



December 26, 2023

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

Re: CMS Plan Benefit Package (PBP) and Formulary CY 2025

Submitted Electronically: <https://www.regulations.gov/>

Dear Sir/Madam:

UnitedHealthcare (UHC) is responding to the Information Collection Request (ICR) for the CMS Plan Benefit Package (PBP) and Formulary CY 2025. The ICR was published by the Centers for Medicare & Medicaid Services (CMS) in the Federal Register on October 27, 2023. UHC appreciates the opportunity to provide several PBP-related module improvement suggestions which we have previously shared with CMS in other comment opportunities earlier this year.

UHC offers a full range of health benefits, enabling affordable coverage, simplifying the health care experience and delivering access to high-quality care. UnitedHealthcare is the health benefits business of UnitedHealth Group, a health care and well-being company working to help build a modern, high-performing health system through improved access, affordability, outcomes and experiences. We are committed to a future where every person has access to high-quality, affordable health care and a modern, high-performing health system that reduces disparities, improves outcomes, and lessens the burden of disease.

PBP Reporting

To pull PBP data reports from HPMS, organizations need to take multiple steps to pull each plan's reporting. Currently, organizations must click each contract/plan/segment separately as part of the selection process. For a large organization like UHC, 2-3 clicks per PBP can mean upwards of 2000+ clicks to pull each report, which can be very time consuming and can lead to discrepancies in reporting if clicking errors are inadvertently made during the process of pulling the reports.

- We request the capability to allow an individual to be able to simultaneously select all contracts/plans/segments that they have access to when creating a JSON or data report. We also request the capability to select all plans/segments within a contract simultaneously to similarly streamline the process for contract-level report pulling.

In the *Contract Management* module, organizations must click each contract separately to pull data reports. Within a contract, one can choose "Select All" to include all plans within a contract, but for large organizations with dozens of contracts it is time consuming, administratively burdensome, and can lead to discrepancies in reporting if clicking errors are made during the report pulling process.

- In the *Contract Reports - Contract and Plan Summary Reports - Basic Plan Characteristics Report*, we request the capability to allow an individual the ability to select all contract/plan/segments that they have access to, simultaneously.

Currently, PBP data entry reporting may be pulled only at the single PBP level from the *Plan Benefit Package -> Reports* module. To audit PBP data entry accuracy, an organization must check one plan at a time. In addition, the data in the Bid Report module can only be viewed after the PBP has been submitted or approved by CMS.

- We request the ability to download current PBP data entry for all plans (at a parent organization and/or contract level) in HPMS at the same time from the *Bid Reports* module. In addition, we would like the ability to download PBP data entry as a dataset during the PBP data entry window prior to bid submission rather than post-submission or CMS approval. Having this dataset will help with auditing before the bids are submitted.

The *Data Extract Facility* module has a *Plan Information - Plan Version* report that organizations can use to download plan-level information entered into the *Manage Plans* subsection of the Bid Submission module. This information is available post-PBP submission and post-approval, but it is not available prior to bid submission.

- We request the ability to download current *Plan Information - Plan Version* in HPMS from the *Data Extract Facility* as a dataset during the PBP data entry window before bid submission, versus after submission or CMS approval. This will help with audit/accuracy activities before the bid submission.

PBP Supporting Documentation

The substantiation documentation upload process requires organizations to upload individual zip files to one plan at a time. Each zip file can take up to 5 minutes to process per plan, which is not efficient given the number of files that need to be uploaded during the short windows of time before the bid submission and resubmission deadlines.

- We request a module for substantiation documentation upload that allows the upload of different files to multiple plans simultaneously. An example of an existing HPMS module that supports this capability is the PBP-BPT submission module. Using this as a model for the development of the substantiation document upload module would allow organizations to upload different zip files to multiple plans simultaneously. This would significantly speed up the substantiation documentation upload process.

During bid submission, large organizations may upload upwards of 100 substantiation documents to each HPBP. As a result, there may be as many as 100,000 documents that must be audited by the

organization to confirm accuracy of all uploads. Currently, organizations are only able to check one plan's uploaded documents at a time when finalizing PBP submission during short windows of time.

- To create efficiencies and reduce the amount of time required to conduct audits of the substantiation documents during the bid submission, we request the capability to export an Excel document showing all supporting documentation (e.g., substantiation, cost sharing justification, etc.) that has been uploaded and the plans to which that documentation is attached. Our organization conducts extensive quality checks of these documents prior to bid submission and having this capability would substantially improve the efficiency and accuracy of those checks.

BPT Submission

As part of preparing Bid Pricing Tools (BPTs) for bid submission, they must be zipped into a single file that includes the .xlsx and .xml files associated with the BPT. Previously, BPT creation included a feature that zipped up the BPT .xlsx and .xml files so they were ready for uploading. For 2024, that functionality was not available.

- We request that this functionality be added back to the BPT creation process as it makes the uploading process faster for plans.

On the *BPT Upload* screen, an organization's upload is not acknowledged as successful until the user leaves the screen and then returns. This requires extra steps of leaving and re-entering the BPT Upload module to confirm that the upload was successful.

- We request that CMS provide an acknowledgement of the BPT submission without the user being required to fully refresh the page. We also request CMS add a column that shows a timestamp of the most recently uploaded BPT to help plans validate data during the upload process.

PBP/API Submission

Organizations must currently enter HPBP service areas manually in the *Set-Up Plans* module. However, for benefit data entry, an organization can directly import data from an external source through the API process.

- We request the ability to send service areas via the API process instead of using the manual process in the Set-Up Plans module. Using the API process will not only save time, but it will also mitigate the risk of any data entry errors that may occur with a manual process..

The current PBP API process requires organizations send a complete PBP each time an organization sends a plan via API. However, there are often instances where only a subsection of the PBP needs to be updated. For example, in desk review an organization may receive the request to update a single cost share, but in order to make the update via API, the full PBP must be sent to CMS.

- We request the ability to upload subsections of the PBP (e.g. Benefit Details, Benefit Offerings) via API as needed versus being required to upload all of the PBP subsections when only one subsection has been updated by the organization.

When uploading a PBP via API, the system identifies validation errors. During the identification of validation errors, the process stops at the first subsection to encounter a validation error. This requires an organization to clear one error at a time, which slows the process and makes it difficult to triage issues with benefits that show up in multiple sections of the PBP.

- When uploading an entire plan via the API, we request that the API upload results provide a single report of the validation errors for all subsections (e.g. Benefit Details, Benefit Offerings) that have an error.

When uploading a PBP via API, there are instance when the PBP "times out" and the upload does not complete. Other times, the API source indicates the process timed out, but in HPMS it shows that the process is complete. This results in an organization submitting a single PBP multiple times in order for it to successfully process. However, even then, it may falsely show that it failed when it actually processed successfully.

- This issue may be the result of the HPMS processing time window being too short, so we request that the processing time be extended to ensure successful completion of the process.

When organizations submit a plan via API, the *OON Cost Share Groups* section is not reflecting the Preventive Dental (16a) benefit as an optional supplemental benefit in cases when a POS optional supplemental benefit is filed on a plan with no mandatory supplemental benefits covered for that benefit category in the Benefit Details section. In that case, a user must manually correct the OON Cost Share Group in the Plan Benefit Package module after the API submission.

- We recommend that CMS correct this issue so that when a POS optional supplemental benefit is filed on a plan with no mandatory supplemental benefits covered in the Benefit Details section, the preventive dental optional supplemental benefit is reflected accurately and does not require any additional user intervention.

When validating Inpatient Hospital Psychiatric (1b) Out-of-Network (OON) benefits, our organization has identified what appears to be a CMS system error. We have found that it is possible to enter an end date for interval 1 and start date for interval 2 that do not align. For example, the JSON can contain days 1-19 for interval 1 and days 21-90 for interval 2, but HPMS does not flag this as an error in the JSON.

- We request CMS confirm that API validations for day ranges will identify any misalignments on all benefits that have day intervals, such as Inpatient Hospital Acute 1a, Inpatient Hospital Psychiatric 1b, and Skilled Nursing Facility 2; for both in- and out-of-network benefits.

PBP Data Entry

Currently, when entering data into the PBP, a user can have only one browser window of HPMS open at a time. Because PBP data entry, bid submission, and plan setup are all conducted in HPMS, users need the capability to open multiple windows simultaneously to be able to enter data more efficiently.

- When working in HPMS, we request the ability to have multiple windows of HPMS open simultaneously.

During PBP Entry to the 2024 module, our organization identified instances when the PBP moves some or all benefits to an "In Progress" status even when no sections have been saved or any benefit fields have been updated. This causes the individual entering benefits to have to click through each benefit that switches to "In Progress", including those without changes.

- We request that the capability to view a PBP subsection without it moving to an "In Progress" status.

Currently, when entering PBP data, Out-of-Network (OON) cost sharing groups must be selected within each individual benefit in the *Benefit Details* subsection of the PBP. This requires users to click through each benefit screen to determine which benefit belongs in which OON group. This can be an incredibly time-consuming process.

- We recommend that CMS allow users to complete all the OON groupings on a single screen. This could be accomplished by selecting 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. If CMS makes this change, it will help make the process of assigning benefits to OON groups more efficient and accurate.

In the 2023 PBP, there was an Out-of-Network (OON) *General Notes* field that was removed for the 2024 PBP. As a result, in the 2024 PBP a user had to duplicate these *OON General Notes* into each specific OON Group notes field, as applicable.

- We recommend that CMS add the *General OON Notes* field back into the *Cost Share Groups* section in either a new page or on the same page with all of the OON groups. Without this field, it is difficult for plans to describe OON plan attributes that are not specific to certain benefits.

PBP Submission

During resubmission, the *Benefit Details* subsection reverts to "In Progress" status even when there have been no changes to the subsection and no API has been resent. There have also been instances when the *Benefit Details* subsection has reverted to "In Progress" several days after a resubmission. This issue causes organizations to have to go back and review all sections of the PBP on plans with no changes in order to move the "In Progress" status back to "Completed", which is a

time-consuming process, particularly when plans are trying to complete their updates in a short window of time.

- We request that when gates are opened for resubmission, subsections are not returned to an "In Progress" status. Instead, we request the subsections keep their status and time stamps until the organizations go in and make updates to those subsections, as appropriate, in response to CMS resubmission requests.

During rebid, CMS changes all PBPs to "In Progress" status. This includes PBPs that do not require resubmission.

- During desk review and during rebid, we request that CMS only open PBP gates for plans that require PBP resubmission.

The rebate reallocation process requires a substantial amount of work to be completed in a very short period. Even with significant advance planning, this is a manual process requiring organizations to solve benefits for each plan, update and confirm PBPs, match BPTs, rerun Total Beneficiary Costs, and complete other necessary reviews to ensure accuracy. With the advent of the Inflation Reduction Act, organizations need additional time to complete rebate reallocation since there is a potential to be further off on the direct subsidy estimate which then requires more benefit changes. Having additional time will give plans the ability to perform quality checks which will in turn, help support stability and consistency in benefit design.

- We request that organizations be provided additional time (at least 3-4 more business days) to complete rebate reallocation.

We believe that these recommendations will improve the workflow of PBP data entry and submission, making the completion of PBPs more efficient for health plans. These changes will also help health plans complete PBP quality checks, will generate clearer system reports, and will support health plan PBP scalability,

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

Sincerely,



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