Jesse Schoolnik
UnitedHealthcare
185 Asylum St.
City Place I
Hartford, CT 06103
jesse_p_schoolnik@uhc.com

To: Centers for Medicare and Medicaid Services
Submitted electronically via: http://www.regulations.gov/

From: Jesse Schoolnik
UnitedHealthcare
UnitedHealth Group

Date: September 8, 2015

Re: *Solicitation for Applications for Medicare Prescription Drug Plan 2017 Contracts and Part C—Medicare Advantage and 1876 Cost Plan Expansion Application*

Attached are comments regarding CMS' solicitation for applications for Medicare prescription drug plan 2017 contracts and Part C Medicare advantage and 1876 cost plan expansion application. If there are any questions or concerns about these comments, please contact me at 860-702-5039 or via email at jesse_p_schoolnik@uhc.com.

Solicitation for Applications for Medicare Prescription Drug Plan 2017 Contracts and Part C—Medicare Advantage and 1876 Cost Plan Expansion Application

Comments Submitted by
UnitedHealthcare
9/8/15

UnitedHealthcare (UHC) is pleased to provide the Centers for Medicare & Medicaid Services (CMS) comments regarding the Solicitation for Applications for Medicare Prescription Drug Plan 2017 Contracts (CMS–10137) and Part C—Medicare Advantage and 1876 Cost Plan Expansion Application (CMS–10237).

Part C – Medicare Advantage and 1876 Cost Plan Expansion Application

HSD Table Filing Requirement to Include Existing Counties within Contract (Section 2.7 Types of Applications, Service Area Expansion Applications, Page 17)

CMS has proposed a new requirement that "Service Area Expansion (SAE) applications will require Health Service Delivery (HSD) Tables for the entire network not just the counties that an applicant is proposing to expand into with the SAE request."

CMS has indicated that the purpose of this new requirement is that it "provides support and focus to CMS' commitment to monitoring network adequacy for MA." While we understand CMS' need to monitor network adequacy, we believe that CMS has other means with which to do this without unduly burdening MAOs during the expansion application process.

With CMS' introduction of the Network Management Module (NMM) in 2015, CMS will have the capability to conduct HSD related/network adequacy assessments based on 'other reasons' such as significant network changes. While CMS intends to use the NMM for new plan and service area expansion applications, it is unduly burdensome to require that MAOs complete HSD Tables for the entire existing MAO contract service area in addition to those counties included in the expansion application.

An example of the impact of this requirement is that in cases where an MAO would like to expand into a single county on a current multi-state CMS contract, the MAO will be required to compile HSD Tables for multiple states and counties that have no bearing on where beneficiaries in the single county expansion area will be obtaining services.

Another example of the impact of this requirement concerns the processing and review of HSD Tables. This process is already lengthy and time consuming for both CMS and MAOs. Including this new requirement would result in more severe impact to the time it takes to complete the processing of HSD Tables. As part of the HSD Table process, CMS unloads the HSD files that have been uploaded by the MAO. We understand that during the unload process CMS ensures accurate depictions of services areas and appropriate formatting of the HSD Tables. Our experience is that this unload process may take CMS up to a full day to complete for an expansion with a large number of counties. If CMS were to require that for service area expansions all counties on a contract be uploaded, including those that are already CMS-

approved, the CMS unload process would be severely impacted. Taking into account that all MAOs would be going through this process, this would exponentially impact the volume of counties being processed, which would cause greater delays in CMS' processing time. This could result in CMS being unable to process the HSD tables in a timely manner.

Furthermore, this new requirement could impact the processing of HSD Table network exception requests. In existing CMS-approved counties where network exception requests are necessary, will health plans have to submit exception requests each year for the same service areas if those service areas are part of a CMS contract that a health plan wishes to expand each year? We are concerned with the burden this represents to health plans as well as to CMS. The process for CMS to review exception requests is lengthy and due to the timing of this process, currently puts in jeopardy the approval of service area expansion requests. Our experience has been that in some instances we have had to withdraw service area expansion filings because CMS had not processed the network exception in time for the bid development to take place. If CMS were to introduce this proposed new requirement, the processing delays would be compounded due to the increased volume of network exceptions for approved counties that would need to be submitted as part of a service area expansion request.

We believe that this new requirement will have the unintended result of MAOs not expanding into new service areas, thereby reducing the number of MAO choices available to Medicare beneficiaries. The purpose of submitting HSD Tables to CMS during the application process is to demonstrate to CMS the MAO's ability to meet CMS network adequacy standards for the service areas in which the MAO is proposing to expand. We believe that this new requirement goes beyond the intent of the expansion application process.

We strongly recommend that CMS omit this new requirement from the CMS Application process. As mentioned above, we believe that CMS has other means to monitor our current networks without unduly burdening MAOs during the expansion application process. If CMS intends to proceed with this approach, we respectfully request that CMS notify the MAOS well in advance of the January 2017 final application release date in order to provide the needed time to prepare the additional HSD tables.

Timeline for Release of Final CY 2017 CMS Application Instructions and Forms (Section 1.8 Due Dates for Applications – Medicare Advantage and Medicare Cost Plans, Page 12)

Last year, the final CMS Application, forms, and HSD instructions were issued on January 14, 2015 with applications due February 18, 2015. As a high volume HSD table submitter, this timeline is extremely problematic for our organization. In order to develop HSD Tables by the CMS deadline, UHC begins to build them well in advance of the CMS deadline and has tables largely built by early December, several weeks before the date that final application information is made available by CMS. As a result, this requires revising/repeating work and could also require programming changes that are difficult to accomplish in advance of the CMS application deadline. **We respectfully ask that CMS provide HSD criteria and final instruction/forms earlier in the process, with an October timetable being optimal.**

CMS State Certification Form (Section 4.4, page 65-66)

We recommend CMS amend the state certification form to delete question 3. Specifically, the nomenclature creates confusion for states that use different terminology for benefit plans. For example, a state may use the terms "closed panel" to describe products, rather than the term "HMO." From a state's perspective, an HMO is typically a type of entity license. The certification form is effective without the question in that the state's obligation is to certify that the applying entity is licensed and solvent. Alternatively, regulatory changes could be made to describe the products more broadly to improve the alignment with the terminology used by the states. We would welcome the opportunity to work with CMS on this issue and provide additional examples.

Health Services Delivery (HSD) Instructions for CY 2017 Applications

HSD Table Instructions/MA Provider Table (Page 8)

HSD Table instructions refer to the HSD Provider Table Column N Employment Status. However, the Employment Status column has been deleted per the Crosswalk of Changes document. This deletion is confirmed by the missing column in the sample Provider HSD Table. **UHC respectfully recommends that the HSD Instructions be revised to omit the explanation and reference to the Employment Status column under this section.**

Transplant Facilities List Format

UHC appreciates CMS's inclusion of a downloadable certified transplant facilities list. However, the list is currently only available in a PDF format, which requires considerable manual manipulation to convert to Microsoft Excel or Access for automated reporting. **We request that CMS produce the certified transplant list in a .txt or Excel/Access format similar to the other website posted downloadable files of CMS certified providers (e.g., Hospital, Home Health, Suppliers) in order to streamline this process and eliminate the need for manual manipulation.**

Facility Table Services – Access to CMS Information

CMS often requires information that is not readily available for use in an automated fashion. For example, the number of Medicare certified beds for hospitals, skilled nursing facilities, intensive care units, and inpatient psychiatric facilities is not readily available to managed care organizations (MCO). **We request that CMS provide information so that it is downloadable in Excel or other data formats. This will assist plans in their automated production of HSD tables and population of these fields with accurate CMS information.** For example, CMS could provide a resource from which MCOs can obtain bed counts, by hospital location, so that this information is consistent and available to all health plans.

Facility Table Services – Inaccurate Information on Medicare Website

Through our research, we have noticed that Medicare's website often lists services available at an acute inpatient hospital even though the hospital operating certificate may not be approved by

Department of Health to provide those services. Additionally, it appears that hospitals can remain on these lists even after the hospital confirms that it does not actually provide those services. This is especially problematic when these providers are being considered by CMS to determine MAO network adequacy and accessibility or when a network exception is being requested by a MAO. **We ask that CMS not utilize the Medicare.gov website when the data has been verified by the MAO as being inaccurate or that CMS clarify how to best address the situation when a service or provider is incorrectly posted to Medicare.gov as being a Medicare participating provider.**

Network Exceptions

The Exception form currently reads, "List the contracted providers/facility that will ensure access (they must be listed in the HSD Table under the country in which they are providing services). Also, list the closest contracted provider/facility of the specialty code type." UHC believes that this requirement for health plans to list the contracted providers/facilities "that will ensure access" is both duplicative and redundant as this information is already listed on the HSD table. **For that reason, we suggest that the Exception form be edited to read "List the closest contracted provider/facility of the specialty code type."**

Appendix A – CY 2017 HSD Submission Frequently Asked Questions

Appendix A of the HSD Instructions for CY 2017 Applications states that HSD pre-checks are only allowed on specific dates and times, Thursdays by 8:00pm ET. **Since Automated Criteria Checks (ACC) are automated, we request that CMS create an open window for on-demand pre-checks in lieu of date/time specific limitations. This would allow table editing work to remain more fluid and timely.**

Provider & Facility Tables Required Data Element
2017 High Level of Summary Change/ HSD Instructions, Tables and Exception Process (Page 6, #2)

Both the Provider & Facility Tables have the required data element of "Uses CMS MA Contract Amendment? Y for yes, N for no." We believe that this is unnecessary as this is already addressed as an attestation. **Since this included in the attestation, we request that CMS remove this question from the HSD tables.**

As always, UnitedHealthcare welcomes the opportunity for constructive discussion as part of this comment process, and looks forward to sharing any additional data or information that supports beneficiaries and CMS. We are committed to providing Medicare beneficiaries with stable access and affordable coverage, and ensuring that our plans continue to facilitate good consumer decision-making, improve outcomes and quality, and provide excellent value to beneficiaries.

Respectfully,

Timothy J. Noel
Senior Vice President, Federal Products