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Solicitation for Applications for Medicare Prescription Drug Plan 2022 Contracts (CMS-10137)

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Solicitation for Applications for Medicare Prescription Drug Plan 2022 Contracts (CMS-10137)

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General Comment

The notice (CMS-10137) regarding the solicitation for application for Medicare Prescription Drug Plan 2022 Contracts is an essential regulation for the Centers for Medicare & Medicaid Services (CMS). I am a student getting their master's in public health in Epidemiology at George Washington University Milken School of Public Health. I will be commenting on this regulation on my own behalf.
This regulation addresses new solicitations or information collection from the Centers for Medicare & Medicaid Services (CMS). The first type of information collection was a revision of Submissions of 1135 Waiver Request Automated Process under the Social Security Act. The regulation will be revising the Waiver process and include a second form, which would be utilized to assist providers in delivering care during emergencies. CMS needs to develop a straightforward process that standardizes emergency waiver requests, especially after the Agency's performance in light of the COVID-19 Pandemic. The Centers for Medicare & Medicaid Services never experienced a period of such an influx of emergency waiver requests. Before the COVID-19 Pandemic, the waivers requests during emergencies were typically low volume and after natural disasters. In emergencies, it is not efficient for government agencies to be overwhelmed by waiver requests sent via a Provider or Supplier email summarizing the claim to CMS locations. Apart from the automated system, the additional form will assist the Agency in helping providers deliver

care, especially during emergencies.

The second request revises a collection of information for Solicitation for Applications for Medicare Prescription Drug Plan 2022 Contracts. Prescription drug benefit coverage is provided by prescription drug plans (PDP) or through Medicare Advantage prescription drug plans (MA-PD). The regulation states, “The information will be collected under the solicitation of proposals from PDP, MA-PD, Cost Plan, Program of All-Inclusive Care for the Elderly (PACE), and EGWP applicants.” The collected information will allow CMS to ensure applicants meet the requirements for Part D coverage. I recommend this proposal because Part D coverage extends to more than just those enrolled in prescription drug plans or Medicare Advantage. Including seniors in the solicitation will allow CMS to gain a better picture of Part D coverage.

The third request is revising the CMS Plan Benefit Package (PBP) and Formulary CY 2022 process for submitting plan benefit packages. CMS requires Medicare Advantage and Prescription Drug Plan organizations, via the Medicare Modernization Act, to submit plan benefit packages for all Medicare beneficiaries in their area. These organizations will use the plan benefit package software to share details on their plan benefit package and other benefits. This process will now request for annual bidding. I recommend this regulation because most employees will likely review their benefits package yearly, and the benefits package can be why someone would stay at their company. When employers update their plan benefit package, that information will be useful for CMS to utilize. This will allow beneficiaries to compare Medicare Advantage and Prescription Drug Plans.

The fourth request revises the Generic Clearance: Questionnaire Testing and Methodological Research for the Medicare Current Beneficiary Survey. The regulation will adjust the clearance to expand methods to allow for field tests outside of Medicare Current Beneficiary Survey production. This survey is vital to the Centers for Medicare and Medicaid Services because it is a national survey with a representative sample of “aged, disabled, and institutionalized Medicare beneficiaries.” The Medicare Current Beneficiary Survey is one of the only wide-spectrum sources of health information of Medicare beneficiaries. While using a core questionnaire, CMS will also collect information on special topics. I recommend this regulation because it will clearly add benefit to the Centers for Medicare and Medicare Services. Expanding the survey to field tests outside of the survey production will allow the survey to have a better representative sample.

In conclusion, as required by the Paperwork Reduction Act of 1995, federal agencies are required to allow 60 days of public comment on the proposed collection of information. While these four processes will soon be enhanced after the comment period, I believe the best-proposed regulation would be for the 1135 Waivers during emergencies. There is a clear need for revising the process so that it is streamlined and efficient for CMS. When the COVID-19 Pandemic ends, government agencies should re-evaluate existing regulations around emergencies to benefit the country and operate under prolonged emergencies better.