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Centers for Medicare & Medicaid Services
Office of Strategic Operations and Regulatory Affairs
Division of Regulations Development
Attention: Document Identifier/OMB Control Number: 0938–0763
Room C4–26–05,
7500 Security Boulevard, Baltimore,
Maryland 21244–1850

Submitted Electronically: www.regulations.gov

Re: CMS Plan Benefit Package (PBP) and Formulary CY 2023 (CMS–R–262)

Dear Sir/Madam:

UnitedHealthcare is responding to the Information Collection Request (ICR) on the Plan Benefit Package (PBP) and Formulary CY 2023. The ICR was published by the Centers for Medicare & Medicaid Services (CMS) in the *Federal Register* on November 1, 2021 (86 FR 60245). Below please find the Plan Benefit Package (PBP) Software comments that were included in UHC's August 18, 2021 submission in response to the HPMS Memo, *Invitation to Provide Feedback on the Contract Year 2022 Bid Submission.*

Mass Exit (Validate) of PBP Data Entry

The current PBP data validation process is a time-intensive process that requires users to click through every screen of the software to validate data on a single plan. Currently, during PBP data entry, there is a function at the data entry-level screen to "Exit (Validate)" the data. To improve efficiency and help organizations with quality checks prior to bid submission, we recommend that CMS develop the functionality within the PBP software to "Exit (Validate)" all screens simultaneously for a single plan.

Export PBP Data Reports Directly to PDF

To export PBP data reports to PDF currently requires health plans to complete a multi-step process in which plans must export the PBP data reports to Excel, then from Excel to PDF. Viewing the report in PDF is clearer and more user-friendly than viewing it in Excel format.

To reduce the number of steps necessary to export PBP data reports to PDF, we recommend CMS add the capability to export PBP Data Reports directly to PDF format.

Align Section C - OON and Section C - POS to Section B Service Category Setup

The OON Grouping setup of the PBP software creates situations where there are more OON benefit variations than groupings, which can cause data to be unclear when a user must enter multiple cost shares for multiple benefits in the same grouping. Currently, Section C - OON and Section C - POS restrict users to 15 groups of like cost sharing. This causes issues when plans have more than 15 variations in OON cost sharing for filed benefits.

We recommend that Section C - OON and Section C - POS be redesigned to align to the setup in Section B for Service Categories. Having alignment between Section B and Section C would eliminate the need to group benefits into common cost sharing. It would also result in more clear cost sharing descriptions in the Medicare Plan Finder and would reduce burden on plans when developing their own member materials.

We believe that these recommendations will improve the functionality of the PBP Software, making the completion of PBPs more efficient for health plans. These changes will also help health plans complete PBP quality checks, will generate clearer system reports, will support health plan PBP scalability, and will result in clearer Medicare Plan Finder cost sharing descriptions.

Thank you for your consideration and please feel free to contact us if you have any additional questions.

Sincerely,

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