



January 6, 2025

Centers for Medicare & Medicaid Services
Office of Strategic Operations and Regulatory Affairs
Division of Regulations Development
Attention: Document Identifier/OMB Control Number: 0938-0763
Room C4-26-05
7500 Security Boulevard
Baltimore, Maryland 21244-1850

Submitted Electronically: www.regulations.gov

Re: CMS Plan Benefit Package (PBP) and Formulary CY 2026

Dear Sir/Madam:

UnitedHealthcare (UHC) is responding to the Information Collection Request (ICR) for the CMS Plan Benefit Package (PBP) and Formulary CY 2026. The ICR was published by the Centers for Medicare & Medicaid Services (CMS) in the Federal Register on November 6, 2024. UHC appreciates the opportunity to provide several PBP-related module improvement suggestions, many of which we have previously shared with CMS in other comment opportunities. We are also including one formulary-related comment.

UnitedHealthcare 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.

Plan Benefit Package (PBP)

PBP Reporting

In the Contract Management module, organizations must click each contract separately to pull data reports. Within each contract, it is possible to choose "Select All" to include all plans within that 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/selection process.

- In the Contract Reports - Contract and Plan Summary Reports - Basic Plan Characteristics Report, UHC requests the capability to simultaneously select all contract/plan/segments that an individual has access to when pulling data reports.

PBP data entry reporting may be pulled at the contract level/individual PBP level from the Plan Benefit Package -> Reports module. PBP Data Reports found in this module can be useful in aiding organizations with their audits of PBP data entry prior to the initial June bid submissions, Rebid Reallocation, and Desk Review submissions. The only option available today when pulling PBP Data Excel Reports for multiple plans is to pull one large Excel file. Because the data is not separated out by plan, it can be challenging for organizations to audit their plans at the individual plan level.

- UHC recommends that CMS provide an Excel file for each individual plan. This approach will help with the ease and accuracy of organizations' review and confirmation of the individual plan data submissions. We also request that the report module create a zip file that includes multiple individual PBP specific Excel files.

In the Data Extract Facility module, organizations can download a Plan Information - Plan Version report that has the plan-level information that was entered into the Manage Plans subsection of the Bid Submission module.

- UHC recommends that CMS make this information available to download as a dataset during the PBP data entry window before bid submission versus after bid submission or after CMS approval to improve upon the accuracy and/or audit activities of the bid.

In the Data Extract Facility module, CMS provides updates to the data for the Plan Service Area extract once a week and/or upon request.

- UHC requests that CMS consider giving plans real-time access to the data. Not having to submit a request to CMS to get the updated data will be more efficient for both CMS and plans and will avoid unnecessary delays in the review process.

Currently, data entered in "Plan Setup" can only be viewed in the "Plan Information" extract. This extract can only be pulled after all plans have been submitted to CMS. Having access to real-time information before bid submission completion, would make it much easier for organizations to proactively verify "Plan Setup" information prior to bid submission.

- In order to verify plan setup information, before bids submission, UHC requests real-time reporting of data entered in Plan Setup.

Prior to the final bid submissions, UHC conducts multiple quality checks using the reports pulled from the Bid Reports screen of HPMS. Most of the reports (such as Service Area Reports and Plan Benefits Reports) are only available for download at the individual plan level, but for organizations that conduct reviews at the portfolio level with all of their plans, this can make the process of pulling each report for a single plan time-consuming and inefficient.

- UHC requests the ability to download the reports for all / multiple plans in the form of a zip file. Within the zip file, we also recommend including the plan ID on each individual file name.

With the current structure of the PDP Demo Election Report, organizations can only print the information at a PBP level to a pdf or take a screen shot, which limits the output to what is visible on the screen.

- UHC recommends that CMS add the functionality to allow organizations to export the PDP Demo Election information to an Excel file or pdf.

Bids Submission- Supporting Documentation and Bid Pricing Tools (BPT)s

The substantiation documentation upload process requires organizations to upload individual zip files to one plan at a time and each zip file can take up to 5 minutes to process per plan.

- Given the number of files that need to be uploaded during the short windows of time before the bid submission and resubmission deadlines, UHC requests that CMS consider a module that would expedite the substantiation documentation upload process.
- An example of an existing HPMS module that supports this capability is the PBP-BPT submission module. CMS could consider using the PBP-BTP submission model to develop a substantiation document upload module to allow organizations to simultaneously upload different zip files to multiple plans.

During the bid submission process, health plans may upload hundreds of substantiation documents for each HPBP which can result in over 100,000 documents that need to be audited by the health plans to confirm the accuracy of the uploads.

- UHC requests the capability to export an Excel document showing the following: (1) all uploaded supporting documentation, (2) the plans to which they are attached, (3) and the HPMS user who uploaded the documents. We do extensive quality checks prior to bid submission of these documents and having the ability to check more than one plan's uploads at one time will substantially improve the efficiency and accuracy of those checks.

Currently, only the user that uploads the bid substantiation documents has the ability to delete them. There are circumstances that occur during upload, whereby substantiation documents are uploaded twice due to CMS system lags or user error. These duplicative substantiation uploads are identified during the health plans' QA process. After identifying the incorrectly uploaded documentation, it can be cumbersome to then identify the original uploader and have them reenter the site to delete the documentation.

- UHC proposes that CMS allow users the ability to delete substantiation documents that the user did not update themselves based on different levels of user access. There are circumstances that occur during upload, where substantiation documents are uploaded twice due to CMS system lags or user error. These duplicative substantiation uploads are identified during the health plans' QA process but can only be deleted by the user who originally uploaded the documentation. Allowing more than one user the ability to delete the

duplicate documentation will help ensure the process is as seamless and efficient as possible.

- We also encourage CMS to consider allowing organizations to delete substantiation documents during rebate reallocation, instead submitting a list of documents to CMS to be deleted, similar to the process during the initial bid submission. This change would remove the administrative burden on CMS and drive greater efficiency and process consistency.

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 and 2025, that functionality was not available.

- UHC requests that CMS add back the feature that allowed plans to zip the BPT .xlsx and .xml files for uploading as this makes the uploading process faster for plans.

Within the PBP-BPT Submission screen, the only way to check the date/time of plan submission is to hover over the "(i)" icon in the "Submit Plan" column for each plan individually. Currently, plans don't have the ability to extract submission timestamp information in report format. During bid submission, we will sometimes submit a plan multiple times as we test the bid submission process or make updates to plans. Having access to reporting that indicates the date/time of submission would make it much easier to verify that the submitted PBP/BPTs align to the latest information.

- UHC requests the ability to extract submission timestamp information, currently shown in the "(i)", for all plans in a report format. We request a sortable column for "Submit Plan Date/Time", similar to how the timestamps are displayed in the columns for "PBP Ready for Submission Date/Time" and "BPT Upload Date/Time." Having access to reporting that indicates the date/time of submission will make it much easier to verify that the submitted PBP/BPTs align to the latest information.

PBP/API Submission

HPBP service area updates must currently be entered manually in the Set-Up Plans module. However, for benefit data entry, plans are able to utilize the API process which allows an organization to directly import data from an external source.

- We request the ability to send service area updates via API, versus data entry in the Set-Up Plans module. This would significantly reduce burden in the data entry process time and minimize data entry error risk.

When uploading a PBP via API, any validation error stops the entire upload and requires an organization to clear one error at a time. This set-up slows the process and makes it difficult to triage issues with benefits that show up in multiple sections of the PBP. Therefore, when uploading an entire plan via the API, UHC requests the following:

- The API uploads all of the sub-sections that have no validation errors regardless of whether some sections do have validation errors.

- The API upload results provide the validation errors for all subsections (e.g. Benefit Details, Benefit Offerings) that have an error.
- The ability to upload only those select subsections of the PBP that need to be re-uploaded (e.g. Benefit Details, Benefit Offerings) instead of having to reupload all of the PBP subsections.

Currently, to retrieve premium data from HPMS we have to: (1) download the report, (2) manipulate it, and then (3) reupload it to our own system.

- While maintaining the current "Review Plan Data Reports", we request the ability to send the premium data directly from HPMS to our system through the API.

During the initial bid submissions, all of our plans exported successfully without any validation errors. When resubmitting the API for desk review updates, it became apparent that CMS had made changes to the API validation checks because the plans then presented unexpected validation errors. This seems to be a result of the fact that there is no process for CMS to notify health plans when there is a change to benefit validation checks in the API.

- UHC recommends CMS notify plans of any changes to benefit validation checks in the API as they are released, so that plans can proactively assess their impact to our JSON setup, rather than having to react to issues that are discovered the next time the gates open for resubmission.

The Out-of-Network (OON) Groups data in the PBP JSON does not indicate which OON Group's Number is assigned by benefit. Instead, it shows a string of numbers and letters that appear to be backend code versus the actual Group Number that shows in the PBP UI.

- UHC requests that the JSON show the OON Groups' Numbers by benefit as shown in the PBP UI. We use the JSONs to perform quality checks and providing this information would allow us to more efficiently and holistically verify that OON Groups' data is accurate.

For the PDP Demo Election, the status of a submission appears as a floating message box that lasts approximately 10 seconds after submitting and then vanishes.

- UHC recommends that CMS add a submission status field that does not disappear and shows (1) the time stamp for the last successful submission and (2) the user who submitted.

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 to ensure that it successfully processes. However, even taking that approach, it may show that the PBP failed when it actually processed successfully.

- This may be caused by the length of the HPMS processing time window being too short. If that is the case, we request that the processing time be extended to ensure successful completion of the process. We recognize that CMS communicated in December 2023, that there is a plan to allow this in CY2025. Please confirm that this will be addressed in CY2025.

Other PBP Modules

UHC uses the Sandbox environment to test the exports of our plans to HPMS. In preparation for the official bid submission of new plans, we would like the ability to be able to send those plans to HPMS in a test environment first to ensure the plans export without validation errors and the plan data sends as expected. Unfortunately, the current Sandbox environment does not allow us to create/add new plans to do this type of testing. Therefore, we request that CMS allow plans the ability to create/add new plans in the Sandbox environment, so we can test the API exporting of new plans before the official bid submission.

UHC asks that CMS consider the following additional changes to the PBP Modules:

- We ask that the following functionalities be added to the 'Edit Plan Service Area' screen: (1) the ability to maximize the service area selection picklist windows and (2) the ability to sort the picklist alphabetically in addition to the current county code sort. Having this additional functionality will make it easier for plans to navigate, sort, and review the information to ensure accuracy.
- In order to streamline the service area verification process, we request the capability to flip a county to "EGWP Only" within the SAR module, without removing all EGWP plans from the county. Having this functionality will make it more seamless for plans to make service area updates to plans.
- We request the functionality to extract data across all contracts and plans for the "Plan Crosswalk" and "Verify Service Area" so that we can more efficiently and accurately conduct our reviews.
- We request that the Medicare Plan Finder (MPF) and Medicare & You (M&Y) Handbook reviews be held a few weeks prior to rebate reallocation. The window for completion of the MPF and M&Y Handbook reviews and the rebates allocation is compressed and occurs simultaneously which can be challenging for the resources dedicated to the review of both of those activities. Changing the timeframe for review would give organizations more time and capacity necessary to better plan for the review of MPF and M&Y modules and it would also allow more time for the CMS team responsible for the modules to correct any issues reported by health plans during round one of the reviews.
- UHC also appreciates the additional time CMS gave organizations to conduct the rebate reallocation review in 2024. The additional time allowed us to perform quality checks which in turn, help support stability and consistency in benefit design. We ask that CMS continue to give organizations at least 2-3 more business days to conduct this review due the growing number of plan counts and the increasingly complexity of the plan designs. When working in HPMS, we request the ability to have more than one browser window of HPMS open at any given time. Since PBP data entry, bid submission, and plan setup are all conducted in HPMS, users need the capability to open multiple windows of HPMS open simultaneously in order to enter data more efficiently.

PBP Data Entry

During resubmission, the Benefit Details subsection reverts to "In Progress" status even when no changes have been made to the subsection and/or any 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 change in status requires an organization to review all sections of the PBP on plans that haven't had any in order to move the "In Progress" status back to "Completed." This additional review is a time-consuming process, particularly when organizations are trying to complete their updates during a short window of time.

- UHC asks that when CMS opens the gates for resubmission, subsections do not revert to an "In Progress" status unless the organization goes in and makes updates to those subsections, as appropriate, in response to CMS resubmission requests.

In the 2025 PBP, the daily copays for prescriptions (Rx) are manually entered as part of the PBP setup. For the 2026 PBP, these values will be automatically calculated, and UHC seeks clarification on the following:

- Will the daily copay values be rounded up, rounded down, or rounded to two decimals? UHC recommends CMS consider rounding down the daily copay values to mitigate the need for system changes.
- Will plans be able to export these values, and if so, how? Having the ability to export the daily copay values helps plans efficiently validate what is loaded into their systems, and UHC recommends that CMS make these values ~~are~~ available in the PBP JSONs which organizations could then query to produce a table of values by plan.
- Do plans need to check to see if the rounded daily copay times the number of days covered is less than the 1-month copay when adjudicating claims? With rounding or rounding up, it is possible that 29 times the daily value will be greater than the 1-month value. CMS's guidance on this will help ensure consistent adjudication across carriers and allow organizations time in the event they need to make any changes to their systems.

Formulary

Medication Therapy Management (MTM) Program CMS proposed update

CMS proposes the following change to the Medication Therapy Management Program Application submission: 2.b. Change "Individualized, written summary of CMR in CMS' standardized format (includes beneficiary cover letter, recommended to-do list, and personal medication list)" to "Individualized, written summary of CMR in CMS' standardized format (includes beneficiary cover letter, recommended to-do list, and medication action plan)."

- UHC requests CMS clarify whether the intent of the proposed change for the MTM Program Interventions Page is to align with change with the current CMR standardized format. If it is, UHC recommends the following change to align with the standardized format requirements: "Individualized, written summary of CMR in CMS' standardized format (includes beneficiary cover letter, recommended to-do list and medication list)."

Thank you for your thoughtful consideration of our comments. Should you have any questions, please do not hesitate to contact me.

Sincerely,

A handwritten signature in black ink, appearing to read 'J Martin', with a horizontal line extending to the right.

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