



BlueCross BlueShield®

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November 30, 2018

Submitted via: <http://www.regulations.gov/>

Centers for Medicare & Medicaid Services
Office of Strategic Operations and Regulatory Affairs
Division of Regulations Development
Room C4-26-05
7500 Security Boulevard
Baltimore, MD 21244-1850

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) 2020 Plan Benefit Package (PBP) Software and Formulary Submission,” published in the Federal Register (83 FR 49389) on October 1, 2018.

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) in the State of Illinois.

COMMENTS

CY 2020 Plan Benefit Package (PBP) Software Submission

- **Plan Benefit Package (PBP) Section B: “B15 Medicare Part B Rx Drugs.”** CMS is proposing to revise Section B-15 of the PBP, “Medicare Part B Rx Drugs,” to include a new Step Therapy (ST) question for MA plans offering a drug benefit. In addition, CMS indicates that if the answer to the ST question is “yes, a note will be required.”

Although the agency has noted on the relevant PBP data entry screen that the screen “will be updated” to include the ST question, the language for the newly proposed question has not yet been incorporated. In addition, CMS has not yet described the specific information that will be required in the “note” that must be populated if the plan answers “yes” to the new

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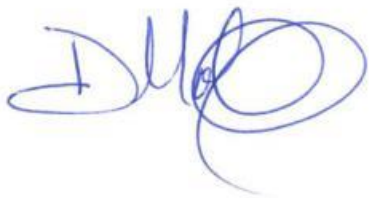
question, and it is unclear whether utilizing a notes field will be sufficient to capture the detail needed to ensure the benefit is described appropriately. To ensure clarity and to provide an opportunity for plans to review and comment on these key details (i.e., the new question and related instructions for populating the notes field), we recommend that CMS include these details when the proposed information collection is released for further comment during the subsequent 30-day PRA opportunity.

CY 2020 Formulary Submission

- **Opioid Strategy Upload.** As part of the CY 2020 formulary submission process, CMS is again proposing to collect an upload of responses from Part D plan sponsors, via the “Opioid Strategy Layout,” detailing the comprehensive strategies an organization uses to combat the opioid crisis. CMS indicates that the agency may utilize information submitted by plans “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.
 - ***Final upload requirements and layout.*** We recommend that CMS 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 sufficiently responsive to any new and/or revised topics and questions.
 - ***Future Part D policy development.*** As noted above, CMS intends to utilize information received from the proposed opioid strategy upload 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.

Sincerely,



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