

**Note: The HPMS Help Desk can be reached at either [hpms@cms.hhs.gov](mailto:hpms@cms.hhs.gov) or 1-800-220-2028.**

**PBP/SB FAQs:**

**1. Why are MMPs not listed in the PBP plan list for plan copy from the previous year?**

MMPs are not available in year-to-year plan copy this year. This will be updated for CY2016 so that MMPs will be able to copy a plan from the previous year.

**2. On Section A-6 the question “Is your organization filing a standard bid for Section D of the PBP?” is grayed out for PPO plans. Why can we not answer this question?**

PPO plans cannot answer the Standard bid question for Section D this year since an LPPO and/or RPPO annual deductible amount entered as either a "Single Deductible" or "Differentially applied to Part A and Part B Medicare services, reflecting Original Medicare payment structure” can both be considered a Standard Bid in Section D. PPO plans DO need to fill out Section D this year.

If you would like a quicker way to fill out Section D for LPPO and/or RPPO plans, you can do the following:

- Complete Section D data entry for one of the plans and Exit (validate).
- Click on "Copy Plan" on the PBP Management Screen.
- On the PBP Copy plan screen choose the plan that you completed Section D data entry in the picklist on the left in Step 1: Select Source plan and Destination Plan(s).
- Choose the plan(s) that should have the same Section D data entry in the picklist on the right in Step 1: Select Source plan and Destination Plan(s).
- Choose Section D in Step 2: Select Copy Type.

Once these steps have been completed, the Section D data will be completely filled out for those plans.

**3. In the Section B-14c: Eligible Supplemental Benefits Category, there is only one field for maximum plan benefit amount. This does not accurately show the benefits that our plan offers. What are your recommendations for filling out the maximum plan benefit for this category?**

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Only one maximum plan benefit amount can be entered for all services in B14c. Please enter the maximum plan benefit amount and then enter additional information in the Notes field to clarify the maximum plan benefit.

**4. If a plan enters a deductible that does not apply to all tiers in Section Rx, then that is not being reflected in the SB.**

The software is working properly per design. If more clarification is needed, please use the free form text to further describe the split tier deductible in the Initial Coverage section of the SB within Prescription Drug Benefits.

### **PBP Known Issues:**

The following items are PBP issues that can either be addressed with a workaround or by contacting the Help Desk.

**1. In Section B2 – SNF, the PBP is validating against a copay of \$156 per day instead of \$156.50 per day for days 21 through 100.**

To work around this issue, please take the following steps:

- Make sure the Section D Max Cost limit screens have "No" entered for all of the "Is there a Maximum Enrollee Out-of-Pocket Cost" questions. Exit (no validate).
- Enter all data in Section B2 - SNF, fill out the copay with \$156.50, and exit (validate).
- Enter section D and fill out all screens.

**NOTE:** Do NOT re-open Section B-2, or the error message will pop back up.

**2. If a PPO plan covers any benefit up to a certain dollar amount (maximum plan benefit) for “both In-Network and Out-of-Network” services, the Out-of-Network section is forcing the plan to enter a maximum plan benefit that matches the In-Network amount even though it is already covered in the In-Network section for that benefit.**

To work around this issue, please take the following steps:

- Enter the maximum plan benefit in the Section B category with "Both In-network and Out-of-Network services" chosen for the question "Does the Maximum Plan Benefit Coverage amount apply to In-network services only OR does it apply to both In-network and Out-of-network services?"

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- In section C make sure the benefit category in question is in its own group
- Enter "Yes" for the question "Is there a maximum plan benefit coverage amount for this group?" for the group containing the benefit category
- Enter the same exact Maximum plan benefit amount that was entered in the Section B benefit category.

**NOTE:** This can happen for any of the following categories: 16a – Preventive Dental, 16b – Comprehensive Dental, 17a – Eye Exams, 17b – Eyewear, 18a – Hearing Exams, 18b – Hearing Aids

**3. The POS section is giving an error message that will not allow a plan to select an authorization and/or referral for certain categories that are not selected on the Base 1 screen even when those categories have been selected.**

To work around this issue, please contact the Help Desk so that they can assist.

### **SB Issues:**

The following item(s) are SB issues that can be addressed with a workaround (new as of **5/28/2014**):

**1. In Section SB – Mental Health Care, or Inpatient Hospital Care the additional days cost sharing sentence has an extra 10 days added to the benefit.**

To work around this issue, please take the following steps:

- Go to the screen with the additional days cost sharing.
- Select "One" for the question "Indicate the number of day intervals for Additional Days:"
- Enter "0.00" for the "Copayment Amt Interval 1"
- Enter "91" for the "Begin Day Interval 1"
- Enter <90+how many additional days offered> for the "End Day interval"

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The following items will be part of the SB HCC Global List. These items are issues in the SB that will be fixed on the HPMS Report and will be automatically approved SB hard copy changes for the local SB. The table below contains the SB category, the affected plan type, the existing sentence that should be changed in the SB, approved text for the new sentence, and a description of the change.

**NOTE:** This is not the complete SB HCC Global List. This list contains only those items that were identified as of **5/21/2014** (new items as of **5/28/2014** at the end).

#	SB category	Plan Types	Existing Sentence	Approved Text	Description of Change
1	Mental Health Care, Inpatient Hospital Care, Skilled Nursing Facility (SNF)	PPO	< Medicare-covered “per stay” cost sharing sentence missing >	<ul style="list-style-type: none"> <li>• In-network:                             <ul style="list-style-type: none"> <li>• &lt;cost sharing&gt; per stay</li> </ul> </li> </ul>	<p>If a plan:</p> <ul style="list-style-type: none"> <li>• has per-stay cost sharing for the Medicare-covered benefit;</li> <li>• offers Non-Medicare-covered stay as a Mandatory Supplemental benefit; and</li> <li>• indicates that Non-Medicare-covered stay cost share structure is the same as the Medicare-covered stay</li> </ul> <p>Then, the Medicare-covered “per stay” cost sharing sentences are not generating.</p>
2	Mental Health Care, Inpatient Hospital Care, Skilled Nursing Facility (SNF)	HMO, HMOPOS (with optional POS) Non-Network PFFS	< Medicare-covered “per stay” cost sharing sentence missing >	<ul style="list-style-type: none"> <li>• &lt;deductible&gt;</li> <li>• &lt;cost sharing&gt; per stay</li> </ul>	<p>If a plan:</p> <ul style="list-style-type: none"> <li>• has per-stay cost sharing for the Medicare-covered benefit;</li> <li>• offers Non-Medicare-covered stay as a Mandatory Supplemental benefit; and</li> <li>• indicates that Non-Medicare-covered cost share structure is the same as the Medicare-</li> </ul>

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#	SB category	Plan Types	Existing Sentence	Approved Text	Description of Change
					covered stay Then, the Medicare-covered “per stay” cost sharing sentences are not generating.
3	Mental Health Care, Inpatient Hospital Care, Skilled Nursing Facility (SNF)	HMOPOS (with mandatory POS, Full PFFS Partial PFFS	< Medicare-covered “per stay” cost sharing sentence missing >	<ul style="list-style-type: none"> <li>In-network:                             <ul style="list-style-type: none"> <li>&lt;deductible&gt;</li> <li>&lt;cost sharing&gt; per stay</li> </ul> </li> </ul>	If a plan: <ul style="list-style-type: none"> <li>has per-stay cost sharing for the Medicare-covered benefit;</li> <li>offers Non-Medicare-covered stay as a Mandatory Supplemental benefit; and</li> <li>indicates that Non-Medicare-covered cost share structure is the same as the Medicare-covered stay</li> </ul> Then, the Medicare-covered “per stay” cost sharing sentences are not generating.
4	Mental Health Care, Inpatient Hospital Care, Skilled Nursing Facility (SNF)	PPO	< Medicare-covered “per day” cost sharing sentence missing >	<ul style="list-style-type: none"> <li>In-network:                             <ul style="list-style-type: none"> <li>&lt;Up to 3 Intervals for first 90 days&gt;&lt;cost sharing&gt; for days &lt;Begin Day&gt; through &lt;End Day&gt;</li> </ul> </li> </ul>	If a plan: <ul style="list-style-type: none"> <li>has per-day cost sharing for the Medicare-covered benefit;</li> <li>offers Non-Medicare-covered stay as a Mandatory Supplemental benefit; and</li> <li>indicates that this cost share structure is the same as the Medicare-covered stay</li> </ul> Then, the Medicare-covered “per day” cost sharing sentences are

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#	SB category	Plan Types	Existing Sentence	Approved Text	Description of Change
					not generating.
5	Mental Health Care, Inpatient Hospital Care, Skilled Nursing Facility (SNF)	HMO, HMOPOS (with optional POS), non-network PFFS	< Medicare-covered “per day” cost sharing sentence missing >	<ul style="list-style-type: none"> <li>• &lt;deductible&gt;</li> <li>• &lt;Up to 3 Intervals for first 90 days&gt;&lt;cost sharing&gt; for days &lt;Begin Day&gt; through &lt;End Day&gt;</li> </ul>	<p>If a plan:</p> <ul style="list-style-type: none"> <li>• has per-day cost sharing for the Medicare-covered benefit;</li> <li>• offers Non-Medicare-covered stay as a Mandatory Supplemental benefit; and</li> <li>• indicates that Non-Medicare-covered cost share structure is the same as the Medicare-covered stay</li> </ul> <p>Then, the Medicare-covered “per day” cost sharing sentences are not generating.</p>
6	Mental Health Care, Inpatient Hospital Care, Skilled Nursing Facility (SNF)	HMOPOS (with mandatory POS) and Full or Partial Network PFFS	< Medicare-covered “per day” cost sharing sentence missing >	<ul style="list-style-type: none"> <li>• In-network: <ul style="list-style-type: none"> <li>• &lt;deductible&gt;</li> <li>• &lt;Up to 3 intervals for first 90 days&gt;&lt;cost sharing&gt; for days &lt;Begin Day&gt; through &lt;End Day&gt;</li> </ul> </li> </ul>	<p>If a plan:</p> <ul style="list-style-type: none"> <li>• has per-day cost sharing for the Medicare-covered benefit;</li> <li>• offers Non-Medicare-covered stay as a Mandatory Supplemental benefit; and</li> <li>• indicates that Non-Medicare-covered cost share structure is the same as the Medicare-covered stay</li> </ul> <p>Then, the Medicare-covered “per day” cost sharing sentences are not generating.</p>
7	Monthly	HMO	In this plan, you will pay nothing	<Delete sentence>	If an HMO plan enters an INN

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#	SB category	Plan Types	Existing Sentence	Approved Text	Description of Change
	Premium, Deductible, and Limits on How Much You Pay for Covered Services		for Medicare-covered services from in-network providers.		MOOP greater than \$0 in Section D, then astray sentence is generating.
8	Optional Benefits	HMO HMOPOS LPPO RPPO Non-Network PFFS Partial Network PFFS Full Network PFFS PSO (State License) 1876 Cost	<ul style="list-style-type: none"> <li>Eligible Supplemental Benefits as Defined in Chapter 4</li> </ul>	<ul style="list-style-type: none"> <li>Eligible Supplemental Benefits</li> </ul>	If a plan includes 14c: Eligible Supplemental Benefits as Defined in Chapter 4 in any Optional Supplemental Package, then the sentence displays as “ “Eligible Supplemental Benefits as Defined in Chapter 4” when it should be “Eligible Supplemental Benefits”. The wording “as Defined in Chapter 4” should be removed.
9	Outpatient Prescription Drugs	D-SNPs	You pay nothing	Depending on your income and institutional status, you pay the following: For generic drugs (including brand drugs treated as generic), either:	If a D-SNP selects Defined Standard as its drug benefit type, then, “You pay nothing” is generating under “Initial Coverage” instead of the LIS cost

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				<ul style="list-style-type: none"> <li>• \$0 copay; or</li> <li>• 1.20 copay; or</li> <li>• \$2.65 copay</li> </ul> For all other drugs, either: <ul style="list-style-type: none"> <li>• \$0 copay; or</li> <li>• \$3.60 copay; or</li> <li>• \$6.60 copay</li> </ul>	share sentences. “You pay nothing” should be replaced with LIS cost share sentences. This impacts all D-SNPs (both \$0 and non-\$0 SNPs) that selects DS.
10	Mental Health Care, Inpatient Hospital Care	HMOPOS LPPO RPPO Partial Network PFFS Full Network PFFS PSO (State License)	<Out-of-Network “per stay” cost sharing sentence missing for Tiers 2 and/or 3>	<Add the Out-of-Network “per stay” cost sharing sentence(s) for Tiers 2 and/or 3>	If a plan has more than one tier for inpatient mental health /hospital care AND offers “per stay” cost sharing in the OON or POS benefit, then the “per stay” cost sharing sentence is not generating for any tiers other than Tier 1.
11	Optional Benefits	HMO HMOPOS LPPO RPPO Non-Network PFFS Partial Network PFFS Full Network	There is no deductible.	This plan has deductibles for some services.	If a plan has a category level deductible either indicated in Section B or Step-up screens for an Optional Supplemental benefit, but does not have a Package level deductible, then the sentence “There is no deductible” should be replaced with “This plan has deductibles for some services.”

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#	SB category	Plan Types	Existing Sentence	Approved Text	Description of Change
		PFFS 1876 Cost PDP All Part D Plans			
<b>New as of 5/28/2014</b>					
12	Mental Health Care	HMO HMOPOS LPPO RPPO Non-Network PFFS Partial Network PFFS Full Network PFFS PSO (State License) 1876 Cost	Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. The inpatient hospital care limit to inpatient mental services provided in a general hospital.	Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. The inpatient hospital care limit does not apply to inpatient mental services provided in a general hospital.	Adding the missing phrase “does not apply” in sentence.
13	Mental Health Care, Inpatient Hospital Care	HMO HMOPOS LPPO RPPO Non-Network PFFS Partial	<ul style="list-style-type: none"> <li>You pay nothing per day for days 91 through &lt;additional day amount + 10&gt;</li> </ul>	<ul style="list-style-type: none"> <li>You pay nothing per day for days 91 through &lt;additional day amount&gt;</li> </ul>	If a plan has: <ul style="list-style-type: none"> <li>Additional Days as a mandatory benefit</li> <li>Indicates the additional days benefit is limited and indicates the number of days</li> </ul>

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#	SB category	Plan Types	Existing Sentence	Approved Text	Description of Change
		Network PFFS Full Network PFFS PSO (State License) 1876 Cost			<ul style="list-style-type: none"> <li>Indicates “Zero (No coinsurance/copayment per day)” for the additional days benefit</li> </ul> <p>Then, the cost sharing bullet for additional days is showing an additional 10 days in the interval.</p>
14	Vision Services	HMO-MMP	<maximum plan benefit sentence missing>	Our plan pays up to \$____ <periodicity> for <eyewear type selected as Mandatory benefit. If all 4 items are selected as Mandatory benefits; then should say “eyewear”>.	If an HMO-MMP has a combined maximum plan benefit for all eyewear, then the sentence is not generating. This sentence should be placed after the last eyewear sentence in the SB.
15	Optional Benefits	HMO HMOPOS LPPO RPPO Non-Network PFFS Partial Network PFFS Full Network PFFS 1876 Cost PDP	Is there any limit on how much I will pay for my covered services?	Is there a limit on how much the plan will pay?	If a plan has an optional supplemental package, then the incorrect heading is generating for maximum plan benefit coverage subsection.

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#	SB category	Plan Types	Existing Sentence	Approved Text	Description of Change
		All Part D Plans			
16	Optional Benefits	HMO HMOPOS LPPO RPPO Non-Network PFFS Partial Network PFFS Full Network PFFS 1876 Cost PDP All Part D Plans	\$___ per year.	\$___ per year. This package has additional deductibles for some services.	If a plan has a category-level deductible either indicated in Section B or Step-up screens for an Optional Supplemental benefit, and has a package-level deductible, then the sentence “This package has additional deductibles for some services” should be added after the package-level deductible sentence.
17	Optional Benefits	HMO HMOPOS LPPO RPPO Non-Network PFFS Partial Network PFFS Full	There is no limit.	Our plan has a coverage limit for certain benefits.	If a plan has a category-level maximum plan benefit either indicated in Section B or Step-up screens for an Optional Supplemental benefit, but does not have a package-level maximum plan benefit, then the sentence “There is no limit” should be replaced with “Our plan has a coverage limit for certain

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#	SB category	Plan Types	Existing Sentence	Approved Text	Description of Change
		Network PFFS 1876 Cost PDP All Part D Plans			benefits.”
18	Optional Benefits	HMO HMOPOS LPPO RPPO Non- Network PFFS Partial Network PFFS Full Network PFFS 1876 Cost PDP All Part D Plans	Our plan pays up to ___<periodicity>.	Our plan pays up to ___<periodicity>. Our plan has additional coverage limits for certain benefits.	If a plan has a category-level maximum plan benefit either indicated in Section B or Step-up screens for an Optional Supplemental benefit, and has a package-level maximum plan benefit, then the sentence “Our plan has additional coverage limits for certain benefits.” should be added after the category-level maximum plan benefit sentence.
19	Optional Benefits	HMO HMOPOS LPPO RPPO Non- Network PFFS	There is no limit.	No. There is no limit to how much our plan will pay for benefits in this package.	If a plan has no package-level or category-level maximum plan benefit for an Optional Supplemental benefit, then the sentence “There is no limit” should be replaced with “No.

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#	SB category	Plan Types	Existing Sentence	Approved Text	Description of Change
		Partial Network PFFS Full Network PFFS 1876 Cost PDP All Part D Plans			There is no limit to how much our plan will pay for benefits in this package.”