenance

**Step 1: Select a Contract Number**  
Z0001 - Sample Local PPO Org SS

**Step 2: Section A**

Plan ID	Plan Name	Segment	User
001	Sample Local PPO MA-PD ...	0	mco3
002	Sample Local PPO MA-PD ...	0	mco3
003	Sample Local PPO MA-PD ...	0	mco3

**Step 3: Section B**

Service Category

04: Emergency Care/Urgently Needed Services

05: Partial Hospitalization

06: Home Health Services

**Step 4: Section C**  
Section C - Incomplete

**Step 5: Section D**  
Section D - Incomplete

**Step 7: Upload**  
Upload

Ready

---

**PBP Summary of Benefits**

Step 1: Select One or More Categories

- Introduction
- 1 - Premium and Other Important Information
- 2 - Doctor and Hospital Choice
- 3 - Inpatient Hospital Care
- 4 - Inpatient Mental Health Care
- 5 - Skilled Nursing Facility (SNF)
- 6 - Home Health Care
- 7 - Hospice
- 8 - Doctor Office Visits
- 9 - Chiropractic Services
- 10 - Podiatry Services
- 11 - Outpatient Mental Health Care
- 12 - Outpatient Substance Abuse Care
- 13 - Outpatient Services/Surgery

Select All Generate SB Report

Step 2: Display A Report

Introduction Summary of Benefits Clear All

Close

Report Status: \_\_\_\_\_

# Upload Plan(s) - PBP

- **Select Completed Plan(s) for Upload**
  - Validate Bid
    - May validate one or more plans at a time
  - Verify SB
    - May only verify one plan at a time; when verifying, the SB Introduction and SB sentences will be displayed
  - Upload
    - May upload one or more plans at a time



# Upload Plan(s) - PBP

**PBP Management Screen**

File Actions Preferences Help

- Copy Plan
- Copy Plan (from Previous Year)
- Import/Export
- Reports
- Update Plan Information
- Upload**
- Plan Maintenance
- User Maintenance

SB Report  Plan Maintenance  User Maintenance

mco3	Plan Comple...
	New

Step 3: Section B

Service Category	Status
17: Eye Exams/Eye Wear	Completed
18: Hearing Exams/Hearing Aids	Completed

Enter Data for Section B

Step 4: Section C  Section C - Completed

Step 5: Section D  Section D - Completed

Step 6: Medicare Rx Drugs  Section Rx - N/A

Step 7: Upload

Ready

# Review Upload Status - HPMS

Review the status of your uploads in HPMS

**HPMS**
Bid 2013  
Home

### Review Upload Status

Please note that a green check (✓) indicates the step has been completed for this contract/plan/segment.

Contract	Plan	Segment	Plan Name	Service Area Verification	Plan Crosswalk	Formulary Crosswalk	Latest Actuarial Certification		2-Year Lookback	Bid Submission	Substantiation
							MA	PD			
Z0001	006	N/A	TEST CONTRACT 1		N/A	N/A	N/A	N/A	N/A		No
Z0002	008	N/A	TEST CONTRACT 2		N/A	N/A	N/A	N/A	N/A		No
Z0003	009	N/A	TEST CONTRACT 3		N/A	N/A	N/A	N/A	N/A		No
Z0004	011	N/A	TEST CONTRACT 4		N/A	N/A	N/A	N/A	N/A		No
Z0005	012	N/A	TEST CONTRACT 5		N/A	N/A	N/A	N/A	N/A		No
Z0006	013	N/A	TEST CONTRACT 6		N/A	N/A	N/A	N/A	N/A		No
Z0007	016	N/A	TEST CONTRACT 7		N/A	✓	N/A	N/A	N/A		No
Z0008	017	N/A	TEST CONTRACT 8		N/A	N/A	N/A	N/A	N/A		No
Z0009	B01	N/A	TEST CONTRACT 9		N/A	✓	N/A	N/A	N/A		No
Z0010	B02	N/A	TEST CONTRACT 10		N/A	✓	N/A	N/A	N/A		No
Z0011	B03	N/A	TEST CONTRACT 11		N/A	✓	N/A	N/A	N/A		No

[Back](#)

[Go To: Bid 2013 Start Page](#)

# HPMS Bid Reports (Available under Plan Bids)

# HPMS – PBP Reports

## PBP Reports available:

- PBP Benefits Report (*Section B data*)
- PBP Out-of-Network, Point of Service, Visitor/Travel Benefits Report (*Section C data*)
- Plan-level cost-shares and Limits Report (*Section D data*)
- PBP Part D Benefits Report (*Rx data*)
- PBP Notes Report
- Medicare Benefit Description Report
- Service Category Report

# HPMS – SB/Status Reports

## SB Reports:

- Summary of Benefits Report
  - NOTE: This is how your benefits will appear on Medicare.gov

## Bid Status Reports:

- Submission Status Report
- Bid Status History report
  - Provides upload, unload, and sent to Desk Review status

# HPMS – Contract Management Reports

- **Service Area Report:**
  - Contract Service Area, Plan Service Area, Plan Segment Service Area
- **Contract and Plan Information Report:**
  - Outlines contract-level information (e.g., Org. Type, Org. Geographic Name, Corporate Website, etc) and includes contract-level and plan-level contacts
- **Plan Crosswalk Report:**
  - To view after bid submission. This report shows the crosswalk of CY2012 to CY2013 plans and what counties were added/reduced
    - NOTE: Crosswalk exceptions WILL be documented in this report.
    - Further guidance is coming regarding crosswalk exceptions for financial alignment demonstration plans.

# Resources

# Resources

## **PBP Software Technical Issues:**

- Sara Silver 410-786-3330 [sara.silver@cms.hhs.gov](mailto:sara.silver@cms.hhs.gov)
- Lucia Patrone 410-786-8621 [lucia.patrone@cms.hhs.gov](mailto:lucia.patrone@cms.hhs.gov)

## **PBP/HPMS Technical Help Desk:**

- Help Desk 800-220-2028 [hpms@cms.hhs.gov](mailto:hpms@cms.hhs.gov)
- HPMS User Access Questions [hpms\\_access@cms.hhs.gov](mailto:hpms_access@cms.hhs.gov)

## **Medicare-Medicaid Coordination Office:**

- MMCO Mailbox [MMCOcapsmodel@cms.hhs.gov](mailto:MMCOcapsmodel@cms.hhs.gov)
- MMCO Website: <http://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/FinancialModelstoSupportStatesEffortsInCareCoordination.html>