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Plan Benefit Package (PBP) and Formulary Submission for Medicare Advantage (MA) Plans and Prescription Drug Plans (PDP) - (CMS-R-262)

Comment On: CMS-2011-0176-0001
Plan Benefit Package (PBP) and Formulary Submission for Medicare Advantage (MA) Plans and Prescription Drug Plans (PDP) (CMS-R-262)

Document: CMS-2011-0176-0002
MN

Submitter Information

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Organization: HealthPartnters

General Comment

See attached file(s)

Attachments

2013 Draft PBP comments_ATH-as

PUBLIC SUBMISSION

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Plan Benefit Package (PBP) and Formulary Submission for Medicare Advantage (MA) Plans and Prescription Drug Plans (PDP) (CMS-R-262)

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TX

Submitter Information

Address:
TX, 76133

General Comment

Thank you for the opportunity to comment. I would like to submit the following comments and recommendations.

1. CMS incorrectly states in several places within this Notice that web site for Medicare Provider Supplier Enrollment (https://www.cms.gov/MedicareProviderSupEnroll) is a "secure" web site. To correct this error, I recommend that CMS remove the "s" after "http".

2. The information on teh Medicare Registration Privacy Act Statement (page 10) is not consistent with the PECOS System of Recorrds. I recommend that CMS modify the Privacy Act Statement to conform to the PECOS System of Records document.

3. I recommend that CMS state that chiropractors are not considered a physician who can order and refer.

Response to Plan Benefit Package (PBP) and Formulary Submissions for Medicare Advantage Plans and Prescription Drug Plans (PDP)

Form Number: CMS–R–262 (OCN: 0938–0763)

HealthPartners supports continuation of CMS' use of the PBP software and formulary submission for the collection of benefits and related information for CY 2013 through CY 2015. The process and tools are an efficient means of submitting the information to CMS and have become more stream-lined over the years. However, we have identified areas for improvement and outlined them below for CMS consideration.

1) **Section B – 1A – Inpatient Hospital-Acute & 1B – Inpatient Hospital Psychiatric**
   - Issue: Incorrect Summary of Benefits (SB) sentences and Plan Finder sentences generated.
   - Background: Our Cost plans are structured with a flat dollar cost-sharing per benefit period for IP benefits. For CY2012 we entered the maximum enrollee out of pocket cost and indicated per benefit period. We also indicated "no" when asked if a copay or coinsurance applies. Even though we checked "no" a sentence still generates in the SBs and Medicare Plan Finder that states "$0 copay". Also "per benefit period" language does not generate.
   - Recommendation: Our recommendation is to suppress this sentence, "$0 copay" from generating when no cost-sharing is selected. No sentence generates for zero coinsurance. This would save administrative time for CMS and plans to avoid requesting hard-copy changes to the SB to remove the $0 copay sentence (as we did this year) and it would also prevent the "$0 copay" sentence from generating in the Medicare Plan Finder tool, which could not be fixed this year, and is very misleading to beneficiaries since the $0 copay sentence is displayed in the high level summary and beneficiaries would only see the actual IP cost sharing per benefit period when look at the specific details of the IP benefit in the Plan Finder. Also, program the PBP software to generate "per benefit period" language.

2) **Section B – 4A - Emergency Care**
   - Issue: For worldwide emergency care, SB does not display cost sharing.
   - Background: We offer worldwide coverage on many of our plans and select the world wide coverage as a mandatory supplemental benefit. A statement generates in the SBs stating "worldwide coverage". The PBP does not allow entry regarding the cost-sharing for worldwide coverage. It must be outlined in the PBP notes.
   - Recommendation: Our recommendation is for the PBP to provide entry for a copay or coinsurance under worldwide coverage and generate applicable SB sentences stating the cost-sharing. Administrative time would be saved by both CMS and the Plan by eliminating the need for cost sharing detail in section 3 and be more member friendly providing more detailed explanation of the world wide coverage in section 2.

3) **Section B – 4B – Urgently Needed Care**
   - Issue: PBP does not accommodate a plan structure with worldwide urgent care coverage.

- Background: Worldwide coverage for urgently needed care is covered by our plans. However, the urgently needed care section does not provide data entry fields for this benefit information and the notes section is used to describe the worldwide coverage.
- Recommendation: We would recommend data entry fields be added to the urgently needed care section to provide worldwide coverage benefit information and to then have a sentence generate in the SB. This would save administrative time for both CMS and the Plan by eliminating the need for cost sharing detail in section 3 and be more member friendly providing a more detailed explanation of urgently needed worldwide coverage in section 2.

4) 16A – Preventive Dental & 16B – Comprehensive Dental

- Issue: PBP does not accommodate a plan with both mandatory preventive dental coverage and optional, additional preventive dental coverage.
- Background: We offer medical plans with mandatory preventive dental benefits and offer a optional comprehensive dental buy-up benefit that includes additional preventive dental services in addition to comprehensive services. The 2012 PBP did not accommodate data entry to explain that preventive dental services are also included in comprehensive buy-up plan. The only way to explain the preventive dental coverage in the comprehensive buy up is in the notes section and section 3 of the PBP. Therefore, sentences do not generate for the optional comprehensive dental benefit that explain the preventive dental coverage.
- Recommendation: Our recommendation is to add a field(s) or a method to note in 16B if preventive dental services are also offered as part of comprehensive dental benefits/buy-up and program the PBP to generate an SB sentence.

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KS

Submitter Information

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General Comment

I recommend that CMS replace the long list of physician specialties found in Section 2 D of the form with a simple list of physicians eligible to order and refer in the Medicare program. According to CMS-6010-IFC, the following are considered physicians: doctors of medicine and osteopathy, optometry, podiatry, dental medicine, dental surgery, and chiropractic.

I recommend that CMS remove the "Unlisted physician type" from Section 2 D of the form.

I recommend that CMS remove "Unlisted non-physician practitioner type" from Section 2 D 2 of the form since only certain non-physician practitioners are eligible to order and refer in the Medicare program.

I recommend that CMS delete the paragraph before the list of check boxes found in Section 2 D 2 of the form because this information in this paragraph is unnecessary.