



CENTERS FOR MEDICARE & MEDICAID SERVICES

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TO: All Medicare Advantage, Prescription Drug Plan, 1876 Cost, and Demonstration Organizations

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SUBJECT: Information for the Second Contract Year (CY) 2024 Drug Pricing and Plan Benefit Previews

CMS appreciates the valuable feedback provided by organizations during the first CY 2024 Medicare Plan Finder (MPF) preview window. This memo provides a summary of known and resolved issues as well as some general reminders in preparation for the second MPF plan preview, which is scheduled for **Tuesday, September 5, 2023 at 6:00 a.m. ET through Friday, September 8, 2023 at 11:59 p.m. ET.**

Note: Where an issue is discovered that appears to be widespread in nature, organizations are **not** required to submit the preview comment for all instances across all plans. CMS recommends reporting the issue for a small subset of cases and to indicate as such in the plan preview comment field.

CY 2024 Plan Benefit Preview

Known Issues:

- Authorization and referrals: Prior to CY 2024, users entered these data at varying benefit levels in the PBP. In cases where the data were collected at a “parent” level, but the plan only required authorization or referral for part of the parent benefit, the user would be required to mark authorization and referral as required at the parent level. As such, MPF has been displaying these data at the parent benefit level. In the new PBP, CMS set up the authorization and referral questions at the same level across all benefits. As part of the transition, CMS is rolling up these more granular data to the prior parent benefit levels for CY 2024. As a result, MPF will still show the parent level designation for CY 2024. We will address this issue in CY 2025.

- In the CY 2024 PBP, users can define a name for each optional supplemental benefit package. For this year, MPF will continue to use generic labels (e.g., package #1). We will address this issue in CY 2025.
- In the CY 2024 PBP, if a plan offers additional days, the additional days display as if they start on day 90 (not day 91). We will address this issue in the PBP and in the MPF display for CY 2025.
- For users that offer additional inpatient hospital days but indicate “Zero” for the number of day intervals, the additional days will not display on MPF. This is consistent with the display from CY 2023. We will address this issue in CY 2025.
- When populating the “Reduced cost sharing for qualifying individuals” field, MPF is accounting only for the 19a benefit. For CY 2025, we will consider whether to include the Part D VBID reduction in cost sharing.
- The health deductible field does not display the cents value while the Part D deductible field does display cents (i.e., \$0 vs. \$0.00). We will investigate making the deductible fields consistent for CY 2025.

Resolved Issues:

- The hearing data has been updated to display the benefits offered. This applies to hearing exams, hearing aids - all types, and hearing - fitting/evaluation.
- The Part B premium reduction display has been fixed to display the appropriate Yes/No indicator.
- The Part C plan premium has been updated to reflect the correct plan premium.
- The fluoride treatment benefit was being displayed as if the benefit is covered in the MPF display, but it is not a covered benefit. This has been fixed.
- The Optional Supplemental benefits data has been updated to include the list of benefits offered. This previously stated “Includes Not Available” instead of displaying the benefits.
- The comprehensive dental benefit has been updated to display the benefits offered. This was being shown erroneously as not covered.

Reminders:

- Please refer to **Appendix A** for instructions on how to update certain MPF data fields in HPMS.
- Information provided in the PBP software note fields will not be displayed on MPF.
- MPF presents only the supplemental chiropractic benefit, not the Medicare-covered benefit.

- All data displayed in the MPF “Extra Benefits” section is reflective of only **mandatory** supplemental benefits. Optional supplemental benefits are presented in the “Optional Packages” section.
- Plans are encouraged to review the plan benefits preview data against the plan benefit reports in HPMS when completing the plan preview.
- When a plan offers standard Medicare cost sharing for inpatient hospital and/or skilled nursing facility, the preview is showing either a \$0 copayment (for D-SNPs) or “Coming Soon.” This is a placeholder until CMS releases the 2024 amounts.
- The LIS cost share modifications that are seen on Medicare.gov based on the data entry navigation (i.e., a user indicating they have additional help) are not reflected as part of the benefits preview. Users must access the drug pricing preview to see this data.
- The Part D Insulin cost share modifications that are seen on Medicare.gov based on the data entry navigation (i.e., a user indicating they have additional help) are not reflected as part of the benefits preview. Users must access the drug pricing preview to see this data.

CY 2024 Drug Pricing Preview

Known Issues:

- None

Resolved Issues:

- None

Reminders:

- The drug pricing preview will display plan-submitted pricing for the drugs that are included on a given plan's formulary file or excluded drug file.
- Footnotes for prior authorization, quantity limits, and step therapy information are not included in the plan preview, but will be displayed on MPF.
- The plan pricing preview shows the cost of the drug in each phase of the benefit. The preview does not consider the threshold for a given phase of the benefit. For example, if a drug costs \$1000, the preview will show \$1000 in the deductible phase, even though the deductible would be met before the beneficiary pays the full \$1000 cost.
- If a drug is not offered at a given location and frequency (e.g., a drug is not covered for 1-month mail order), the preview will display the full cash price of the drug.

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

Appendix A

MPF Field	Where to Make Updates in HPMS
View Plan Website	Contract Management > Basic Contract Management > Enter Contract Number > Expand General Information > Org. Marketing Data > Organization Website Address
Address	Plan Bids > Bid Submission > CY 2024 > Edit Contact Data > Update the "Mailing Address" field for the "Customer Service Prospective Member" Contact
Member Phone Number	Plan Bids > Bid Submission > CY 2024 > Edit Contact Data > Update the "Local Phone Number" field for the "Customer Service Current Member" Contact
Non-Member Phone Number	Plan Bids > Bid Submission > CY 2024 > Edit Contact Data > Update the "Local Phone Number" field for the "Customer Service Prospective Member" Contact
Member Phone Number View Provider Directory (if available)	<p><i>If you enter the optional URL at the contract level:</i></p> <p>Contract Management > Basic Contract Management > Enter Contract Number > Expand General Information > Org. Marketing Data > Update the "URL for this website" under the questions "Do you have a website that lists the physicians who are part of your network?" and "Do you have a website that lists the physicians who are currently accepting new patients?"</p> <p><i>If you do not enter the optional URL at the contract level:</i></p> <p>Contract Management > Basic Contract Management > Enter Contract Number > Expand General Information > Org. Marketing Data > Organization Website Address</p>