

PUBLIC SUBMISSION

As of: November 29, 2012 Received: October 05, 2012 Status: Posted Posted: November 29, 2012 Category: Health Plan or Association - HP010 Tracking No. 1jw-818i-x7ym Comments Due: December 04, 2012 Submission Type: Web
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Docket: CMS-2012-0149

Bid Pricing Tool (BPT) for Medicare Advantage (MA) Plans and Prescription Drug Plans (PDP) (CMS-10142)

Comment On: CMS-2012-0149-0001

Bid Pricing Tool (BPT) for Medicare Advantage (MA) Plans and Prescription Drug Plans (PDP) (CMS-10142)

Document: CMS-2012-0149-0002

FL

Submitter Information

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Organization: Blue Cross and Blue Shield of Florida

General Comment

Re: OCN-0938-0763

Medicare Advantage (MA) Preferred Provider Organization (PPO) plans that include a deductible must establish a single deductible that applies to both in-network and out-of-network services combined. On the PBP set-up screens, plans may exclude in-network services, both Medicare-covered and Non-Medicare-covered, from the deductible requirement. Our local PPO (Contract #H5434) includes a \$1,000 out-of-network-only deductible; our Regional PPO (Contract #R3332) includes a \$750 out-of-network-only deductible.

Issue: Though the PBP tool allows MA PPO plans to exclude any or all in-network benefits from a combined deductible, the information that displays in the Summary of Benefits and on the Medicare Plan Finder tool states that the deductible applies both in- and out-of-network. In the Plan Finder, a user must select a plan and two subsequent cost-sharing screens in order to find that the deductible applies only out-of-network. We have two concerns about the way the deductible information displays. First, it is misleading to beneficiaries who need an accurate understanding of cost-sharing requirements such as deductibles to make an informed plan choice. Second, it puts MA plans like ours at a competitive disadvantage when a deductible is inaccurately described as

applying to both in- and out-of-network services when it does not. Beneficiaries are likely to exclude from consideration a plan that might actually fit their needs.

Proposal: We would like to request that language be added to benefit information that is derived from the PBP tool so as to describe out-of-network-only deductibles clearly and correctly. We noticed that deductible information for an MA Health Maintenance Organization plan with a Point-of-Service option and an out-of-network deductible displays correctly. We would greatly appreciate any effort to correct this situation and provide correct, easy-to-find information to Medicare beneficiaries. Thank you very much.

PUBLIC SUBMISSION

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Docket: CMS-2012-0149

Bid Pricing Tool (BPT) for Medicare Advantage (MA) Plans and Prescription Drug Plans (PDP) (CMS-10142)

Comment On: CMS-2012-0149-0001

Bid Pricing Tool (BPT) for Medicare Advantage (MA) Plans and Prescription Drug Plans (PDP) (CMS-10142)

Document: CMS-2012-0149-0003

CT

Submitter Information

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General Comment

PBP Section Rx:

#2: A validation has been added that will alert a plan so that they have required a deductible for a tier that they have indicated will have \$0 cost sharing.

--☐ Clarification Needed:

- Assumption is such that CMS will allow for a \$0 copay on an Actuarially Equivalent Plan even though the standard Part D deductible must be applied (A/E plans are required to apply the standard Part D deductible to all tiers).

#3: A validation has been added ensuring when a plan offers Preferred/Non-Preferred Pre-ICL Cost sharing, that every tier must have a different coinsurance and/or copayment for every Pre-ICL Tier.

----☐ Clarification Needed:

- Does this new rule also apply to Basic Alternative and Enhanced Alternative benefit types? (I believe the response is yes but the PBP Screen/Category lists Actuarially Equivalent and Alternative)
- Will the rule apply to 30, 60 and 90 day supply (assuming all are applicable to the plan)? In the past, as an example, no differentiation was required on 30 day supply for any tier as long as there was differentiation on at least one tier on 90 day supply? Will this hold true for the Specialty Tier as well; if so, will CMS set the parameters in the CY2014 Call Letter similar to prior years)

PUBLIC SUBMISSION

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Docket: CMS-2012-0149

Bid Pricing Tool (BPT) for Medicare Advantage (MA) Plans and Prescription Drug Plans (PDP) (CMS-10142)

Comment On: CMS-2012-0149-0001

Bid Pricing Tool (BPT) for Medicare Advantage (MA) Plans and Prescription Drug Plans (PDP) (CMS-10142)

Document: CMS-2012-0149-0004

PA

Submitter Information

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General Comment

PBP Section Rx

3. A validation has been added ensuring when a plan offers Preferred/Non-Preferred Pre-ICL cost sharing, that every tier must have a different coinsurance and/or copayment for every Pre-ICL tier.

Request for Clarification:

Currently in the PBP, only one tier must have a differential between preferred/non-preferred cost-sharing to be able to successfully exit validate the plan in the PBP software. Will this change?

We request clarification specifically on what is meant by 'preferred/non-preferred cost sharing', as well as 'every tier must have a different coinsurance and/or copayment' and how this impacts, if at all, our currently filed benefit designs if continued for 2014. Some possible interpretations:

- Would every tier be required to show a differential in preferred/non-preferred cost sharing as a result of this validation update?
- If, for example, the higher 'non-preferred cost sharing' in Tier 1 were equal to the 'preferred cost sharing in Tier 2', would that not be permissible?

A Plan has a \$5 preferred and \$10 non-preferred copay for Tier 1 Preferred Generic Drugs. Would be not be able to have our Tier 2 preferred cost sharing at \$10, with non-preferred cost sharing at \$15 now, based on this validation, since 'part' of one Tier's cost sharing would be identical to 'part' of another tiers cost sharing?

- How does this new validation affect mail order drug pre-ICL copays if at all, especially in light of there being no differential between a preferred/non-preferred mail order facility vs. preferred/non-preferred retail pharmacy currently on PDP plans?

Thank you