CBC

OVATIONS
A UnitedHealth Group Company
Joan Gionfriddo
Vice President, Ovations Product Administration
Tel.: 860-702-6465
CT030-09NB
450 Columbus Blvd.
Hartford. CT 06103

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

From: Joan Gionfriddo, Vice President, Ovations Product Administration

Date: 12/21/07

Re: *CY 2009 Plan Benefit Package (PBP) and Formulary Submission for Medicare Advantage (MA) Plans and Prescription Drug Plans (PDP)*

We have reviewed the revisions to *CY 2009 Plan Benefit Package (PBP) and Formulary Submission for Medicare Advantage (MA) Plans and Prescription Drug Plans (PDP)* and provide the following attached comments. These comments are provided on behalf of Ovations and other UnitedHealth Group affiliates, including AmeriChoice, that manage Medicare Advantage and Part D business (collectively "United").

We greatly appreciate the opportunity to comment, and we look forward to continuing to work with the Centers for Medicare & Medicaid Services (CMS) to develop successful products and services for Medicare beneficiaries. If you have any questions or concerns on our comments, please contact Barbara Reid at 715-858-2455 or via email at barbara_reid@uhc.com.

4. Appendix C, PBP Screen Shots, Section b, p. 62, 81; #7c Occupational Therapy-Base 1 and 71--Question--"Do you charge the Medicare coverage limit?": CMS has therapy caps in place for these, if a plan answers no, they don't charge the cap limit, there are no additional follow up questions. Since it appears the response to the question has no impact on the SB, please clarify what purpose the question serves.

5. Appendix C, PBP Screen Shots, Section b, 9a and 9b, p 91, et al.: We recommend differentiating between outpatient and surgery coinsurance and co-payments if the SB would also be re-worded to reflect the differences. For plans that differentiate between the two, this would eliminate the need to put ranges in the notes and provide greater clarity to the beneficiary regarding their co-payments and coinsurance for each type of service. For example:
After the sentence "Is there an Enrollee Co-payment"? Add these sentences under the respective sections for coinsurance or co-payment:
   - What is the coinsurance for outpatient hospital visit for surgery and/or observation?
   - What is the co-payment for outpatient hospital visit for surgery and/or observation?
   - What is the coinsurance for other outpatient services?
   - What is the co-payment for other outpatient services?

6. Appendix C, PBP Screen Shots, Section b, p. 133, 134, #14a Health Ed/Wellness - Base 1: We appreciate CMS adding the smoking cessation benefit to the PBP software, as it will serve to provide the beneficiary with necessary benefit information in the Summary of Benefits.

7. Appendix C, PBP Screen Shots, Section c, pp 32-50, Visitors/Travelers programs: We recommend updating the software to eliminate manual data entry for plans which offer the same benefits for the Visitor/Traveler benefits as in network benefits. For example, after answering the initial question "Do you offer a Visitor/Travel program" on page 32 and the initial question on page 33 "Do you offer a US Visitor Travel program?", we recommend adding the question, "Are benefits the same as in network?" Y/N. If "yes", then the software could auto fill all of the subsequent questions or read the information from Sect. B. This would eliminate errors resulting from manual data entry. We also recommend having similar logic in the deluxe rider section.

4. Expansion of the editing software to validate data fields prior to plan submission to CMS will improve data accuracy and significantly reduce the number of plans that need to be resubmitted for correction during the re-bid process. The resulting reduction in plan corrections will save time and resources for both plans and CMS.

5. Standardizing column names and reducing the number of columns in the data bases by changing to a relational database structure would improve the quality of the databases by reducing keying activity and improving data consistency. The data dictionary would then be simplified when comparing values across benefits.

6. We recommend CMS take steps to improve Benefit Bit Representation. Currently, when a new benefit is added at the 29th place, then the business rules must be changed for the benefits from the 29th to the 45th place. One modification then results in 16 modifications. One option is to add new benefits in the last place where it would not disturb other benefits. Another option would be to move toward a relational database.

7. Currently, medical and Rx premiums are entered into HPMS and not into the PBP software, causing plans to use other methods to re-key the data. If these premiums were pushed down through the PBP software (similar to legal entity and plan type), dual entry would be eliminated and communication of accurate premiums to beneficiaries would be streamlined.

Specific Technical Comments

1. Appendix C, PBP Screen Shots, Section Rx, p. 2: When selecting "yes" to the added question "Does the plan provide Part D home infusion drugs as a supplemental benefit under Part C?", a note comes up that information will transfer into Sect. C as of the June date. Nothing transferred over when selecting "yes." Will there be something printing over to the Summary of Benefits (SB) and if so, what?

2. Appendix C, PBP Screen shots, Section b: For out of network benefits, plans currently cannot list the number of days for Skilled Nursing Facilities. We recommend adding an option for doing so. For example, as allowed on 1a of the inpatient hospital acute screens, pp1-14.

3. Appendix C, PBP Screen Shots, Section b, pp 2, 6, 16, 20, 31, 34: For PBP categories 1a, 1b and 2, one of the questions asks if the fee for service cost share will apply. Selecting the option that cost sharing is the same as fee for service does not allow for input of periodicity. Periodicity is generally used to address cost share that is tied to per day limits and then subject to an Out Of Pocket (OOP) maximum. Without allowing for the input of that periodicity, the SBs for plans that have a cost share at the fee for service level do not reflect the limit on the number of days. We recommend CMS allow for entering the periodicity so that the SB reflects consistent information to the member.

CY 2009 Plan Benefit Package (PBP) and Formulary Submission for Medicare Advantage (MA) Plans and Prescription Drug Plans (PDP)

Comments Submitted by
UnitedHealth Group/Ovations
Dec. 21, 2007

Formulary Submission Software

Prior Authorization: There is no designated value to enter for prior authorization for drugs that require both a Part B/Part D determination and a clinical review (e.g., Procrit). Please clarify if a value of 1 should be entered or if there is a different value that should be entered.

Plan Benefit Package (PBP) Software

General Comments

1. Release of PBP Software: We request that CMS release the final PBP software before April and reduce the frequency of software patches. The frequency of software patches and their late releases has caused re-uploads of benefit filings and has an adverse downstream impact on plan timeframes for delivery of Annual Notice Of Change (ANOC) materials. An earlier release would allow organizations with a large number of benefit plans additional time to ensure the accuracy of the data entry and a reduction in patches will improve quality and eliminate rework.

2. We recommend CMS update the software or provide a tool that will map data fields from the prior year's data base format to the current year's data base format, including fields that have been eliminated. This would allow plans to improve quality and timeliness of data entry by allowing them to focus on new and changed fields, simplifying the quality control process.

3. PBP Notes:
    a. Allowing plans the opportunity to submit notes content for review and approval prior to the bid filing (preferably in March) will significantly reduce the rework and resubmission of multiple plans and associated documentation and correspondence.
    b. Providing a guide to what content (e.g., a list of excluded words) is appropriate for notes would also reduce re-work and resubmission.
    c. We further recommend that CMS consider changing notes items into data fields.

    All of the above suggestions will save time and resources for both plans and CMS as well as improve the quality and consistency of the PBPs and result in improved output of quality materials to members.