QUEST ANALYTICS

August 21, 2020

Administrator Centers for Medicare & Medicaid Services
Attn: Seema Verma
Department of Health and Human Services
7500 Security Boulevard
Baltimore, MD 21244 Submitted via www.regulations.gov

Re: Part C Medicare Advantage Reporting Requirements and Supporting Regulations in 42 CFR 422.516(a) (CMS-10261)

Dear Administrator Verma,

Thank you for the opportunity to provide comments regarding additional data collection under 42 CFR 422.516(a) and CMS regulations at 42 CFR 422.135. We support CMS' efforts to collect additional telehealth information in form number: CMS–10261 (OMB control number: (OMB 0938– 1054) from organizations using telehealth per contract as well as capturing those specialties used for both in-person and telehealth.

We believe ensuring member access to a physical location is essential with the option for telehealth as a supplemental enhancement. However, questions remain on how to identify where and how consumers can access telehealth. For example, is a physical location required for a provider, and can they supplement with telehealth to allow members a choice in how they receive care? Could telehealth be the only option for certain types of care at which point there is no physical location for the provider? Do providers have the appropriate state licensure to serve the entire service area? Should the quality of the telehealth provider and the care they are providing be a measured consideration? Perhaps the answers to these questions lie in the data.

HSD Table Considerations
CMS may want 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.

Additionally, 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? Knowing this information would ensure providers hold the appropriate state licensure to provide care in the entire service area.

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It may also be necessary 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.

Lastly, collecting information that helps CMS understand if telehealth is a cost saver or a cost inflator would be extremely valuable to know. One option is leveraging claims data to measure the number of telehealth appointments that lead to follow up in-person visits, or vice versa, in-person visits that could have been served via telehealth.

We thank you for the opportunity to provide comments. As always, please do not hesitate to contact us if you have any questions or we can be of assistance with future data collection efforts.

Sincerely,

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