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November 26, 2008

Centers for Medicare & Medicaid Services  
Office of Strategic Operations and Regulatory Affairs  
Division of Regulations Development - C  
Attention: Bonnie L. Harkless  
Room C4-26-05  
7500 Security Boulevard  
Baltimore, Maryland 21244-1850

**Re: Draft 2010 Plan Benefit Package (PBP) and Formulary Submission Public Comment Period.**

Comments to the Centers for Medicare & Medicaid Services (CMS) Draft 2010 Plan Benefit Package (PBP) and Formulary Submission. CMS form number CMS-10142.

**UCare's Contract numbers:** H2459, H4270, H2456, and H2407

Dear Sir or Madam:

In response to the above referenced comment period, UCare submits the comments outlined in the following chart. UCare is a nonprofit organization, and our Medicare Advantage plans have over 50,000 members in Minnesota and Wisconsin. In addition to our individual and employer group business, UCare is a leader in Minnesota with integrated dual eligible Special Needs Plans (SNPs) and holds a contract with both CMS and our state Medicaid agency.

**UCare's Comments on the 2010 PBP Structure**

	Section/Item/Base	Issue or Question	Recommendation
1	Emergency B #4A Base 3	For worldwide coverage, PBP does not include a selection for days/hours within which admission must occur for waiver of the copay.	Add the following drop down selection for worldwide coverage: "Select either Days or Hours within which admission must occur for waiver:"
2	Urgently needed care B #4B	The PBP not include a drop down selection for worldwide urgent coverage, so a SB sentence is not generated.	Add a drop down selection for worldwide urgent option.
3	Pap test B #14D Base I	Selecting one additional pap smear with the periodicity of every year generates the following sentences in	Modify the PBP so that is generates the following sentence:

		<p>the SB:</p> <table><tr><td>26 - Pap Smears and Pelvic Exams</td><td>\$0 copay for Pap smears. Covered once every 2 years. Covered once a year for women with Medicare at high risk.  20% coinsurance for pelvic exams.</td><td><b>In- Network</b> \$0 copay for Medicare- covered pap smears and pelvic exams, and up to 1 additional pap smear(s) every year.</td></tr></table> <p>The plan sentence is confusing and misleading.</p>	26 - Pap Smears and Pelvic Exams	\$0 copay for Pap smears. Covered once every 2 years. Covered once a year for women with Medicare at high risk.  20% coinsurance for pelvic exams.	<b>In- Network</b> \$0 copay for Medicare- covered pap smears and pelvic exams, and up to 1 additional pap smear(s) every year.	<p>“\$0 copay for Medicare-covered pelvic exams and one annual Pap exam.”</p>
26 - Pap Smears and Pelvic Exams	\$0 copay for Pap smears. Covered once every 2 years. Covered once a year for women with Medicare at high risk.  20% coinsurance for pelvic exams.	<b>In- Network</b> \$0 copay for Medicare- covered pap smears and pelvic exams, and up to 1 additional pap smear(s) every year.				
4	Hearing aids B #18A	Because we cover hearing aids and routine hearing exams differently, the current PBP structure that combines these two benefits does not work and we have to use the notes section. The resulting SB sentences are misleading.	Split out the hearing aid coverage and routine hearing exam coverage.			
6	Transportation B #10B Base 1	The PBP does not support one-way trips.	Provide the option to select either round trips or one-way trips.			

Thank you for this opportunity to comment on the 2010 PBP and Formulary submission. If you have any questions or would like additional information, please contact me at (612) 676-3614 or [aschultz@ucare.org](mailto:aschultz@ucare.org).

Sincerely,

Amy Schultz  
Manager, Federal Government Programs  
UCare