

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
Center for Beneficiary Choices  
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## **PLAN OVERSIGHT & ACCOUNTABILITY GROUP**

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**DATE:** May 25, 2007

**TO:** All Current and Prospective Medicare Advantage (MA), Prescription Drug Plan (PDP), PACE, 1876 Cost Plan Sponsors and Demonstration Organizations

**FROM:** Cynthia E. Moreno, Director

**SUBJECT:** CY 2008 Plan Benefit Package Software Patch #3 Deployed to HPMS

The Contract Year (CY) 2008 Plan Benefit Package (PBP) software has been updated. Users should log into the Health Plan Management System (HPMS) and select Plan Bids > Bid Submission > Contract Year 2008 > Download and then download the appropriate file dictated by your situation as described below.

**Users who have previously downloaded the CY 2008 PBP software:**

Download the PBP 2008 Update file into the directory where the PBP 2008 software is installed. See the PBP Enhancement Download page for complete instructions on how to install the PBP patch.

**Users who have NOT downloaded the CY 2008 PBP software:**

These software changes and bug fixes are incorporated in to the PBP data entry software beginning on 5/25/2007; therefore, users who download the PBP software **AFTER** 5/25/2007 do not need to install the enhancement(s). Users should verify that they have the most recent PBP software enhancements by ensuring that their version information matches the version information below:

**Version Information:**

PBP Version ID: 2008.04  
PBP Version Date: 05/25/2007  
Dictionary Date: 05/25/2007  
SB MDB Version: 2008.04

**NOTE:** If you downloaded the PBP 2008 software before 5/25/2007 and forwarded it to other users in your organization, please make sure that these other users receive and install the PBP 2008 software patch.

### **PBP Software Patch #3 – Released on 5/25/2007**

The PBP software patch #3 released on 5/25/2007 addresses the following software changes and bug fixes. Please note that a complete list of software modifications will be listed on HPMS.

**Important Note:** All PBP software patches are cumulative in nature. As a result, PBP software patch #3 contains all of the modifications described in this section as well as those modifications that were part of the two previous software patches. If you did not download software patches #1 and #2, you only need to download software patch #3.

#### **PBP Rx Section**

- Enhanced Alternative plans may now indicate that cost sharing is reduced during the "Coverage Gap Cost Share" under the "Alternative-Excluded Drugs and Pre ICL" screen if they only offer a limited monetary benefit and no other type of additional gap coverage.

#### **SB-1 – Premium and Other Important Information**

- Under the Health Plan column (i.e., the far right column) the generic premium language (e.g., “There is no additional premium beyond the Medicare Part B premium of xxx each month.....”) is now generating.

#### **SB-1 – Premium and Other Important Information**

- For Local PPOs, the Spanish statement in the yearly deductible phrase will now generate in the correct location.

#### **SB-3 - In-Patient Hospital**

- For MA-PD plans, the Health Plan column (i.e., the far right column) the sentence now reads “\$0 each day for day(s) 11 and beyond for a stay at a network hospital.”

#### **SB-3 - In-Patient Hospital**

- For a SNP Exclusive Full Dual plan, with a “NO” to coinsurance and, therefore, an implied “NO” to Medicare defined amounts, the corresponding sentence will now generate \$0 per day for both intervals documented below (i.e., the YES/YES sentences are no longer generating):

\$0 to:

o Days 1 - 20: \$\_\_\_ per day\*

o Days 21 - 100: \$\_\_\_ per day\*

### SB-3 - In-Patient Hospital

- For a Full Dual Eligible SNP, with a "NO" for using Medicare cost-sharing, the Medicare cost-sharing sentences will now display \$0 to plan-specified amounts for these plans.

### SB-4 – Inpatient Acute and SB-4 – Inpatient Mental Health

- If there is no limit number of days covered, the "lifetime reserve day" statement is now suppressed.

### SB-14 - Ambulance

- A “no” to the question for In-Network: “Is this coinsurance waived if admitted to the hospital?” now does not result in the following sentence for non-SNP plans: “If you are admitted to the hospital, you pay \$0 for Medicare-covered ambulance benefits.”

### SB-16 - Urgently Needed Care

- The \$0 copay sentence now generates for Dual Eligible SNPs with \$0 Cost Share or all other SNPs where the plan has no copay.

### SB-21 – Medicare-Covered Diagnostic

- There is now a space between words covered and diagnostic in this sentence (i.e., the sentence now reads as: “....Medicare covered diagnostic...”).

### SB-22 - Bone Mass Measurement

- The full “\$0 copay sentence for each Medicare-covered Bone Mass Measurement” will now be generated.

### SB-22 - Bone Mass Measurement

- The Gap tier sentences will now display the correct location headers (Retail Pharmacy, LTC, Mail Order, etc.).

### SB-24 - Immunizations

- The “\$0 copay for Hepatitis B vaccine” was missing from this sentence and will now be displayed.

### SB-25 - Mammography

- When no range is specified, the sentence will now read as “\$XXX copay for Medicare-covered screening mammograms.”

### SB-26 – Pap Smears and Pelvic Exams

- For non-SNP plans, the “\*” will no longer be displayed in the corresponding Pap Smear and Pelvic Exam sentences.

### SB-26 - Pap/Pelvic

- The full “\$0 copay for Medicare-covered pap smears and pelvic exams” sentence will now generate for all plans with a \$0 copay. If the copay is not zero but the plan is a DE SNP (except for \$0 Cost Share Exclusive), the sentence will now generate as \$0 to \_\_\_\_ copay...” with an “\*”.

### SB-29 - Prescription Drugs

- For EA plans that offers limited coverage in the gap, the sentence will now generate the following: “The plan covers ALL drugs.”

### SB-29 – Prescription Drugs

- For Cost Plans offering Part D and filling out the Rx section of the PBP the SB sentence is now reflecting the cost-sharing for Part D coverage in Section #29 of the SB.

### SB-30 - Dental Services

- The following out-of-pocket limit sentence is now generating as “\$\_\_\_\_ limit for preventive dental benefits every <specified period>. This limit applies to both in-network and out-of-network benefits.”

### SB-33 - Physical Exams

- The SNP sentence with “0 to range for Medicare-covered benefits\*” now does not generate for non-SNP plans.

### SB-38 - Optional Supplemental Benefits

- The SB sentence that is generated for Optional Supplemental Benefits has been made clearer and less repetitive.

### SB – General - Out of Network Initial Coverage

- Under Out-of-Network initial coverage, the 15-day supply Tier-1 will no longer repeat twice. (241)
- The sentence, “The plan covers All Generics through the gap.” will be generated if the plan is EA and the plan says “yes” to gap coverage and then indicates the type of drugs covered in the gap (i.e., will say “All Brands” if that is what is selected).

#### SB – General - OON Pick List Selections

- The sentences will now generate correctly for the following OON pick list selections: 8a, 8b1, 14a, 14i, 14j.

#### SB – General – SB PDF Files

- The SB PDF files for Sections 3, 26, and 39 have been updated to correct minor typographical errors.

Thank you for your patience as we continue to improve the PBP software for 2008. If you have any questions about this e-mail, please contact the HPMS Help Desk at either 1-800-220-2028 or [hpms@cms.hhs.gov](mailto:hpms@cms.hhs.gov).