

CY 2025 List of Changes – 30 Day PRA Package

CY 2025 PBP Changes

Overall

1. Date references throughout PBP pages and screens will be updated to reflect the CY 2025 year. Bid submission and formulary-related due dates will be updated to reflect CY 2025 deadlines, where appropriate.

SOURCE: CMS Policy

PBP SCREEN/CATEGORY: All

DOCUMENT: All

PAGE(S): All

CITATION: 42 CFR 422.256

REASON WHY CHANGE IS NEEDED: To update the year references and bid-related deadlines throughout the software.

IMPACT BURDEN: No Impact

General Setup / Benefit Offerings / Plan Level Cost Sharing

1. A “Select All” checkbox for OON and POS is being added to the Benefit Offerings page so that respondents can easily select all Medicare and/or Non-Medicare service categories to offer as OON/POS.

SOURCE: CMS Policy

PBP SCREEN/CATEGORY: Benefit Offerings

DOCUMENT: Appendix_C_PBP2025_General Setup.pdf

PAGE(S): pages 7 - 8

CITATION: 42 CFR 422.256

REASON WHY CHANGE IS NEEDED: To simplify data entry.

IMPACT BURDEN: No Impact

2. The question “What type of Out-of-Network MOOP does your plan offer?” is being removed from the Plan Level Cost Sharing page.

Source: CMS Policy

PBP SCREEN/CATEGORY: Plan Level Cost Sharing

DOCUMENT: Appendix_C_PBP2025_General Setup.pdf

PAGE(S): page 20

CITATION: 42 CFR 422.256

REASON WHY CHANGE IS NEEDED: To simplify data entry.

IMPACT BURDEN: Reduces Impact

Cost Share Groups

1. For Combined Benefits Groups, the non-Medicare picklist will be modified to allow separate selections for Additional Benefits for VBID, MA UF and/or SSBCI rather than a single selection for “Additional Benefits for VBID/ MA UF / SSBCI”

SOURCE: CMS Policy

PBP SCREEN/CATEGORY: Combined Supplemental Benefits

DOCUMENT: Appendix_C_PBP2025_Cost Share Groups

PAGE(S): 8

CITATION: 42 CFR 422.256

REASON WHY CHANGE IS NEEDED: To increase precision in Combined Supplemental Benefit Packages.

IMPACT BURDEN: No Impact

2. For Optional Supplemental Benefits Packages, additional questions will be added to allow plans to offer additional OON cost sharing for their Optional Supplemental Package as follows:
 - a. Does this category include Out-of-Network benefits?
 - b. Are the OON cost shares the same as the In-Network cost shares?
 - c. Is there an OON coinsurance?
 - d. Is there an OON copayment?

SOURCE: CMS Policy

PBP SCREEN/CATEGORY: Optional Supplemental Benefits

DOCUMENT: Appendix_C_PBP2025_Cost Share Groups

PAGE(S): 23

CITATION: 42 CFR 422.256

REASON WHY CHANGE IS NEEDED: To allow data collection related to additional OON cost sharing.

IMPACT BURDEN: Low Impact

Benefit Details

1. When offering coinsurance for Emergency Services (4a) and/or Urgently Needed Services (4b) - the Maximum per visit amount field will be mandatory.

SOURCE: CMS Policy

PBP SCREEN/CATEGORY: Emergency Services (4a) and Urgently Needed Services (4b)

DOCUMENT: Appendix_C_PBP2025_Benefit Details 1-10

PAGE(S): 62 and 64

CITATION: 42 CFR 422.256

REASON WHY CHANGE IS NEEDED: To clarify data entry.

IMPACT BURDEN: Low Impact

2. For Over-the-Counter Items (13b), questions related to Naloxone coverage and cost will be added.

SOURCE: CMS Policy

PBP SCREEN/CATEGORY: Over-the-Counter (OTC) Items (13b)

DOCUMENT: Appendix_C_PBP2025_Benefit Details 11-20

PAGE(S): 29

CITATION: 42 CFR 422.256

REASON WHY CHANGE IS NEEDED: To capture information on Naloxone coverage.

IMPACT BURDEN: Low Impact

3. For Medicare Part B Insulin Drugs (15-1) Coinsurance, "Maximum copay amount per month" is being changed to "Maximum effective cost sharing per month."

SOURCE: CMS Policy

PBP SCREEN/CATEGORY: Medicare Part B Insulin Drugs (15-1) - Medicare
DOCUMENT: Appendix_C_PBP2025_Benefit Details 11-20
PAGE(S): 183
CITATION: 42 CFR 422.256
REASON WHY CHANGE IS NEEDED: To clarify the data field.
IMPACT BURDEN: No Impact

4. For Medicare Part B Insulin Drugs (15-1), the question “Does the Part B drugs – Insulin cost sharing count towards any plan-level deductible? Y/N” is being added to the screen.

SOURCE: CMS Policy
PBP SCREEN/CATEGORY: Medicare Part B Insulin Drugs (15-1) - Medicare
DOCUMENT: Appendix_C_PBP2025_Benefit Details 11-20
PAGE(S): 183
CITATION: 42 CFR 422.256
REASON WHY CHANGE IS NEEDED: To reflect CMS policy.
IMPACT BURDEN: Low Impact

5. For Dental (16), all Medicare covered dental services will move to a redefined parent level category for Medicare-covered Dental Services (16a); all non-Medicare covered dental service sub-categories and questions will be reorganized into Diagnostic and Preventive Dental (16b) or Comprehensive Dental (16c) to better align with Current Dental Terminology (CDT) Codes categories.

SOURCE: CMS Policy
PBP SCREEN/CATEGORY: Medicare Dental Services (16a), Diagnostic and Preventive Dental (16b), and Comprehensive Dental (16c)
DOCUMENT: Appendix_C_PBP2025_Benefit Details 11-20
PAGE(S): 190 - 237
CITATION: 42 CFR 422.256
REASON WHY CHANGE IS NEEDED: To address a policy directive.
IMPACT BURDEN: Medium Impact

6. For Dental X-Rays (16b2), question will be modified to refer to number of x-rays instead of number of visits.

SOURCE: CMS Policy
PBP SCREEN/CATEGORY: Dental X-Rays (16b2)
DOCUMENT: Appendix_C_PBP2025_Benefit Details 11-20
PAGE(S): 198
CITATION: 42 CFR 422.256
REASON WHY CHANGE IS NEEDED: To ensure coding compatibility.
IMPACT BURDEN: No Impact

7. For Hearing aids (18b), service category and questions will be updated to reflect separate cost sharing for Prescription and OTC Hearing Aids. 18b will be changed to Prescription Hearing Aids and a new category for OTC Hearing Aids (18c) will be created.

SOURCE: CMS Policy
PBP SCREEN/CATEGORY: Prescription Hearing Aids (18b) and OTC Hearing Aids (18c)
DOCUMENT: Appendix_C_PBP2025_Benefit Details 11-20
PAGE(S): 257 - 263
CITATION: 42 CFR 422.256

REASON WHY CHANGE IS NEEDED: To reflect updated policy.

IMPACT BURDEN: Low Impact

8. For Out-of-Network (OON) and Point-of-Service (POS) cost share group, the PBP will be updated to allow benefits to be added at the more granular child benefit level

SOURCE: CMS Policy

PBP SCREEN/CATEGORY: Benefit Details

DOCUMENT: Appendix_C_PBP2025_Benefit Details 1-10 and Appendix_C_PBP2025_Benefit Details 11-20

PAGE(S): All

CITATION: 42 CFR 422.256

REASON WHY CHANGE IS NEEDED: To increase flexibility in OON and POS packages.

IMPACT BURDEN: No Impact

VBID-UF-SSBCI

1. For VBID Part C, the option to select "Medicare Advantage rewards and incentives" (and related questions and screens) is being eliminated. The question "Does this plan offer Part C benefits under the VBID model?" is being revised to "Does this plan offer value-based design flexibilities by condition, socioeconomic state, or area deprivation index under the VBID model?"

Source: CMS Policy

PBP SCREEN/CATEGORY: VBID, MA Uniformity, SSBCI

DOCUMENT: Appendix_C_PBP2025 VBID-UF-SSBCI Packages.pdf

PAGE(S): 1

CITATION: 42 CFR 422.256

REASON WHY CHANGE IS NEEDED: VBID Rewards and Incentives are no longer part of VBID Part C.

IMPACT BURDEN: Reduces Impact

2. VBID Wellness and Healthcare Planning questions, screens, and related text are being eliminated

Source: CMS Policy

PBP SCREEN/CATEGORY: VBID, MA Uniformity, SSBCI

DOCUMENT: Appendix_C_PBP2025 VBID-UF-SSBCI Packages.pdf

PAGE(S): 1

CITATION: 42 CFR 422.256

REASON WHY CHANGE IS NEEDED: Wellness and Healthcare Planning is no longer part of VBID.

IMPACT BURDEN: Reduces Impact

3. An option to select "Area Deprivation Index" is being added to the Targeting Methodology for VBID Packages.

Source: CMS Policy

PBP SCREEN/CATEGORY: VBID, MA Uniformity, SSBCI

DOCUMENT: Appendix_C_PBP2025 VBID-UF-SSBCI Packages.pdf

PAGE(S): 9 and 41

CITATION: 42 CFR 422.256

REASON WHY CHANGE IS NEEDED: Area Deprivation Index is being added as a new targeting methodology option for VBID.

IMPACT BURDEN: No Impact

4. Within VBID Hospice, references to “transitional concurrent care” are being updated to “concurrent care.”

Source: CMS Policy

PBP SCREEN/CATEGORY: VBID Hospice

DOCUMENT: Appendix_C_PBP2025 VBID-UF-SSBCI Packages.pdf

PAGE(S): 3

CITATION: 42 CFR 422.256

REASON WHY CHANGE IS NEEDED: To address CMS policy.

IMPACT BURDEN: No Impact

5. VBID Health Equity Program questions, screens, and related text are being eliminated

Source: CMS Policy

PBP SCREEN/CATEGORY: VBID, MA Uniformity, SSBCI

DOCUMENT: Appendix_C_PBP2025 VBID-UF-SSBCI Packages.pdf

PAGE(S): 1

CITATION: 42 CFR 422.256

REASON WHY CHANGE IS NEEDED: VBID Health Equity Program is no longer applicable.

IMPACT BURDEN: Reduces Impact

6. The 19a and 19b service category ids are being appended to the end of the page title and left navigation links for VBID/UF/SSBCI Part C Reduction in Cost Sharing and Additional Benefit Packages.

Source: CMS Policy

PBP SCREEN/CATEGORY: VBID/UF/SSBCI Part C Reduction in Cost Sharing Packages & VBID/UF/SSBCI Part C Additional Benefits Packages

DOCUMENT: Appendix_C_PBP2025 VBID-UF-SSBCI Packages.pdf

PAGE(S): 8 and 40

CITATION: 42 CFR 422.256

REASON WHY CHANGE IS NEEDED: To clarify data entry.

IMPACT BURDEN: No Impact

Section Rx

1. Section Rx screens and questions are being updated to reflect elimination of coverage gap for CY2025. ICL will no longer apply. Pre-ICL Phase will change to Initial Coverage Phase. Gap-related screens will be eliminated.

SOURCE: CMS Policy

PBP SCREEN/CATEGORY: Rx Cost Share, Initial Coverage Phase, Rx Insulin, Gap Screens eliminated

DOCUMENT: Appendix_C_PBP2025 Section Rx.pdf

PAGE(S): 5-7, 13-16, and 21-22

CITATION: 42 CFR 422.256

REASON WHY CHANGE IS NEEDED: To address an IRA policy change.

IMPACT BURDEN: Reduces Impact

2. A free text box will be added for enhanced plans that select “Reduced Initial Coverage Phase cost shares.” The intent is for sponsors to describe how they are fulfilling the requirement to increase the actuarial value of benefits above the actuarial value of defined standard prescription drug coverage.

SOURCE: CMS Policy

PBP SCREEN/CATEGORY: Rx Cost Share

DOCUMENT: Appendix_C_PBP2025 Section Rx.pdf

PAGE(S): 5

CITATION: 42 CFR 422.256

REASON WHY CHANGE IS NEEDED: To understand how sponsors are fulfilling the requirement to increase the actuarial value of benefits above the actuarial value of defined standard prescription drug coverage.

IMPACT BURDEN: Low Impact

Section Rx – VBID

1. Section Rx VBID screens and questions are being updated to reflect elimination of coverage gap for CY2025. ICL will no longer apply. Pre-ICL Phase will change to Initial Coverage Phase. Gap-related screens will be eliminated.

SOURCE: CMS Policy

PBP SCREEN/CATEGORY: VBID Part D Reduced Cost Sharing, VBID Part D Reduction in Cost Sharing Packages

DOCUMENT: Appendix_C_PBP2025 VBID Rx.pdf

PAGE(S): 6, 8, 11, and 13

CITATION: 42 CFR 422.256

REASON WHY CHANGE IS NEEDED: To address an IRA policy change.

IMPACT BURDEN: Reduces Impact

2. An option to select “Area Deprivation Index” will be added to the Targeting Methodology for Rx VBID Packages.

Source: CMS Policy

PBP SCREEN/CATEGORY: VBID Part D Reduced Cost Sharing, VBID Part D Reduction in Cost Sharing Packages

DOCUMENT: Appendix_C_PBP2025 VBID Rx.pdf

PAGE(S): 6 and 10

CITATION: 42 CFR 422.256

REASON WHY CHANGE IS NEEDED: Area Deprivation Index is being added as a new targeting methodology option for VBID.

IMPACT BURDEN: No Impact

Formulary Changes

1. Remove Partial GAP file layout.

Source: CMS Policy

PBP SCREEN/CATEGORY: N/A

DOCUMENT: N/A

PAGE(S): N/A

CITATION: CMS Model

REASON WHY CHANGE IS NEEDED: To address an IRA policy change.

IMPACT BURDEN: Reduces Impact

2. Remove “GAP_Coverage_YN” field from the Excluded Drugs file layout.

Source: CMS Policy
PBP SCREEN/CATEGORY: N/A
DOCUMENT: Appendix_C_CY2025_EXD_Record_Layout.pdf
PAGE(S): N/A
CITATION: CMS Model
REASON WHY CHANGE IS NEEDED: To address an IRA policy change.
IMPACT BURDEN: Reduces Impact

MTM Changes

1. Update the CORE list to include HIV/AIDS and Cancer as Chronic conditions that can be selected.

Source: Internal
PBP SCREEN/CATEGORY: Targeting Criteria per CMS Requirements
DOCUMENT: Appendix_C_MTM2025 PRA Mockups.pdf
PAGE(S): 1
CITATION: Lessons Learned
REASON WHY CHANGE IS NEEDED: Allow better tracking of additional CORE Chronic conditions.
IMPACT BURDEN: No Impact

2. The Targeting group has been split into two labelled: Data Evaluated for Targeting Group 1, and Data Evaluated for Targeting Group 2 (ARBS).

Source: Internal
PBP SCREEN/CATEGORY:
DOCUMENT: Appendix_C_MTM2025 PRA Mockups.pdf
PAGE(S): 3
CITATION: Lessons Learned
REASON WHY CHANGE IS NEEDED: Better align the grouping of targeted section data collection.
IMPACT BURDEN: No Impact

3. Rename “Chronic/maintenance drugs apply” to “All Part D Maintenance Drugs” and auto select, and remove option for “Specific Part D drug classes apply” as it is no longer necessary.

Source: Internal
PBP SCREEN/CATEGORY:
DOCUMENT: Appendix_C_MTM2025 PRA Mockups.pdf
PAGE(S): 2
CITATION: Lessons Learned
REASON WHY CHANGE IS NEEDED: better serve users with pre-selecting what is expected to be the most selected option.
IMPACT BURDEN: Reduces Impact