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CVS Health appreciates the opportunity to comment on the notice with comment period issued by the Centers for Medicare & Medicaid Services (CMS) entitled: "Agency Information Collection Activities: Submission for OMB Review; Comment Request" as published in the Federal Register on April 25, 2022. This notice solicits additional comments for a revised Part D Explanation of Benefits (EOB), which includes updates from comments received during the previous 60-day comment period on this issue. Understanding that our previous comments recommending that CMS allow plans to deliver communication materials electronically without prior authorization from the beneficiary, as permitted since 2019 for documents such as Evidence of Coverage (EOC) and Formularies, were deemed out of scope for this Paperwork Reduction Act (PRA), we would welcome the opportunity to further engage with CMS on efforts to drive the use of electronic delivery for beneficiary communications. Not only does electronic delivery of beneficiary communications allows for easier access to current and previous documentation, but it opens up opportunities for caregivers to also manage important health information and ultimately, creates an improved experience for all in our increasingly virtual world.

CVS Health produces Part D EOBs on behalf of Medicare Part D Plans, and mails approximately 12 million EOBs every month (144 million annually). We appreciate CMS' effort in taking industry and beneficiary feedback into account in their proposed, redesigned 2024 Part D EOB model, and share CMS's commitment to improving this important beneficiary-facing, transparency tool.

CVS Health serves millions of people through our local presence, digital channels, and our nearly 300,000 dedicated colleagues – including more than 40,000 physicians, pharmacists, nurses, and nurse practitioners. Our unique health care model gives us an unparalleled perspective on how systems can be better designed to help consumers navigate the health care system – and their personal health care – by improving access, lowering costs, and being a trusted partner for every meaningful moment of health. And we do it all with heart, each and every day.

For an enhanced beneficiary-friendly experience, we recommend CMS consider:

1. Changing the placement of the "Lower Cost Alternative Drugs" field.
2. Clarifying the out-of-pocket cost language found on the Part D Model EOB Crosswalk.
3. Including a definition for the term "% price change."

A more detailed discussion of our recommendations is provided in the attached appendix. Thank you for considering our recommendations and comments. We welcome the opportunity to further engage with CMS on the redesign of the 2024 Part D EOB model to better aid in beneficiaries' understanding of their Medicare drug prescription use and cost and make for an improved and less confusing EOB experience for all beneficiaries.

Sincerely,
Melissa Schulman
Senior Vice President, Government & Public Affairs
CVS Health