

Author Full Name : Elevance Health**Received Date :** 02/24/2023 02:48 PM**Comments Received :**

Elevance Health appreciates the opportunity to comment on the draft Contract Year (CY) 2024 Beta Testing Version of the Plan Benefit Package (PBP). Below we offer suggestions for CMS to improve the PBP submission process so that benefit packages are submitted in a fair and consistent way, which will reduce beneficiary confusion and ensure a level playing field across all submitted bids.

Part B Drug Coinsurance. Provide plan sponsors with the option to input a flat 20% coinsurance for Part B drugs with an attestation related to Part B rebatable drugs, rather than requiring plans to submit a coinsurance range. Because the PBP data is used to populate Medicare Plan Finder, we are concerned that requiring plans to input a coinsurance range from 0% to 20% for Part B drugs will create beneficiary confusion and abrasion by implying their drug is available at \$0. While the PBP data submission tool allows for plans to submit notes with additional explanation, the notes section does not appear on Medicare Plan Finder. We understand that the Inflation Reduction Act (IRA) requires that beneficiary coinsurance rates for a Part B drugs to be adjusted by drug inflation rebates. However, rather than requiring plans to submit a coinsurance range, we recommend that plans submit an attestation like the one in the PBP tool that states “I attest that the MA enrollee cost sharing for these drugs will not exceed the coinsurance amount in original Medicare for that Part B rebatable drug. In applying this effective coinsurance percentage, MA plans may continue to base enrollee cost-sharing off of the total MA plan financial liability for that Part B drug.”

Part B Insulins. Remove the option to input coinsurance values for Part B insulins and allow for only copayments. The IRA caps insulin out-of-pocket spending at \$35 per month's supply of each insulin product covered under a Medicare Part D plan, with similar limits for out-of-pocket costs for insulin supplied under Part B. While plans have the option to input copayment values for Part B insulin products, we are concerned that plans that input a coinsurance range will falsely appear more favorable on Medicare Plan Finder compared to a plan electing a \$35 copayment, giving those plans an unfair advantage. Further, this recommended change would align with the PBP tool's treatment of Part D insulins, which allows for only copayment amounts.