DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
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CENTERS FOR MEDICARE & MEDICAID SERVICES

DATE: September 1, 2021

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

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SUBJECT: Information for the Second Contract Year (CY) 2022 Drug Pricing and Plan
            Benefit Previews

CMS appreciates the valuable feedback provided by organizations during the first CY 2022
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 7, 2021 at 6:00 a.m. ET through
Friday, September 10, 2021 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 2022 Plan Benefit Preview

Known Issues:

- The "In-Network" label is being shown in the opioid treatment program services and
  dialysis categories for HMO plans. No other benefit categories show this label, as it is not
  needed for HMO plans that only offer in-network services. CMS will remove this label in
  a future release.

- MPF is displaying defined standard Part D cost sharing for mail order 3-month supply in
  the gap and catastrophic phases of the benefit when coverage is not offered on that
  specific tier.

Resolved Issues:

- CMS updated the Part D catastrophic and low-income subsidy (LIS) cost-sharing data to reflect the 2022 values on the evening of August 11, 2021. Please refer to the HPMS email entitled "CY 2022 Benefit Plan Preview Data Update," also sent on August 11, 2021.

- HMO Dual-Eligible Special Needs Plans (SNPs) were not displaying the in-network cost-sharing for opioid treatment services.

- The out-of-network cost-sharing for opioid treatment services was not displayed for some plans.

- Some tiers were not appearing in the correct order in the "Cost by Drug Tier" table.

Reminders:

- Information provided in the PBP software note fields will not be displayed on MPF.

- The 2022 Fee-for-Service (FFS) values are not available at this time. For purposes of the plan benefit preview, the preview will use the 2021 FFS values (e.g., the Part B premium displays as $148.50).

- Telehealth coverage on MPF reflects two benefits from the Plan Benefit Package (PBP): Section B-14c7 (Remote Access Technologies) and Section B-7j (Additional Telehealth Services). If a plan offers one or both of these benefits, then telehealth will present with a checkmark on the plan card and be labeled as "some coverage" on MPF.

- Plans participating in the Part D Senior Savings Model (SSM) must use the drug pricing preview to validate their cost-sharing. The Part D cost-sharing in the benefit preview is a static display of tier cost-sharing values, so it does not account for SSM cost-sharing for select drugs.

- 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.

- The in-home support services benefit in the "Extra Benefits" section reflects benefit elections made in Section B-14c21 (In-Home Support Services) of the PBP.

- All Dual Eligible SNPs will have the following statement: "This plan also covers your Medicaid benefits."

- Please refer to **Appendix A** for instructions on how to update certain MPF data fields in HPMS.

Known Issues:

- Due to an internal CMS issue, the PDPFS module did not use the July 22, 2021 version of the FRF to process test window 3 submissions. As a result, organizations received numerous unanticipated "Non-Formulary Reference File (FRF) NDC" errors.

  If a submission contains unresolved non-FRF NDC errors at the end of test window 3, the contract's pricing data will still appear in the second drug pricing plan preview. Drugs that are not impacted by the non-FRF NDC finding will be priced appropriately in the preview, while drugs impacted by the finding may show default pricing.

Reminders:

- Plans reported that certain drugs were missing from the drug selection list in the drug pricing plan preview. CMS will continue to investigate this issue with our data providers.

- During the plan preview, when the deductible for a given tier is $0, out-of-network (OON) drug costs are shown as $0 in the deductible phase. However, on MPF, the OON drugs will be displayed with the full cash price.

- Prior authorization, quantity limits, and step therapy information is not included in the plan preview, but it 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 take into account 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.

New MPF Drug Pricing Footnote

CMS is adding a new footnote to flag pharmacies that are contracted as both retail and long-term care, as reported on the pharmacy cost file. This footnote will inform Medicare beneficiaries that drug pricing may be different based on the pharmacy type.

Beginning September 16, 2021, the following footnote will be applied to the applicable pharmacies on the pharmacy table located on the MPF "Plan Details" page:

> *The drug costs displayed for this pharmacy may be different if you're in long-term care. Please contact the plan for more information.*

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 2022 > Edit Contact Data > Update the "Mailing Address" field for the "Customer Service Prospective Member" Contact
Member Phone Number	Plan Bids > Bid Submission > CY 2022 > 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 2022 > Edit Contact Data > Update the "Local Phone Number" field for the "Customer Service Prospective Member" Contact
Member Phone Number View Provider Directory (if available)	*If you enter the optional URL at the contract level:* 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?" *If you do not enter the optional URL at the contract level:* Contract Management > Basic Contract Management > Enter Contract Number > Expand General Information > Org. Marketing Data > Organization Website Address