

January 9, 2023

Mr. William N. Parham, III
Director, Paperwork Reduction Staff

Office of Strategic Operations and Regulatory Affairs
U.S. Centers for Medicare and Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

Submitted electronically via www.reginfo.gov/public/do/PRAMain

RE: Agency Information Collection Activities: Submission for OMB Review; Comment Request, CMS Plan Benefit Package (PBP) and Formulary CY 2024 [Document Identifier CMS-262-R]

Dear Director Parham:

CVS Health appreciates the opportunity to comment on the information collection review (ICR) issued by the Centers for Medicare and Medicaid Services (CMS) entitled: “Agency Information Collection Activities: Submission for OMB Review” as published in the Federal Register on November 9, 2022¹. The ICR requests comments on the proposed CY 2024 Plan Benefit Package (PBP) and formulary file.

CVS Health is a different kind of health care company. We are a diversified health services company with 300,000 employees united around a common purpose of helping people on their path to better health. In an increasingly connected and digital world, we are meeting people wherever they are, and changing health care to meet their needs. Built on a foundation of unmatched community presence, our diversified model engages 1 in 3 Americans each year. From our innovative new services at HealthHUB locations, to transformative programs that help manage chronic conditions, we are making health care more accessible, more affordable and simply better.

Through Aetna Medicare, we provide comprehensive and affordable benefits to nearly 10 million lives each year. We are dedicated to ensuring clarity and accuracy in our PBP and formulary submissions, especially as beneficiaries rely on this information when comparing Part C and Part D plan options in the Medicare Plan Finder.

¹ 87 Fed. Reg. 67692 (November 9, 2022)

We support and appreciate CMS making changes to the PBP and formulary file as needed to support changes to the Medicare program required by the Inflation Reduction Act of 2022 (IRA) and other policy updates to the plan benefit package submission and the formulary layout. We also appreciate that CMS' efforts to streamline and simplify the process by creating a web-based module within HPMS instead of requiring organizations to download and install the software on their networks. However, we do have a few concerns as outlined below.

API Transition

While eventual transition to the web-based PBP platform has the potential to save time and resources for future submissions, earlier HPMS release of the technical specifications and documentation, along with an earlier and longer testing window for application programming interface (API) testing would have better supported plan efforts to transition to the API for the CY 2024 bid submission. The transition itself is a significant process for plans. Release of the technical specifications early in 2022 would have provided time for plans with a longer runway to account for the resources and staff time necessary for implementation, to thoroughly test systems, and work with CMS to identify and correct potential flaws and errors ahead of the CY 2024 bid submission.

In light of this, and given the operational impact, we respectfully request that CMS allow plans to continue to submit bids through the existing PBP software for CY 2024 if they so choose. This would support further dedicated staffing and testing to support further confidence in bid submission accuracy and success with the new interface.

CY 2024 PBP and Formulary Submission Changes (Appendices B/C)

In the formulary field, CMS is proposing to change the Quantity Limit Type field to a Quantity Limit Y/N field to simplify quantity limit submissions. While we appreciate the intent to simplify the entry of quantity limits on the formulary file, we are concerned that this simplification may unintentionally limit plan options and/or remove needed clarity as to the quantity limits being proposed. The ability to characterize a Quantity Limit as a daily dose or quantity versus time allows plans a level of granularity that will be lost if CMS changes the Quantity Limit Type field to a Quantity Limit Y/N field. Therefore, we ask that CMS add the Quantity Limit Type field for those plans that choose to use it.

Finally, we note that in 2025, there will be major changes to the design of the Part D benefit as a result of the IRA. This will in turn, require further changes to the PBP and formulary file and other supporting documents, including changes in cost sharing, benefit phases, a maximum out-of-pocket limit, and a new manufacturer discount program. Since Part D plans and their PBMs will be required to make significant operational changes to accommodate the new benefit design, we strongly recommend that CMS begin working with plans this year to understand potential changes that may impact the PBP and formulary file for CY 2025 submissions.



Thank you for considering our recommendations and comments and welcome any questions you have or further guidance you can provide. We offer to help CMS better understand the workflow and processes that plans put in place every year to implement changes to the PBP and formulary submission. We share CMS' goal of further minimizing the administrative burden of this process, especially as plans undertake the significant transition to the new API submission module and begin preparing for additional changes in future years.

Sincerely,

A handwritten signature in black ink that reads "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