



BlueCross BlueShield

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January 29, 2018

SUBMITTED VIA EMAIL TO: OIRA_submission@omb.eop.gov

Office of Management and Budget (OMB)
Office of Information and Regulatory Affairs
Attention: CMS Desk Officer

Re: CMS-R-262 (OMB Control Number 0938-0763)

To Whom It May Concern:

Health Care Service Corporation (HCSC) appreciates the opportunity to provide comments to the Centers for Medicare & Medicaid Services (CMS) in response to the “Contract Year (CY) 2019 Plan Benefit Package (PBP) Software and Formulary Submission,” published in the Federal Register (82 FR 61762) on December 29, 2017.

BACKGROUND

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 has established Medicare Advantage Prescription Drug (MAPD) plans and Part D Prescription Drug (Part D) stand-alone plans in all five of the HCSC states. In addition, HCSC operates a Medicare-Medicaid Plan (MMP) contract in the State of Illinois.

COMMENTS

CY 2019 Plan Benefit Package (PBP) Software Submission

- **VBID/MA Uniformity Flexibility.** CMS is proposing to revise Section B-19 of the PBP, “Value Based Insurance Design Model Test,” by renaming the section “VBID/MA Uniformity Flexibility” to permit organizations to include in the PBP, MA Uniformity Flexibility (UF) along with the already existing VBID benefit. It appears that this revision is intended to support the proposal in CMS’ CY 2019 MA and Part D proposed rule, for the agency to adopt a new interpretation of the MA uniformity

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requirements outlined in the statute and the corresponding MA regulations, to permit plans to reduce enrollee cost sharing for certain covered benefits, offer specific tailored supplemental benefits, and offer lower deductibles for enrollees that meet specific medical criteria, “provided that similarly situated enrollees (that is all enrollees who meet the identified criteria) are treated the same. For clarity, we recommend that CMS confirm whether our understanding of the intent underlying the proposed change to this section of the PBP is accurate.

CY 2019 Formulary Submission

- **Opioid Strategy Upload.** As part of the CY 2019 formulary submission process, CMS is proposing to collect an upload of responses from Part D plan sponsors detailing the comprehensive strategies an organization is using to combat the opioid crisis. Specifically, in the “Opioid Strategy Layout” document (i.e., one of the supporting documents released as part of this comment opportunity), CMS indicates that the agency is proposing this data collection “to assist in the modification of existing Part D policy and/or development of new policy” in this area. In addition, CMS notes that the agency may potentially synthesize the data collected and use the data to publish “best practices,” although any information publicly disclosed will not be attributed to a specific organization. We have identified below several issues and related recommendations regarding the proposed upload requirement, which we strongly encourage CMS to carefully consider.
 - ***Final upload requirements and layout.*** If CMS moves forward with the proposed Part D opioid strategy upload as part of the CY 2019 formulary submission process, we strongly recommend that the agency release the final version of the “Opioid Strategy Layout” as quickly as possible and well in advance of the upload deadline to ensure sponsors are afforded sufficient time to prepare submissions that are responsive to the full range of topics and questions on which CMS is seeking feedback.
 - **Commercial efforts to combat the opioid crisis.** As part of the “Opioid Strategy Upload,” CMS is proposing to require Part D sponsors to describe “any programs, initiatives, or other efforts” organizations have in place for commercial lines of business, whether these efforts have been successful, and if there are policy barriers that prevent implementation of these initiatives in Part D.

Our understanding is that CMS is not requesting that sponsors submit a full summary of the comprehensive strategy to combat the opioid crisis in commercial plans offered by the same entity, but rather is specifically interested in more streamlined reporting of initiatives employed to combat the opioid crisis that have been *successful* in commercial plans, but cannot be replicated under the Part D program due to current policy and operational limitations. To support consistency in submissions, we recommend that CMS confirm whether our understanding is accurate, and revise the relevant section of the “Opioid Strategy Upload” as applicable to ensure clarity.

- **Future Part D policy development.** As noted above, CMS intends to utilize information received from the proposed opioid strategy uploads to help inform potential future policy changes and/or development of new policy related to combatting the opioid crisis under the Part D program. We believe it will be important for Part D plan sponsors to have an opportunity to review and comment on any proposed policy changes before they are finalized, as these steps will allow plans to provide CMS with feedback informed by practical experience and will permit the agency to consider potential operational challenges before processes and guidance become final. As a result, we recommend that CMS provide a meaningful opportunity for comment on any future program changes related to combatting the opioid crisis under Part D, before any such changes are finalized.

We appreciate the opportunity to comment. If you would like additional information or have questions about our feedback, please contact me at 202-249-7214 or [Dana Mott-Bronson@hcsc.net](mailto:Dana.Mott-Bronson@hcsc.net).

Sincerely,

A handwritten signature in blue ink, appearing to read 'Dana Mott-Bronson', with a stylized, cursive script.

Dana Mott-Bronson
Divisional Vice President, Health Policy – Government Programs