



**BlueCross
BlueShield**
Association

Date: November 19, 2018

TO: Office of Management and Budget

FROM: Jane Galvin, Managing Director
Blue Cross Blue Shield Association

SUBJECT: Comments on Paperwork Reduction Act (PRA) 60-Day Comment
Period on 2020 Bid Pricing Tool (BPT) and Plan Benefits Package (PBP)
CMS 10142

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The Blue Cross Blue Shield Association (BCBSA) is pleased to respond to the PRA 60-day comment period on the draft 2020 BPT and PBP.

Combining this request into one package is consistent with a more comprehensive review by Medicare Advantage (MA) and Part D plans. In reference to the BPT, the BCBSA applauds CMS on the minimal changes to this document as MA plans will find it easier to complete their 2020 bids. Completing the BPT accurately remains a high priority for MA plans.

A number of changes were noted for the PBP. Among those changes are a screen to indicate new changes to address the details of a plan's opioid overuse monitoring, screens on telehealth and \$0 vaccines, and details on indication-based formulary design. However, while CMS is proposing to collect general information on Part B step therapy (whether or not a plan intends to implement such therapy) via a notes field in PBP Section B15 ("Medicare Part B Rx Drugs"), it does not appear that the detail on this vital benefit will be collected by CMS. When CMS does not collect the information necessary to describe the benefits within a plan, then potential MA members are not aware of plan benefits prior to enrollment. As a result, we believe that the BPT and PBP should be modified for 2020 to track changes in the allocation of cost sharing to reflect the imposition of Part B step therapy. That is, if MA plans impose Part B step therapy, then there should be differences in cost sharing under Part B as opposed to Part D. Maximum out of pocket (MOOP) estimates would change as well. In addition, while the PBP collects information on whether or not an MA plan is implementing this change, there is no detail collected on this utilization management practice. Without collecting this information, CMS cannot provide details to prospective enrollees about the types of UM in Part B that a plan is considering. BCBSA encourages CMS to reconsider this oversight and begin to collect the information necessary to keep potential MA members educated about the UM practices in a plan. At a minimum, plans would need to fully understand the type of information that will be required in the notes field under PBP Section B15 to support the new Part B step therapy question CMS is proposing to add.

With respect to the proposed changes to the upload document CMS uses to collect the details of a plan's opioid strategy (i.e., the "Opioid Strategy Layout"), we recommend that the agency release the final version of the layout as quickly as possible and well in advance of the upload deadline to ensure plan 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.

BCBSA appreciates the opportunity to provide comments on this PRA package. We welcome any discussions that CMS desires concerning these comment and other changes.

