

CY 2022 List of Changes

CY 2022 PBP Changes

Landing Page

1. The PBP software landing page has been updated to reflect the CY2022 year change.

SOURCE: Internal

PBP SCREEN/CATEGORY: Landing Screen

DOCUMENT: Appendix_C_PBP2022_Screenshots-SectionA-Upload-2020-09-16.pdf

PAGE(S): Page 9

CITATION: 42 CFR 422.256

REASON WHY CHANGE IS NEEDED: To update the year references throughout the software.

IMPACT BURDEN: No impact

Section B

2. The PBP software will be updated to remove the Acupuncture/Chiropractic combination benefit questions in Section B: 7b, 13a, 14c17, 19B#13a

SOURCE: CMS Policy

PBP SCREEN/CATEGORY: Section B 7b Chiropractic Services, 13a Acupuncture, 14c Other Defined Supplemental Benefits; Section B VBID VBID/UF/SSBCI 19B #13a Acupuncture – Base 1

DOCUMENT: Appendix_C_PBP2022_Screenshots-SectionB-2020-12-02.pdf &

Appendix_C_PBP2022_Screenshots- Section B VBID-UF-SSBCI-2020-12-02.pdf

PAGE(S): Section B Pages 70, 135, 191; Section B VBID-UF-SSBCI Page 83

CITATION: 42 CFR 422.256

REASON WHY CHANGE IS NEEDED: These questions are no longer needed; this type of combined benefit can now be addressed in the Combined Benefit Screens in Section D.

IMPACT BURDEN: Reduce/No Impact

3. The PBP software will be updated to remove “per visit” from B9a Medicare-covered Observation Services questions and to add a question to indicate “per day,” “per stay”, or “other” if Medicare-covered Observation Services Copay is selected.

SOURCE: CMS Policy

PBP SCREEN/CATEGORY: Section B9a, Outpatient Hospital Services

DOCUMENT: Appendix_C_PBP2022_Screenshots-SectionB-2020-12-02.pdf

PAGE(S): 107

CITATION: 42 CFR 422.256

REASON WHY CHANGE IS NEEDED: Benefit is not limited to “per visit” and the responses should reflect the accurate information.

IMPACT BURDEN: No Impact

4. The PBP software will be updated to add additional questions to define Therapeutic Massage in Section B14c “Other Defined Supplemental Benefits.”

SOURCE: CMS Policy

PBP SCREEN/CATEGORY: B14c: Other Defined Supplemental Benefits

DOCUMENT: Appendix_C_PBP2022_Screenshots-SectionB-2020-12-02.pdf

PAGE(S): 192

CY 2022 List of Changes

CITATION: 42 CFR 422.256

REASON WHY CHANGE IS NEEDED: To more precisely capture the type of therapeutic massage benefit offered.

IMPACT BURDEN: Slight Increase

5. The PBP software will be updated to rename the Section B4a title from “Emergency/Post Stabilization Services” to “Emergency Services”

SOURCE: CMS Policy

PBP SCREEN/CATEGORY: B4a Emergency Services:

DOCUMENT: Appendix_C_PBP2022_Screenshots-SectionB-2020-12-02.pdf;

Appendix_C_PBP2022_Screenshots- Section B VBID-UF-SSBCI-2020-12-02.pdf.

PAGE(S): Section B 52, 53; Section B VBID 13, 14, 16, 22,23,30

CITATION: 42 CFR 422.256

REASON WHY CHANGE IS NEEDED: “Post-Stabilization Services” is now considered to be under Inpatient Hospitalization, and not associated with “Emergency Services.”

IMPACT BURDEN: No Impact

6. The PBP software will be updated to ask the user to indicate type of meal benefit rather than quantity.

SOURCE: CMS Policy

PBP SCREEN/CATEGORY: B13c Meals, B19b/13c:

DOCUMENT: Appendix_C_PBP2022_Screenshots-SectionB-2020-12-02.pdf &

Appendix_C_PBP2022_Screenshots- Section B VBID-UF-SSBCI-2020-12-02.pdf

PAGE(S): Section B 141; Section B VBID-UF-SSBCI 89

CITATION: 42 CFR 422.256

REASON WHY CHANGE IS NEEDED: Updated to capture qualitative data on meal benefit, and allow for easier reporting by organizations.

IMPACT BURDEN: Reduces Burden

7. The PBP software will be updated to add additional questions to B14c and B19b/14c to indicate the type of Support for Caregivers offered.

SOURCE: CMS Policy

PBP SCREEN/CATEGORY: B14c Other Defined Supplemental Benefits, VBID/UF/SSBCI 19B #14c Other Defined Supplemental Benefits – Base 3

DOCUMENT: Appendix_C_PBP2022_Screenshots-SectionB-2020-12-02.pdf &

Appendix_C_PBP2022_Screenshots- Section B VBID-UF-SSBCI-2020-12-02.pdf

PAGE(S): Section B page 192, Section B VBID page 153

CITATION: 42 CFR 422.256

REASON WHY CHANGE IS NEEDED: Allows user to indicate the type of Support for Caregivers

IMPACT BURDEN: Slight increase/No impact

8. The PBP software will be updated to remove the selection B14e6 – “Other Medicare-Covered Preventive Services” from the list of selection options for B14e “Other Medicare-Covered Preventive Services”

SOURCE: CMS Policy

PBP SCREEN/CATEGORY: B14e Other Medicare-covered Preventive Services

DOCUMENT: Appendix_C_PBP2022_Screenshots-SectionB-2020-12-02.pdf

CY 2022 List of Changes

PAGE(S): Section B 209, 210, 211, 212

CITATION: 42 CFR 422.256

REASON WHY CHANGE IS NEEDED: "Other" category is not needed. Removing to minimize confusion and reduce burden.

IMPACT BURDEN: Reduces/No Impact

9. The PBP software will be updated to add new screens in B19a and B19b for users to specify chronic conditions for each SSBCI package.

SOURCE: CMS Policy

PBP SCREEN/CATEGORY: #19a Reduced Cost Sharing for VBID/UF/SSBCI – Chronic Conditions: SSBCI; #19b Additional Benefits for VBID/UF/SSBCI – Chronic Conditions: SSBCI

DOCUMENT: Appendix_C_PBP2022_Screenshots-SectionB-VBID-UF-SSBCI-2020-12-02.pdf

PAGE(S): 11, 36

CITATION: 42 CFR 422.256

REASON WHY CHANGE IS NEEDED: Chronic condition needs to be specified for each SSBCI package.

IMPACT BURDEN: Slight Increase/No Impact

10. The PBP software will be updated to ask the user to indicate whether meal benefit is unlimited rather than providing a specific number.

SOURCE: CMS Policy

PBP SCREEN/CATEGORY: B19b/13i Meals

DOCUMENT: Appendix_C_PBP2022_Screenshots-SectionB-VBID_UF-SSBCI-2020-12-02.pdf

PAGE(S): 105

CITATION: 42 CFR 422.256

REASON WHY CHANGE IS NEEDED: To reduce burden by making the question more generic and easier to answer.

IMPACT BURDEN: Reduces Burden

Section C

11. The PBP software will be updated to include a notes field for each OON/POS grouping.

SOURCE: CMS Policy

PBP SCREEN/CATEGORY: Section C: POS Groups/OON Groups

DOCUMENT: Appendix_C_PBP2022-Screenshots-SectionC-2020-09-16.pdf

PAGE(S): 12, 27

CITATION: 42 CFR 422.256

REASON WHY CHANGE IS NEEDED: To provide a notes field for users to explain certain cost sharing conditions.

IMPACT BURDEN: Slight Increase/No Burden

Section D

12. The PBP software will be updated to add a periodicity question for maximum plan benefit amount on for each of the Combined Benefits package screens.

SOURCE: CMS Policy

PBP SCREEN/CATEGORY: Section D: Combined Benefits

CY 2022 List of Changes

DOCUMENT: Appendix_C_PBP2022-Screenshots-SectionD-2020-09-16.pdf

PAGE(S): 33-35

CITATION: 42 CFR 422.256

REASON WHY CHANGE IS NEEDED: So that plans can specify maximum plan benefit amount periodicity for each combined benefits package

IMPACT BURDEN: Slight increase/No Impact

13. The PBP software will be updated to include "every month" as an option for Reductions in Cost Sharing periodicity.

SOURCE: CMS Policy

PBP SCREEN/CATEGORY: Section D: Reductions in Cost Sharing

DOCUMENT: Appendix_C_PBP2022-Screenshots-SectionD-2020-09-16.pdf

PAGE(S): Pages 27, 29, 31

CITATION: 42 CFR 422.256

REASON WHY CHANGE IS NEEDED: Allow users to select "every month" as an option for specifying periodicity.

IMPACT BURDEN: No impact

Section Rx -general

14. The PBP software will be updated to remove quantity limit, prior authorization, indication-based formulary design, and step therapy questions that are captured elsewhere in HPMS.

SOURCE: CMS Policy

PBP SCREEN/CATEGORY: Medicare Rx General

DOCUMENT: Appendix_C_PBP2022-Screenshots-SectionRx-2020-09-16.pdf

PAGE(S): 2

CITATION: 42 CFR 422.256

REASON WHY CHANGE IS NEEDED: To reduce burden on plans as this data is already collected in the Formulary which is already a part of this PRA.

IMPACT Burden: Reduce Burden

Formulary Changes

1. CMS is adding a gate opening request field to the UMGD criteria response record layout when a change in the formulary file is required to resolve a criteria concern. Instances when a UMGD is removed from the formulary file, or when step therapy criteria dictates changes to a formulary file, would be examples of when a formulary file gate would be requested to be opened.

Source: CMS, Internal

Formulary Screen/Category: utilization Management Group Description (UMGD) Criteria Response Record Layout

Document: Appendix_C_Formulary2022_UMGD_Criteria_Response_Record_Layout.pdf

PAGE(S): 1

CITATION: CMS Model

REASON WHY CHANGE IS NEEDED: Currently no indicator exists to communicate this type of request from plans to CMS, and plans have to email this information outside the system to provide the information. The option for requesting a formulary submission to the UMGD criteria response allows

CY 2022 List of Changes

plans to modify their formulary file to resolve UMGD criteria issues that have remaining review concerns during the annual review process. The option to request a formulary gate opening gives plans the ability to remove a PA from their formulary file, or make appropriate updates to their formulary file, to resolve step therapy criteria failures, when a plan chooses not to modify the UM criteria. It streamlines the process, and reduces the time it takes for the plans to compose, send, wait for a response, and then make necessary changes within the system. This gate only closes during the annual review process, and to make a change a plan needs to make the request for the gate to open.

IMPACT Burden: Reduces Burden

MTMP Changes

1. There is a requirement to place the word 'Any' prior to 'Chronic/maintenance drugs apply' option under the 'Type of Covered Part D Drugs' section on the Multiple Covered Part D Drugs Page.

SOURCE: CMS, Internal

MTMP SCREEN/CATEGORY: CY 2022 MTMP - Enter/Edit Multiple Covered Part D Drugs Page

DOCUMENT: Appendix_C_MTMP_CY2022_Enhancements_Mockups.docx

PAGE(S): 1

CITATION: Lessons Learned

REASON WHY CHANGE IS NEEDED: To meet the Business requirements need

IMPACT BURDEN: No impact