

# UNIVERSAL AMERICAN

#1

November 1, 2007

CMS, Office of Strategic Operations and Regulatory Affairs Division of Regulations  
Development - C  
Attention: Bonnie L. Harkless  
Room C4-26-05  
7500 Security Boulevard  
Baltimore, Maryland 21244-1850

Dear Ms. Harkless:

In response to CMS-R-262, representing the posting in the Federal Register of the Plan Benefit Package (PBP) and Formulary Submission for Medicare Advantage (MA) Plans and Prescription Drug Plans (PDP), I am respectfully submitting two comments for consideration. For each comment I have enclosed the respective screen shot for reference purposes.

**1. Section A – A-1 Screen**

This screen has a hard-code for the Plan to complete indicating if the plan is a Network Plan with the responses limited to yes or no. Can this be expanded to consider any Plans that would have a limited network and then an opportunity in the Notes Field to briefly define the limited network or have the hard-coded area in Section A, A-1 screen open up additional hard-codes if a Plan responded yes. This would offer the opportunity to define the limited network components. In the latter instance, this could then transfer that information to the Plan's Summary of Benefits in Section I of that document.

**2. Section C – OON – General – Base 2 Screen**

This screen has added category 8b3 – x-rays to the OON General Base 2, OON Group Base 1, Cost Share Reduction General Base 1, and Cost Share Reduction Group Base 1. Will, or can, the same consideration be made for a PSO Plan that has an out-of-network component. Also, Section C and D have several similar drop down selections (maximum member out-of-pocket, in-network plan deductible, maximum plan coverage (all Section

D) and visitor travel (Section C)). Can category 8b3 – x-rays be extended to those selections.

Thank you for the opportunity to review the Draft material for 2009. If you have any questions, please call me at (713) 843-6726.

Sincerely,

A handwritten signature in black ink, appearing to read "Kurt E. Zecchin", followed by a large, stylized flourish or initial.

Kurt E. Zecchin  
Director, Compliance  
Universal American Corp. – MA Division

cc: Debra Baverman, UAC

4. For 2007 Data Entry System - Section A-1

<b>Organization Legal Name:</b> <input type="text"/>		<b>Contract Number:</b> <input type="text"/>	
<b>Organization Marketing Name:</b> <input type="text"/>		<b>Plan ID:</b> <input type="text"/>	
<b>Organization Web Site:</b> <input type="text"/>		<b>Segment ID:</b> <input type="text"/>	
<b>Organization Type:</b> <input type="text" value="Local CCP"/>	<b>Service Area(s) (* = partial county):</b>  <input type="text"/>	<b>Contract Period:</b> <input type="text"/>	
<b>Plan Type:</b> <input type="text" value="HMO"/>		<b>Plan Name:</b> <input type="text"/>	
<b>Is this a network plan?</b> <input type="radio"/> Yes <input type="radio"/> No		<b>Plan Geographic Name:</b> <input type="text"/>	
<b>Enrollee Type:</b> <input type="radio"/> Part A and Part B <input type="radio"/> Part B only		<b>Segment Name:</b> <input type="text"/>	
<b>Is this an Employer-Only plan?</b> <input type="radio"/> Yes <input type="radio"/> No			

## Section C – OON – General – Base 2 Screen

PAF 2007 Data Entry System - (Repeat) OON - General - Base 2

File

Select all of the Service Categories to which the Out-of-Network benefit applies:

1a: Inpatient Hospital Acute	
1b: Inpatient Psych Hospital	
2: Skilled Nursing Facility (SNF)	
3: Comprehensive Outpatient Rehabilitation F	
5: Partial Hospitalization	
6: Home Health Services	
7a: Primary Care Physician	
7b: Chiropractic Services	
7c: Occupational Therapy Services	
7d: Physician Specialist excl Psychiatric	
7e: Mental Health Specialty Services	
7f: Podiatry Services	
7g: Other Health Care Professional	
7h: Psychiatric	
7i: PT and SP Services	
8a: Diagnostic Procedures/Test/Lab Benefits	
8b1: Diagnostic Radiological Services	
8b2: Therapeutic Radiological Services	
8b3: x-rays	
9a: Outpatient Hospital Services	
9b: ASC Services	
9c: Outpatient Substance Abuse	
9d: Cardiac Rehabilitation Services	
10a: Ambulance Services	
10b: Transportation	
11a: DME	
11b: Prosthetics/Medical Supplies	
11c: Diabetes Monitoring Supplies	
12: Renal Dialysis	
13a: Blood	
13b: Acupuncture	
13c: Other 1	
13d: Other 2	
13e: Other 3	