

September 8, 2015

Arianne Spaccarelli
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS–10137; OMB 0938-0936

Filed via website: <http://www.regulations.gov/>

RE: CMS–10137 Solicitation for Applications for Medicare Prescription Drug Plan 2017 Contracts

Dear Ms. Spaccarelli:

Health Care Service Corporation (HCSC) appreciates the opportunity to provide comments to the Centers for Medicare & Medicaid Services (CMS) on the proposed **Solicitation for Applications for Medicare Prescription Drug Plan 2017 Contracts and Supporting Documents** as announced in the *Federal Register*¹ and posted on the Paperwork Reduction Act² website on July 7, 2015.

HCSC is the largest customer-owned health insurance company in the United States. The company offers a wide variety of health and life insurance products and related services, through its operating divisions and subsidiaries including Blue Cross and Blue Shield of Illinois, Blue Cross and Blue Shield of Montana, Blue Cross and Blue Shield of New Mexico, Blue Cross and Blue Shield of Oklahoma, and Blue Cross and Blue Shield of Texas. HCSC employs more than 21,000 people and serves more than 14 million members. HCSC has established Medicare Advantage (MA) plans and Part D Prescription Drug (Part D) stand-alone plans in all five of the HCSC states.

Comments

3.1.1 Management and Operations: CMS proposes to add three attestations to reflect new institutional and PBM experience requirements in the Part D regulations at 42 CFR 423.504(b)(8) and (9). On page 25 of the proposed application, CMS requires a Yes or No response to the following two attestations:

The Applicant, its parent organization, or a subsidiary of its parent organization has, for two continuous years immediately prior to submission of this application, actively offered

¹ <http://www.gpo.gov/fdsys/pkg/FR-2015-07-07/pdf/2015-16608.pdf>

² <https://www.cms.gov/Regulations-and-Guidance/Legislation/PaperworkReductionActof1995/PRA-Listing-Items/CMS-10137.html?DLPage=3&DLEntries=10&DLSort=1&DLSortDir=descending>

Blue Cross and Blue Shield of Illinois, Blue Cross and Blue Shield of Montana, Blue Cross and Blue Shield of New Mexico, Blue Cross and Blue Shield of Oklahoma, and Blue Cross and Blue Shield of Texas

health insurance or health benefits coverage, including prescription drug coverage, as a risk bearing entity in at least one State. (Not applicable to MAPD or Cost Plan applicants)

The Applicant, its parent organization, or a subsidiary of its parent organization has, for five continuous years immediately prior to submission of this application, actively managed prescription drug benefits for an organization that offers health insurance or health benefits coverage. (Not applicable to MAPD or Cost Plan applicants)

The regulation at 42 CFR 423.504(b)(9) states that an organization must have either of the above qualifications, not both.

Recommendation: We recommend that the on-line application tool be structured to recognize that an organization need only reply yes to one or the other of these qualifications, not both. This would minimize the need for CMS review and applicant response if the applicant answers yes to only one of the attestations.

We appreciate the partnership we have with CMS in serving beneficiaries through Medicare Advantage and Part D programs. In addition, we especially appreciate the ongoing effort CMS is making to improve the Applications for Medicare Prescription Drug Plans to ensure beneficiaries are well-served by these programs. If you would like additional information or have questions about these recommendations, please contact me at 202-249-7222 or Sue_Rohan@hcsc.net.

Sincerely,



Sue Rohan
Vice President, Health Policy – Government Programs