



September 20, 2021

CMS, Office of Strategic Operations and Regulatory Affairs
Division of Regulations Development
Attention: CMS 10141
Room C4-26-05
7500 Security Boulevard
Baltimore, Maryland 21244-1850.

Submitted Electronically: www.regulations.gov

Re: Comprehensive Addiction and Recovery Act of 2016 (CARA) / Medicare Prescription Drug Benefit Program

Dear Sir/Madam:

UnitedHealthcare (UHC) is pleased to respond to the *Centers for Medicare & Medicaid Services (CMS)* request for comments regarding the *Comprehensive Addiction and Recovery Act of 2016 (CARA) / Medicare Prescription Drug Benefit Program* published in the Federal Register on July 21st, 2021.

UHC is dedicated to helping people live healthier lives and making the health system work better for everyone by simplifying the health care experience, meeting consumer health and wellness needs, and sustaining trusted relationships with care providers. In the United States, UnitedHealthcare offers the full spectrum of health benefit programs for individuals, employers, and Medicare and Medicaid beneficiaries, and contracts directly with more than 1.3 million physicians and care professionals, and 6,500 hospitals and other care facilities nationwide. The company also provides health benefits and delivers care to people through owned and operated health care facilities in South America.

We encourage CMS to limit date fields contained within the initial notice which lead to member confusion as evidenced by the plan during member engagement. For example; the following language is misleading "your access to these medications will change on [insert date 30 days from the date of this notice]". Per DMP guidance the Implementation Start-date is the effective date of the coverage limitation(s) or the date of the Second Notice. This date must be within 60 days after the Notification Start-date and not later than one day after a Notification End-date. Therefore, inserting a date of "30 days from the date of this notice" is confusing and inaccurate. Furthermore, if additional information is received within the allotted timeframe the beneficiary's coverage may not change. UnitedHealthcare recommends removing the additional date field and changing the language to align with CMS guidance "your access to these medications may change within 60 days from the date of this notice".

UHC encourages CMS to limit date fields contained within the initial notice which lead to member confusion as evidenced by the plan during member engagement. UnitedHealthcare recommends removing the additional date field and changing the language to the following: "Based on information available at the time of our review we intend to limit your access in the following ways"

We encourage CMS to add a heading to the Alternate Second Notice similar to the initial notice (NOTICE OF INTENT TO LIMIT YOUR ACCESS TO CERTAIN PART D DRUGS) and second notice (YOUR ACCESS TO CERTAIN PART D DRUGS IS LIMITED). UnitedHealthcare recommends the following heading to the Alternate Second Notice "YOUR ACCESS TO CERTAIN PART D DRUGS WILL NOT BE LIMITED". This provides the beneficiary immediate visibility that their access is not limited. Moreover, it will alleviate any anxiety associated with opioid access.

UHC requests Beneficiary's utilization of frequently abused drugs (opioids and benzodizepines). There are security concerns associated with disclosing this type of information to beneficiaries who may have their access limited based on this type of review. In the alternative, UnitedHealthcare recommends something to the effect of "UnitedHealthcare Case

Management Staff" without specifically calling out someone's full name and credentials related to limiting access to frequently abused drugs.

We thank CMS for the opportunity to provide comments and strongly urge CMS to finalize these notices as soon as possible.

Sincerely,

Amy Hunt Tjornhom

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