Plan Benefit Package (PBP) Checklist for Medicare-Medicaid Plans (MMPs)

This checklist serves as a supplement for Medicare-Medicaid Plans (MMPs) to use in conjunction with the Plan Benefit Package (PBP) State Guidance and the Health Plan Management System (HPMS) Bid Submission User Manual. It is comprised of three sections: PBP Timeline, General Tips, and Benefit-specific Tips. The checklist provides information and suggestions about PBP software data entry that complies with the Centers for Medicare & Medicaid Services (CMS) and state requirements and helps MMPs ensure greater accuracy in their initial PBP submissions.

Direct any PBP-related questions to the Medicare-Medicaid Coordination Office at MMCOCapsModel@cms.hhs.gov, include "MMP PBP Question" as the subject line, and copy state contacts on the email.

PBP Timeline

Activity	Date
Update PBP guidance templates and information for MMPs (MMCO/States)	Mid-March
Release PBP software and plan creation module (CMS)	April
Release PBP training for plans (CMS); release HPMS memo to MMPs on PBP submissions (MMCO)	Mid-April
Finalize and release PBP guidance to MMPs (MMCO/States)	Beginning in Mid-April
Submit PBPs via HPMS (MMPs)	No later than 11:59 p.m. PDT on June 1, 2020
Submit Additional Demonstration Drug (ADD) files via HPMS (MMPs)	By 11:59 a.m. EDT on June 5, 2020
Review PBP submissions (MMCO/States)	June – Early August
Complete PBP sub-review approvals and final sign-offs (CMS/States)	Mid-August

General Tips

Before entering any information into the PBP:

- ☐ Save the most recent version of the PBP software in a shared location where multiple users have access.
- ☐ Maintain the prior year version of the PBP software in case corrections are needed for the previous year's submission.

- ☐ Use the version of the PBP software that aligns with the CY PBP being updated.

General tips to ensure greater accuracy when completing each PBP section are included below.

Section A

- ☐ Review plan information for accuracy (i.e., plan name, website, etc.)

- ☐ Ensure contact information is the most current and up to date. (**Note:** Plan contact information should be updated in the HPMS Contract Management Module and not in the PBP software itself.)

Section B

When entering benefits:

- ☐ Review and enter all required benefit-related information (e.g., limits, periodicity, maximum amounts, service authorizations, referrals).

- ☐ Review and adhere to instructions in the "Additional State Guidance to Plans" column in the state's guidance. Ensure that Note content specifically addresses the related benefit characteristic. For example, if information in that column indicates:

    - o "Enter Note content when selecting 'Other, Describe' for periodicity," then describe the benefit's periodicity in the Note (e.g., "Service is limited to 336 hours per every 365-day period," "Vertical bitewings and panoramic film coverage are based on one per 36 months").

    - o "Enter Note content for prior authorizations," then describe the authorization requirements in the Note (e.g., "Authorization required by nurse or case manager," "Services must be authorized by a designated behavioral health specialist").

- ☐ Enter benefit names exactly as they appear in state guidance. Use "Ctrl+C" and "Ctrl+V" to easily copy names from state guidance and paste them into the PBP software.

- ☐ Check benefit name fields thoroughly, correct any spelling/punctuation errors, and delete extra spaces.

When entering Notes:

- ☐ Enter Notes exactly as they appear in state guidance. Use "Ctrl+C" and "Ctrl+V" to copy Notes from state guidance and paste them into the PBP software.

- ☐ Check Notes content thoroughly, correct any spelling/punctuation errors, and delete extra spaces.

- ☐ Exclude references to Medicaid or medical necessity, reimbursement, provider manuals, and specific contract year.

- ☐ Exclude references to separate physician or professional charges (i.e., office visits).

- ☐ Exclude information subject to change (e.g., Current Procedural Terminology (CPT), Healthcare Common Procedure Coding System (HCPCS) codes).

- ☐ Exclude phone numbers.

- ☐ Exclude vendor names and websites.

- ☐ Include a description in the Notes field if "Other, describe" is selected as a data entry response.

- ☐ Exclude vague language and references (e.g., other, misc., or etc.).

- ☐ Refrain from mentioning rewards or incentives.

- ☐ Avoid simply restating guidance from the Medicare Managed Care Manual (MMCM), Chapter 4.

- ☐ Use the appropriate field in the PBP software when entering Notes for a benefit that includes Medicare and non-Medicare coverage. A benefit's Medicare Notes field appears on an earlier screen in the PBP software than its non-Medicare Notes field (e.g., enter Medicare Notes on the #6 Home Health Services – Base 3 screen, enter non-Medicare Notes on the #6 Home Health Services - MMP - Base 3 screen).

- ☐ Refer to the HPMS Bid Submission User Manual. Only enter a Note when the benefit's standard data entry fields do not fully reflect the benefit being offered.

Notes must be entered for the circumstances or categories listed below:

- ☐ If required in PBP State Guidance
- ☐ When "Other, describe" is selected
- ☐ 13d: Other 1
- ☐ 13e: Other 2
- ☐ 13f: Other 3
- ☐ 14c4: Fitness Benefit
- ☐ 14c6: Telemonitoring Services
- ☐ 14c7: Remote Access Technologies (including Web/Phone-based technologies and Nursing Hotline)
- ☐ 14c8: Home and Bathroom Safety Devices and Modifications
- ☐ 14c16: Weight Management Programs
- ☐ 14c17: Alternative Therapies
- ☐ 14c18: Therapeutic Massage
- ☐ 14c19: Adult Day Health Services
- ☐ 14c20: Home-Based Palliative Care
- ☐ 14c21: In-Home Support Services
- ☐ 14c22: Support for Caregivers of Enrollees

Section C

- ☐ Select "No" if plan does not offer a US Visitor/Travel Program as a plan-covered supplemental benefit.

Section D

When selecting benefits in the PBP software on the "MMP – Medicaid/plan covered cost sharing" screen:

- ☐ Select all of the Medicaid benefits listed in PBP State Guidance from the "benefits covered under Medicaid" picklist.
- ☐ Select all of the supplemental benefits the MMP offers from the "plan-covered supplemental benefits" picklist.
- ☐ Select all benefits covered under Medicaid that the plan also offers as plan-covered supplemental benefits from both picklists.

Section Rx

- ☐ Adhere to state guidance when entering Medicaid drug cost-sharing information.
- ☐ Adhere to state guidance when entering Medicare Part D cost-sharing information.

Benefit-specific Tips

Tips to ensure greater accuracy when completing data entry for specific benefits are included below.

1a: Inpatient Hospital – Acute and 1b: Inpatient Hospital – Psychiatric

- ☐ If state guidance does not specify the benefit period, select the benefit period based on the three-way contract (TWC) or MMP policies. Additionally, consult the CMS website, the Medicare Benefit Description Report, state contacts, or the MMCO resource mailbox with additional questions.
- ☐ Enter a description in the Notes field if "Other, describe" is selected as the benefit period.

2: Skilled Nursing Facility

- ☐ If state guidance does not specify the benefit period, select the benefit period based on the TWC or MMP policies. Additionally, consult the CMS website, the Medicare Benefit Description Report, state contacts, or the MMCO resource mailbox with additional questions.
- ☐ Select "No" for the question "Do you charge cost sharing on the day of discharge?" if:
    - o "Annual" is selected as the benefit period.
    - o "Per Admission or Per Stay" is selected as the benefit period.
    - o "Other, describe" is selected as the benefit period.
- ☐ Enter a description in the Notes field if "Other, describe" is selected as the benefit period.

13c: Meal Benefit

- □ Calculate and enter the “Maximum number of meals the benefit provides.” For example, if offering up to 1 meal per day up to 5 days per week for the entire year, then the calculation is 1x5x52 or 260 meals.

- □ Do not enter Note content unless state guidance requires it. If entering Note content, ensure it does not contradict information in the data fields regarding the duration or maximum number of meals provided.

13h: Additional Services

- □ Enter “Other” services to correspond with the service numbers provided in state guidance. For example, if state guidance identifies “Non-Medical Transportation” as “Other 2,” enter this service and any corresponding benefit information in the “Other 2” fields in the PBP software.

14c3: Additional Sessions of Smoking and Tobacco Cessation Counseling

- □ Enter only the number of visits offered over and above the Medicare-covered number of visits (currently 8).

- □ If entering Note content, state the number of visits offered and indicate if the number of visits refers to additional plan-covered visits or total visits (Medicare plus plan-covered).