



December 3, 2019

VIA ELECTRONIC SUBMISSION at [www.regulations.gov](http://www.regulations.gov)

CMS, Office of Strategic Operations and Regulatory Affairs  
Division of Regulations Development  
Attention: OMB Control Number 0938-0763  
Room C4-26-05  
7500 Security Boulevard  
Baltimore, MD 21244-1850

**RE: Contract Year 2021 Plan Benefit Package (PBP) Software and Formulary Submission, CMS-R-262**

To Whom It May Concern:

Highmark Inc. ("Highmark") is one of America's leading health insurance organizations and an independent licensee of the Blue Cross and Blue Shield Association. Highmark, together with its Blue-branded affiliates, collectively comprises the fourth-largest Blue Cross and Blue Shield-affiliated organization and one of the nation's ten largest health insurance organizations. Highmark and its affiliated health plans work passionately to deliver high-quality, accessible, understandable, and affordable experiences, outcomes, and solutions to customers. Highmark and its Blue-branded affiliates proudly cover the insurance needs of nearly 5 million members in Pennsylvania, Delaware, and West Virginia.

Highmark is invested in the success of Medicare Advantage and is committed to working to improve the total health care experience and the health of the communities we serve. We thank the Centers for Medicare & Medicaid Services ("CMS") for the opportunity to offer comments on this information collection request.

Under the Medicare Modernization Act (MMA), Medicare Advantage (MA) and Prescription Drug Plan (PDP) organizations are required to submit plan benefit packages for all Medicare beneficiaries residing in their service area. The plan benefit package submission consists of the Plan Benefit Package (PBP) software, formulary file, and supporting documentation, as necessary. MA and PDP organizations use the PBP software to describe their organization's plan benefit packages, including information on premiums, cost sharing, authorization rules, and supplemental benefits.

As part of the annual bidding process, CMS requires MA and PDP organizations to submit a completed PBP and formulary. MA organizations prepare their proposed plan benefit packages for the upcoming contract year and submit them to CMS for review and approval, which CMS uses to review and approve the benefit packages MA organizations will offer. While this allows CMS to review the benefit packages in a consistent way across all submitted bids, the data is also used to populate data on Medicare Plan Finder, which allows beneficiaries to access and compare Medicare Advantage and Prescription Drug plans. Because the data is used in assisting



beneficiaries to compare MA plans, we would like to recommend CMS consider making a minor change specific to the out-of-network benefit component.

Specifically, Section C of the PBP collects a MA organizations' out-of-network information. The PBP data entry system limits out-of-network groupings, where individual benefits are added, to 15 total groupings. This forces MA organizations to reconfigure their out-of-network benefits in order to ensure the benefits can be included in one of the 15 groupings and the groupings' corresponding cost-sharing. This limitation restricts MA organizations' ability to design and offer comprehensive out-of-network benefit packages to our members.

Highmark strives to meet the needs of our beneficiaries by incorporating new and innovative benefits into our products, including out-of-network and Point of Service benefit categories. Unfortunately, the PBP software as currently configured constrains our ability to accomplish this goal. Therefore, we encourage CMS to address this data entry limitation by removing the cap on out-of-network benefit groupings (or at least increase the cap to a minimum of 20) in order to avoid impeding MA organizations' ability to offer enhanced and innovative benefit packages.

We thank you for the opportunity to comment on this very important tool and appreciate your consideration of our comments.

Respectfully,  
  
Amy Sawyer  
Director Health Policy