

Contact	60 Day Comments for Additional Telehealth Benefits (ATB)	CMS Response
United Health Care (UHC)	<p>United has expressed concern about the difficulties in trying to discretely tie filed ATB to the specialty provider offering that benefit. They give an example of trying to crosswalk the ATB filed benefit category of urgent care to the provider specialty types CMS listed as options in the reporting Element C.</p> <p>The concern is that urgent care is a covered benefit that Medicare Advantage (MA) plans can file as an ATB benefit, but is a healthcare service that can be provided by a variety of different provider specialty types. Generally, the MA organization anticipates that most urgent care services for this ATB benefit category will be provided by primary care provider specialty types. However, there may be exceptions based on the specific member's condition or the specific physicians available for an urgent care telehealth visit request at a specific point in time.</p> <p>Therefore, in this example, United would plan to select primary care in our reporting submission since most urgent care telehealth visits would be provided by primary care specialty physicians. There would not be an attempt to identify all other provider specialty types that might deliver urgent care telehealth visits based on the member conditions and the specific provider specialty availabilities at the time of the visit. United has attempted to crosswalk a portion of the Medicare Specialty codes referenced in the link at the bottom of the proposed ATB Part C Reporting Requirements to the HSD Table Specialty codes. They have attached is a document that crosswalks HSD Specialty codes (column E) to the Medicare Specialty</p>	<p>Thank you for your comments and recommendations. We understand the concern that the reporting of certain specialties may be duplicative and burdensome to plans, therefore were are removing the ATB reporting section from the Part C Reporting Requirements in 2021.</p>

	codes (column A) and request that CMS confirm the accuracy of this crosswalk.	
United Health Care (UHC)	UHC also recommends that CMS consider the attached crosswalk or develop a similar document to tie the Medicare codes to the corresponding HSD specialty codes to ensure consistency within the industry. This will help both CMS and MA organizations with data integrity and transparency regarding specialties considered qualified specialties for the ATB.	Thank you for your comments and recommendation. However, we are removing the ATB reporting section from the Part C Reporting Requirements in 2021.
QUEST	Is a physical location required for a provider, and can they supplement with telehealth to allow members a choice in how they receive care?	<p>As Additional Telehealth Benefits are defined in 42 CFR § 422.135, an MA plan may treat additional telehealth benefits as basic benefits covered under the original Medicare fee-for-service program for purposes of this part 422 provided that the requirements of this section are met. If the MA plan fails to comply with the requirements of this section, then the MA plan may not treat the benefits provided through electronic exchange as additional telehealth benefits, but may treat them as supplemental benefits as described in § 422.102, subject to CMS approval.</p> <p>An MA plan furnishing additional telehealth benefits must: furnish in-person access to the specified Part B service(s) at the election of the enrollee.</p>
QUEST	Can telehealth be the only option for certain types of care at which point there is no physical location for the provider?	Please refer to the definition of additional telehealth benefits in 42 CFR § 422.135, as this section only requires organizations to report on Additional Telehealth Benefits
QUEST	Do providers have the appropriate state licensure to serve the entire service area?	An MA plan furnishing additional telehealth benefits may only do so using contracted providers. Coverage of benefits furnished by a non-contracted provider through electronic exchange may only be covered as a supplemental benefit.
QUEST	Should the quality of the telehealth provider and the care they are providing be a measured consideration?	Thank you for your comment, but quality of care is not collected in this reporting section.

QUEST	<p>Quests wants CMS to consider incorporating additional identifying telehealth fields in the HSD tables to accommodate for the identification of telehealth providers in network adequacy report filings. For instance, information about whether a provider sees patients via telehealth, only via telehealth or both may be helpful. More importantly, knowing the breadth of providers offering telehealth services in a particular specialty in a service area could be useful in determining the availability of virtual care and offer a broader perspective for future policy decisions</p>	<p>Thank you for your recommendation, however the reporting of additional telehealth benefits in this section is not related to network adequacy. Validation for telehealth providers selected on HSD tables during triennial network reviews is conducted during the exceptions process.</p>
QUEST	<p>The new telehealth network adequacy changes allow plans to receive credit at the contract level. As the guidance is written today, plans are attesting they have telehealth coverage for all members in the entire contract service area. Should plans be required to indicate if their telehealth coverage is fulfilled by a multi-state provider or via an independent provider as a complement to in-person care?</p>	<p>The collection of ATB in this reporting section was not related to the telehealth credit provided for Network Adequacy. For Network Adequacy HSD/HPMS telehealth related questions, please contact the DMAO portal at <a href="https://dmao.lmi.org/">https://dmao.lmi.org/</a></p>
QUEST	<p>Quest recommends from a consumer standpoint to collect both provider and facility telehealth attributes. Including this information in directories would inform consumers of the virtual formats available for care (i.e. audio, audio-visual) and what types of providers and services are offered through telehealth. Consumers may base plan selection decisions on how quickly they can receive telehealth day or night, or if their primary care physician will also see them via telehealth.</p>	<p>Thank you for your recommendation, We are eliminating the collection of ATB from the Part C Reporting requirements for 2021</p>
QUEST	<p>To determine if ATB is a cost saver or a cost inflator, Quest recommends leveraging claims data to measure the number of telehealth appointments that lead to follow up</p>	<p>Thank you for your comment, but we believe that this outside of the scope of collection for the ATB reporting section.</p>

	in person visits, or vice versa in person visits that could have been served via telehealth.	
Carol Bellavia-Excellus	The commenter is seeking clarification of the drop down list mentioned in the crosswalk document. The technical specifications do not indicate use of a drop down list for this data element. They indicate to utilize the two-digit specialty code. Is there going to be some sort of drop down list or is it simply reference to using the two digit specialty code?	The MA plan will enter the specialty code for an ATB service not included among the selections provided in the reporting template. However, we are removing this reporting section for the 2021 year.
Anonymous	For Data Element B, "If yes, list the number of Medicare Part B provider specialty types for which Additional Telehealth benefits are offered." Would CMS please confirm that CMS is requesting the total number of specialty types being offered? If so, we believe that the word "list" should be changed to "enter"	Thank you for your recommendation. The proposed edit to Data Element B does clarify the method we expected plans to report specialty types. However, we are eliminating the collection of ATB from the Part C Reporting Requirements for 2021