



March 9, 2023

Centers for Medicare & Medicaid Services
Office of Strategic Operations and Regulatory Affairs
Division of Regulations Development
OMB Control Number: 0938-0763
7500 Security Boulevard
Baltimore, MD 21244-1850

Re: CMS Plan Benefit Package (PBP) and Formulary CY 2024

Submitted Electronically: <https://www.reginfo.gov/public/do/PRAMain>

Dear Sir/Madam:

UnitedHealthcare (UHC) is responding to the Information Collection Request (ICR) for the Plan Benefit Package (PBP) and Formulary CY 2024. The ICR was published by the Centers for Medicare & Medicaid Services (CMS) in the Federal Register on February 7, 2023 (88 FR 7974). Below please find PBP-related comments we included in our February 24, 2023, submission to CMS in response to the PBP Module Testing opportunity and in our January 9, 2023 comment letter to CMS in response to the ICR was published by CMS in the Federal Register on November 9, 2022 (87 FR 67692).

UHC is dedicated to helping people live healthier lives and making the health system work better for everyone by simplifying the health care experience, meeting consumer health and wellness needs, and sustaining trusted relationships with care providers. UHC offers the full spectrum of health benefit programs for individuals, employers, and Medicare and Medicaid beneficiaries, and contracts directly with more than 1.3 million physicians and care professionals, and 6,500 hospitals and other care facilities nationwide.

PBP Module Section: Benefit Details

Under the "Benefit Details" section for "Additional Days for Inpatient Hospital-Acute(1a1)" the copayment date range is stated as days "90-999." Because the first interval date range ends at day 90, UHC recommends that CMS update the "Additional Days for Inpatient Hospital-Acute(1a1)" copayment date range to 91-999. Changing the second interval to a range with a minimum of 91 days would be both accurate and consistent with how the benefit was set up in prior versions of the PBP submission software. This will also better align with how skilled nursing facility (SNF) days are represented. As a related example, the first and second intervals of SNF date ranges are set up

accurately as days 1-20 and 21-100 respectively. UHC believes the inpatient hospital copayment range should follow suit.

UHC requests that the PBP clarify the attestation for Part B drugs applies to in-network services only. Currently, the Part B attestation indicates that the MA enrollee cost sharing for a Part B rebatable drug will not exceed the coinsurance amount of the original Medicare adjusted beneficiary coinsurance for that Part B rebatable drug. It does not specify that this applies only to in-network services. UHC recommends that CMS add an indication that the Part B drug attestation applies to in-network services only. If not specified, it could allow for incorrect or varied interpretations.

Under the Benefit Details, 7f Routine Foot Care does not have an option to be placed into an out-of-network (OON) group; only the 7f Medicare-covered benefit has the option for an OON group. Additionally, 14c7 Remote Access Technologies does not have any option to link to an OON group in the Benefit Details. UHC recommends that CMS ensure that all benefits with OON coverage have the option to be added to an OON Cost Share Group. Specifically, 7f Routine Foot Care and 14c7 Remote Access Technologies should have the option to be added to an OON Cost Share Group.

Under the "Benefit Details" sections related to Part B Drugs (15-1/15-2/15-3) when entering a coinsurance, all three categories have the "Yes" option grayed out. Additionally, when entering "yes, with a min and max" we are unable to edit the minimum value, which always shows 0%. Since organizations are not required to file these benefits as \$0/0%, UHC believes we should be able to edit the min value to something other than 0%. UHC recommends making the minimum value within the Part B Drugs section "Yes" options active, so organizations may accurately file their bids.

Under the Benefit Details section, when attempting to validate the completed 17b Eyewear and 18a/18b Hearing Aids/Exams subsections, the overall benefit sections still show "In Progress." This prevents full validation of the benefits. UHC recommends that CMS ensure that all sections indicate "Completed" to allow full validation. Specifically in the Benefit Details section, we recommend the 17b Eyewear and 18a/18b Hearing Aids/Exams sections need to show as complete when everything is filled out. If these sections are not able to be validated, then an error message should pop-up explaining why. An inability to validate sections would prevent submitters from fully validating the bid.

Under the Benefit Details section on the preventive dental (16a) non-Medicare screen, the answers for the following questions are greyed out and unable to be selected:

"Is there a Coinsurance for combination of services included in a single cost per office visit?"
"Is there a Copayment for combination of services included in a single cost per office visit?"

It appears that these questions should not be greyed out. Our organization only ran into this issue when selecting the benefit as "optional." We did not see this issue when selecting the benefits as "mandatory." UHC recommends that CMS open the questions listed above for selection. We also recommend that CMS investigate the issues caused by selecting 'optional' for preventive dental (16a). If organizations are not able to answer these questions, it could result in inaccurate PBP filings.

PBP Module Section: Dental and Hearing Exams/Hearing Aids Other Supplemental Services (13)

For PBPs in which the following supplemental benefits are not selected in the Benefit Offerings section : Dental, Hearing Exams/Hearing Aids, Other Supplemental Services (13) section, these benefits are still appearing in the Benefit Details section as 'In Progress'. This prevents organizations from being able to fully validate the PBPs. For benefits that are not covered on the plan, but still show as incomplete sections, UHC recommends that CMS update the logic to correctly assess if a page needs to be completed.

PBP Module Section: Cost Share Groups

On the "Point of Service Groups" (POS Groups) screen, during PBP testing our organization got a validation error with the pop-up:

"Not all Non-Medicare-covered service categories selected for Point-of-Service POS Group under benefit offering screen were selected in an POS group. The following categories were not selected:"

Additionally, with OON groups we received the message, "Service categories that are mapped to this group: Service categories are not yet added to this group." This message occurred even when all benefits had been added to an OON group. Because of these responses, both the POS Groups and Combined Supplemental Benefits Section will only show as "in progress"; we are therefore unable to validate them. These errors occur even when all benefits have been assigned to their groups in the "benefit details" section.

UHC recommends that CMS allow users to select all benefits that apply to certain groups within the Cost Share Groups section rather than assigning a group to each benefit in the benefit details section. This change could remediate the validation error listed. UHC believes it would make the process of assigning benefits to OON groups more efficient and accurate, since we can remediate missed benefit groups at the source of the validation error. With this in mind, we also recommend CMS investigate why some benefits that have been assigned a group are showing that they have not been assigned.

As UHC noted in the December testing window, in the Cost Share Groups section under POS Groups Setup, there is a limit on coinsurance for non-Medicare covered services (i.e., it must be less than 50%). We believe this limit should not apply to non-Medicare covered services and does not allow organizations to enter the required coinsurance amounts (e.g., 75% coinsurance for routine transportation). In prior versions of the PBP submission software, organizations were able to file non-Medicare covered benefits with an OON cost share larger than 50%. Since we believe the limit does not apply, UHC recommends that CMS increase or remove this limit.

UHC requests the ability to add PBP notes to the "Out of Network Groups" screen of the 2024 PBP. Prior PBP software versions included a Section C OON general notes field. We would use this notes fields to describe aspects of the overall OON benefit coverage that are not specific to benefits in an

OON Cost Share Group. It is not appropriate to associate these notes with just one specific OON Group, so we no longer have an appropriate place to include those required notes. UHC recommends that CMS add the General OON Notes field back to the Cost Share Groups section in either a new page or on the same page with all of the OON groups. Without this field, submitters cannot fully and accurately explain some of the OON benefit coverage that is not tied to an OON Cost Share Group.

PBP Module Section: VBID, MA Uniformity, SSBCI

Under the VBID, MA Uniformity, SSBCI section on the VBID Hospice screen, when inputting the appropriate note from the PBP report to HPMS for VBID Hospice during testing, HPMS only allows 200 characters. This significantly truncates the PBP note we entered in our 2023 PBP. The 2023 PBP had a 3000-character note limit. With this 2024 limit, we are unable to input the entire note that provides more specific and accurate details on the hospice consultation. UHC recommends that CMS revert back to the 3000-character limit for ALL notes fields and match what has been in place in the PBP during previously years. Limiting note fields to only 200 characters does not allow organizations to fully describe their benefit offerings.

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 an 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.

UHC appreciates the opportunity to provide comments and looks forward to CMS's feedback.

Sincerely,



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