Changes to OOPC Plan Model SAS Code 2013 to 2014

This document lists the major changes made to the OOPC Plan model from the 2013 Version 1 Plan Model distributed to the plan organizations in January, 2013 to the 2014 Version 1 distributed in April, 2013.

Part D Changes

There were no explicit logic changes to the Part D code.

The data used in the Part D calculations (Formulary Reference File-based crosswalks, generic substitution files, Brand/Generic definition files, and pricing file) have been updated. Also, the Part D parameters (deductible, ICLs, OOP thresh holds, catastrophic cost sharing) have been updated to the announced values and the model takes into account the discounts and plan liability reductions for cost sharing in the gap for brand and generic drugs.

Part C Changes

PPOs

The major logic change involved modifications to accommodate changes in the 2014 PBP that involve the screens and variables that describe benefits for PPOs.

> In the cost sharing programs the differential deductible is now applied to all PPOs whereas previously it applied only to RPPOs.
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> The code was updated to differentially apply the deductible to Part A and Part B Medicare services, reflecting the Original Medicare payment structure for PPOs.
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> Also, when creating categories and deductible amounts for PPOs, the prior code had used a combined deductible variable. The new code uses the annual deductible variables.

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The code was corrected for Inpatient Acute and Inpatient Psych. calculations for situations where the Maximum Enrollee Out-of-Pocket Cost periodicity is 6 (Every Benefit Period). The code has been updated to keep the Maximum Enrollee Out-of-Pocket Cost amount the same. Previously it was updated to be the Maximum Enrollee Out-of-Pocket Cost amount * 4.

The code was modified for Medicare-defined cost shares to deal with benefit periods and first stay flags. For Medicare covered stays, the updated code correctly references the first stay and a new benefit period flag. The code now reflects for such plans if there is a new benefit period then the deductible is the differential deductible if the plan is a PPO, else it is the category deductible. Otherwise if it is the first stay, then the differential is the deductible if the plan is a PPO, else it is the category deductible.

The code was modified to use the correct periodicity values for the PBP_B2_MAXENR_PER variable in the COST_SHARING_SNF.sas file.

The code was modified to take into account an incorrect summation in the utilization file for amttot_physician dollar amounts. Future versions of the model will make the correction in the utilization file itself.

For the Inpatient Acute, Inpatient Psychiatric, and SNF categories, category-level MOOPs with a benefit period periodicity are applied annually. A modification in the code was made to apply these MOOPs every benefit period.