



# **Plan Benefit Package (PBP) CY 2022 Software Changes**

# PBP CY 2022 Training Agenda

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## **Objective: Focus on CY 2022 Technical Changes**

- Describe Key PBP Software Changes
- Describe Key MMP Changes
- Describe Key VBID/MA Uniformity Flexibility/SSBCI changes
- Describe Part D Payment Modernization Model Changes
- Describe Part D Senior Saving Model Additions



# **PBP CY 2022 General Changes**

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- The Copy Plan (from Previous Year) function has been updated based on changes made to the PBP in the current year.



# **PBP CY 2022**

## **Section A Changes**

# PBP CY 2022 Section A

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- There were no changes to the PBP Section A for CY 2022.



# **PBP CY 2022**

## **Section B Changes**

# Updated Section B – Cost Share Limits

Service Category	PBP Location	Voluntary MOOP	Mandatory MOOP
Inpatient Hospital – Acute - 60 Days	1a	N/A	\$4,816
Inpatient Hospital – Acute - 10 Days	1a	\$2,783	\$2,226
Inpatient Hospital – Acute - 6 Days	1a	\$2,524	\$2,019
Inpatient Hospital Psychiatric - 60 Days	1b	\$3,408	\$2,726
Inpatient Hospital Psychiatric - 15 Days	1b	\$2,339	\$1,871
SNF-First 20 days	2	\$20/day	\$0/day
SNF-Days 21-100	2	\$188/d	\$188/d
Cardiac Rehabilitation Services	3	\$50	\$50
Intensive Cardiac Rehabilitation Services	3	\$100	\$100
Pulmonary Rehabilitation Services	3	\$30	\$30
Supervised exercise therapy (SET) for Symptomatic peripheral artery disease (PAD)	3	\$30	\$30
Emergency / Post Stabilization Services	4a	\$120	\$90
Urgently Needed Services	4b	\$65	\$65
Partial Hospitalization	5	\$55/day	\$55/day
Home Health	6a	20% or \$35	\$0
Primary Care Physician	7a	\$35	\$35

# Updated Section B – Cost Share Limits 2

<b>Service Category</b>	<b>PBP Location</b>	<b>Voluntary MOOP</b>	<b>Mandatory MOOP</b>
Chiropractic Care	7b	\$20	\$20
Occupational Therapy	7c	\$40	\$40
Physician Specialist	7d	\$50	\$50
Psychiatric and Mental Health Specialty Services	7e & 7h	\$40	\$40
Physical Therapy and Speech-language Pathology	7i	\$40	\$40
Therapeutic Radiological Services	8b	20% or \$60	20% or \$60
DME-Equipment	11a	N/A	20%
DME-Prosthetics	11b	N/A	20%
DME-Medical Supplies	11b	N/A	20%
DME-Diabetes Monitoring Supplies	11c	N/A	20% or \$10
DME-Diabetic Shoes or Inserts	11c	N/A	20% or \$10
Dialysis Services	12	20% or \$30	20% or \$30
Part B Drugs-Chemotherapy	15	20% or \$75	20% or \$75
Part B Drugs-Other	15	20% or \$50	20% or \$50

## Section B-7

1. A Note is required for B7abcdefghijkl, when both a copay and coinsurance are entered even if the cost sharing entered is \$0-\$0 or 0%-0%.
2. Acupuncture/Chiropractic combination benefit questions have been removed from B7b, B13a, and B14c17.

## Section B-9

### B-9a: Outpatient Hospital Services

- “Per visit” has been removed from Observation Services cost sharing questions.
- New copayment questions are added to indicate "per day," "per stay," or "other" for Medicare-covered Outpatient Hospital Services.

# Section B-13

## B-13c: Meal Benefit

- The following meal questions have been removed from B13c; “How many days does your Meal Benefit last?” and “What is the maximum number of meals the benefit provides?” B13 Meals questions are replaced with the variable "Select the type of primary health-related meals benefit offered."

# Section B-14

## B-14c: Other Defined Supplemental Benefits

- A new question "Select the type of benefit offered" has been added to indicate the type of Support for Caregiver offered.
- New questions "Is this benefit unlimited? Indicate limit for number of session and Indicate number of sessions periodicity, has been added to define Therapeutic Massage in B14c18

## B-14e: Other Medicare-Covered Preventive Services

- Other Medicare Covered preventive Service was removed from the list of options for B14e "Other Medicare-covered preventive Services."



# **PBP CY 2022 Section C Changes**

# Section C

- A new “Notes” field is added on the Base 2 screen for every OON and POS group for plans to explain certain cost-sharing conditions.
- Other Medicare Covered Preventive Service B14e6 is removed from every group.



# **PBP CY 2022**

## **Section D Changes**

# Section D

- “Every Month” option is added to the Select Reductions in Cost-Sharing periodicity question.
- Variable help instruction are updated on the Plan Premium/Rebate Reduction screen for “Are you using any of your plan’s MA rebates to reduce the Part B Premium?”
- Periodicity question and selection up to one year is added to Combined Benefits screens package screens for Max Plan Benefit Amount. Max Plan Benefit Amount screen is removed from Section D.



# **PBP CY 2022**

## **Section Rx Changes**

# Section Rx

- The following questions are removed from Medicare Rx General 2 Screen:
  - “Are there any quantity limits on certain prescription drugs?”
  - “Is prior authorization required for certain prescription drugs?”
  - “Will your plan be limited on-formulary coverage of drugs to certain indications (i.e., are you implementing indication-based formulary design)?” and
  - “Do any drugs in your formulary require a step therapy plan?”
- Long-Term Care and Out-of-Network pharmacy networks are auto selected in the pharmacy network components section by default on the Medicare Rx General 1 screen.
- A new function was added to help pre-populate location supply with a pop-up function.



# **Medicare-Medicaid Plans CY 2022 PBP Changes**

# MMP – PBP (Section Rx)

- The edit rules for maximum cost sharing amounts for MMPs drug tiers have been updated as follows:
  - For a Generic only tier: The Maximum allowable copay is \$3.95.
  - For a Brand only tier: The Maximum allowable copay is \$9.85.
  - For a Non-Medicare drugs only tier: No validations.
  - For a Combination (Brand & Generic) tier: The Maximum allowable copay is \$9.85.
  - For a Combination (Medicare & Non-Medicare drugs) tier: The Minimum and Maximum copay must both be \$0.



# **VBID/UF/SSBCI CY 2022 PBP Changes**

# VBID/UF/SSBCI – PBP (Section B-19)

- VBID/MA Uniformity Flexibility/SSBCI B19b/13i Meals (beyond limited basis) questions regarding the number of meals and number of days were removed and replaced with a new question, "Is the meal benefit unlimited?"
- The VBID/MA Uniformity Flexibility/SSBCI supplemental meal questions "How many days does your Meal Benefit last?" and "What is the maximum number of meals the benefit provides?" were removed from B19/13c and replaced with the variable "Select the type of primarily health-related meals benefit offered."
- New SSBCI screens have been added to B19a/B19b to indicate chronic conditions for SSBCI packages, similar to what is required for MA Uniformity Flexibility for disease states.
- VBID Hospice copayment questions have been removed from Base 1 and Base 2 in regard to cost sharing for inpatient respite care, and the updated questions "Are you offering hospice supplemental benefits," "Is there a max plan benefit amount," and "Enter the maximum plan benefit" have been added to the Base 3 screen.
- Questions were added to a new VBID Cash or Monetary Rebates screen.

# VBID – PBP (Section Rx)

- New questions were added for VBID plans to better define their Part D VBID benefit.
- New screens were added for Defined Standard VBID waiver or reduction of beneficiary LIS cost sharing.

# Part D Payment Modernization

- A new question was added to the Part D Payment Modernization screen “Are you offering any of the programmatic flexibilities under the Part D Model?”

# Part D Senior Saving Model

- The PBP software has been updated to include new screens for Part D Senior Savings (PDSS) Model with questions covering participation in the Model, whether the plan offers Part D Rewards and Incentives, whether the plan opts in to the First Corridor Risk Threshold, and cost sharing.