

PUBLIC SUBMISSION

As of: November 28, 2014 Received: November 21, 2014 Status: Draft Tracking No. 1jy-8fmg-zzdb Comments Due: November 25, 2014 Submission Type: Web

Docket: CMS-2014-0144

(CMS–R–262) CY 2016 Plan Benefit Package (PBP) Software and Formulary Submission

Comment On: CMS-2014-0144-0001

(CMS–R–262) CY 2016 Plan Benefit Package (PBP) Software and Formulary Submission

Document: CMS-2014-0144-DRAFT-0003

MN

Submitter Information

Name: Alison Hanson

Address:

Bloomington, MN, 55425

General Comment

We appreciate the opportunity to provide comments on the 2016 PBP Software. The changes noted in the List of Changes Summary document will be helpful and are not a large impact or burden to plans PBP data entry.

My organization has comments not addressed in the Summary Changes document. The Summary of Benefits format was overhauled for CY 2015. While we very much like the new format, we believe there is clean up work needed for the PBP software more accurately map and populate sentences in the Summary of Benefit document based on the data entry. The two primary issues to comment on are:

1) Erroneous out-of-pocket sentence generation when no out- of-pockets was entered in the PBP. We offer Cost Plans. Two PBPs indicated in Section D of the PBP software that there was not an out-of-pocket maximum. The Summary of Benefits, Section II, Is there any limit on how much I will pay for my covered services, had the following sentence generate: No. There are no limits on how much our plan will pay. If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year. The second sentence is in accurate. We recommend the Summary of Benefit sentence generated only state, No. There are no limits on how much our plan will pay, when no out-of-pocket maximum is entered in the PBP.

2) We use PBP Section 16B to enter our optional supplemental dental benefits. There is a field to enter a deductible if one applies which we did, and this entry aligns with our comment in this

section. A sentence generates in the Summary of Benefits Dental benefit section which states, - Limited dental services (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth): You pay nothing after you pay your deductible. There is an option on screen 16b Comp Dental Base 1 to indicate if the plan provides Comprehensive Dental Items as a supplemental benefit under Part C, and we checked, yes. We also entered the comprehensive dental deductible in Section D, Optional Supplemental - Label and Premium #1 screen. We recommend if a plan indicates yes in section 16B they intend to offer comprehensive dental items as a supplemental benefit, that a sentence regarding any deductible not generate in the Dental Section of the SB. This is not the correct section of the SB for this sentence to generate.

My email for follow up is: alison.t.hanson@healthpartners.com (I could not enter email in the data field. It was considered invalid)