

Submitted electronically via www.reginfo.gov

May 25, 2022

Centers for Medicare & Medicaid Services
Office of Strategic Operations and Regulatory Affairs
Attention: Document Identifier/OMB Control Number: CMS-10141
Mail Stop C4-26-05
7500 Security Boulevard
Baltimore, MD 21244-1850

Re: Comments on Agency Information Collection Activities: Submission for OMB Review; Comment Request, [Document Identifier CMS-10141, CMS-R-235 and CMS-10515]

Dear Mr. Parham:

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, 2022.¹ 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.² 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 allow 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

¹ 87 Fed. Reg. 24308, April 25, 2022.

² 86 Fed. Reg. 72244, December 21, 2021.

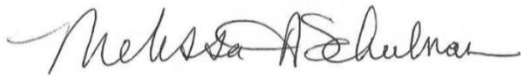
unparalleled perspective on how systems can be better designed to help consumers navigate the health care system – and their personal health care – by improving access, lowering costs, and being a trusted partner for every meaningful moment of health. And we do it all with heart, each and every day.

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,

A handwritten signature in black ink, reading "Melissa Schulman". The signature is fluid and cursive, with the first name and last name clearly distinguishable.

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

Appendix

Specific Comments on the Comments on Agency Information Collection Activities: Submission for OMB Review; Comment Request, [Document Identifier CMS-10141, CMS-R-235 and CMS-10515]

I. Changing the placement of the “Lower Cost Alternative Drugs” field.

Regarding the revised 2024 Part D EOB, we are still concerned about the placement of the “Lower Cost Alternative Drugs” field in Chart 1. In the previous version and the current iteration, the expansion of adding two columns to Chart 1 has the potential to cause formatting issues. The example below demonstrates what could happen with some claims. Depending on the length of the Price Change Percentage and/or the Lower Cost Alternative Drug names, we could experience content bleeding into each other or some letters or numbers to be dropped. Alternatively, this information could wrap in a column; however, this may lead to situations where the content becomes hyphenated and therefore has the potential to confuse a beneficiary.

CHART 1

Your MONTHLY prescriptions for covered Part D drugs: APRIL 2022

Totals for the month of April 2022

- Your Out-of-Pocket Costs amount is \$113.00
- Your Total Drug Costs amount is \$322.88

Drug Name, Fill Date, Pharmacy, Rx#	You Paid	Plan Paid	Other Payments	Drug Price	Price Change	Lower Cost Alternative Drugs
VESICARE TAB 5MG 04/14/22, CVS PHARMACY Rx# 106663421555, 30 day supply	\$99.00	\$317.75	\$0.00	\$416.75	+304839.02%	TROSPIUM CL TAB 20MG
OXYBUTYNIN TAB 5MG 04/09/22, ANCHOR DRUGS III Rx# 349000711222, 30 day supply	\$14.00	\$5.13	\$0.00	\$19.13	+191200.00%	OXYBUTYNIN SYP 5MG/5ML
Totals for the month of April 2022	\$113.00	\$322.88	\$0.00	\$435.88		

In our previous comments, we recommended that CMS consider moving the “Lower Cost Alternative Drugs” field to its own section under the “Changes to our Drug List that affect drugs you take” section, and could optionally include drug strength and manufacturer information as well, if applicable. This modification heightens the visibility of the alternative option(s) and may increase the beneficiary’s understanding of their alternative drug options for medications that they take on a regular basis. As CMS’ original intent to include Lower Cost Alternative Drug information in the EOB was to encourage beneficiaries to discuss these options with their providers, enhancing its presence by placing it in its own section has the potential to draw a beneficiary’s interest and encourage conversations with their

doctors. For example, this information could be included along with “Changes to our Drug List” as this information would contain similar relevant content. CVSH is also curious as to whether the “Changes to our Drug list” section will include alternate drug options when the reason for the change is something other than generic available, such as step therapy requirements.

Jennifer Washington

THIS IS NOT A BILL Page 4 of 6

Discuss Lower Cost Formulary Alternatives with your doctor

When lower cost alternative drugs¹² may be available for drugs you take regularly, they will appear in the list below. You can talk to your doctor to find out more and see if they're right for you. You may also log onto our website: www.birchwood.com and click “Check Drug Cost & Coverage” and “Therapeutic Alternatives” for more information.

Zocor, 40 mg tabs

Potential Lower Cost Alternative: Atorvastatin

Mavenclad, 10 mg tabs

Potential Lower Cost Alternative: Fingolimod

Changes to our Drug List that affect drugs you take

We may make changes to our Drug List during the year, like adding new drugs; removing drugs; changing coverage restrictions; or moving drugs from one cost-sharing tier to another. The information below provides updates that affect plan-covered prescriptions you filled in 2022.

Zocor, 40 mg tabs

Generic replacement

- Beginning June 1, 2022, the brand-name drug Zocor, tier 3 will be removed from our Drug List. We will add a new generic version of Zocor to the Drug List (it is called Simvastatin, tier 2).
- The amount you will pay for Simvastatin depends on the drug tier and which drug payment stage you are in when you fill the prescription. To find out how much you will pay, log onto our website www.birchwood.com and click “Check Drug Cost & Coverage” or call us.

If you have questions, please call Birchwood Medicare Plus at 1-800-222-3333 (TTY 711), Monday through Friday from 8 a.m. to 5 p.m. The call is free. For more information, visit www.birchwood.com

II. Clarifying the out-of-pocket cost language found on the Part D Model EOB Crosswalk.

CVSH would like for CMS to clarify the Out-of-pocket cost language found on the Part D Model EOB Crosswalk. In the current Part D EOB model, Out-of-pocket cost formula includes what the beneficiary paid plus other payments. However, the Part D Model EOB Crosswalk includes language stating that Out-of-pocket costs include what the beneficiary paid and what the plan paid and does not include payments for other payments. As the plan paid amounts are typically included in the “total drug costs” and not the “out-of-pocket costs”, we would like to confirm CMS’ intent with the language found in the Crosswalk and request a revision if applicable.

III. Including a definition for the term “% price change.”

CVSH was excited to see that CMS’ revised version eliminated the duplicate definitions that were displayed throughout the EOB in the previous version. The consolidation of the Definitions/Glossary of Terms and movement to the end of the document significantly reduced the redundant content making for an improved beneficiary reading experience. However, we noted the lack of definition clarifying what constitutes the % price change found in Chart 1. To support beneficiary understanding of the price change information, we recommend CMS consider adding a definition explaining the Price Change is the percentage of the drug price change since the first prescription fill of the benefit year in the Glossary’s Terms and Definitions section.