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DATE: April 5, 2024

TO: All Current and Prospective Medicare Advantage (MA), Prescription Drug Plan (PDP), Section 1876 Cost, PACE, and Medicare-Medicaid Plan (MMP) Organizations and Bid and Actuarial Certification Consultants

FROM: Vanessa S. Duran, Director
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SUBJECT: Release of the Contract Year (CY) 2025 Plan Benefit Package and Bid Pricing Tool Software and Related Technical Bidding Guidance for Employer/Union-Only Group Waiver Plans

CMS is pleased to announce the release of the CY 2025 Plan Benefit Package (PBP), Bid Pricing Tool (BPT), and plan creation functionality in the Health Plan Management System (HPMS).

To access the CY 2025 plan creation module, BPT software, and corresponding technical instructions, users should follow this navigation path in HPMS: Plan Bids > Bid Submission > Contract Year 2025.

Users can access the CY 2025 PBP module and technical user guide under the Plan Bids home page category.

Technical Bidding Instructions for Organizations Offering Employer/Union-Only Group Waiver Plans in CY 2025

Employer/union-only group waiver plans (EGWP) do not submit Medicare Advantage (MA) or Part D BPTs. This waiver policy applies to all MA, PDP, and Section 1876 cost plan EGWPs (i.e., “800 series” EGWPs) as well as to employers/unions that directly contract with CMS to offer benefits to their retirees (i.e., “Direct Contract” EGWPs).

This memo provides information on the PBP and BPT submission requirements that apply for each type of EGWP for CY 2025, as described in the table below.

	PDP and Section 1876 Cost “800 series” EGWP and Direct Contract PDP EGWP	MA and MA-PD “800 series” EGWP and Direct Contract MA and MA-PD EGWP
PBP Requirements	<ul style="list-style-type: none"> • Enter the PBP module. • Select the contract and plan. • Open the Plan Characteristics section. • Click on the Save and Close button. This action will set the PBP to “ready for review.” • Select the “start reviewing” button. If no errors are found with the PBP, the status will be set to “package ready for submission.” • Final submit the PBP data. 	<ul style="list-style-type: none"> • Enter the PBP module. • Select the contract and plan. • Complete the PBP sections available in the module. <u>Note:</u> The Rx section will not be available. • Upon completion of all sections, the PBP will be set to “ready for review.” • Select the “start reviewing” button. If no errors are found with the PBP, the status will be set to “package ready for submission.” • Final submit the PBP data.
BPT Requirements	<ul style="list-style-type: none"> • There is no action to take. The BPT column will be marked as N/A on the PBP-BPT final submission page. 	<ul style="list-style-type: none"> • There is no action to take. The BPT column will be marked as N/A on the PBP-BPT final submission page.

For questions regarding this memo, please contact Erica Scott (410-786-0920 or Erica.Scott@cms.hhs.gov) or Raven Robinson (667-414-0090 or Raven.Robinson@cms.hhs.gov).

For technical assistance with HPMS, please contact the HPMS Help Desk at either hpms@cms.hhs.gov or 1-800-220-2028.