TO: Centers for Medicare and Medicaid Services
Submitted electronically via: http://www.regulations.gov

FROM: Joy Higa
Senior Vice President, National Regulatory Affairs
UnitedHealthcare
UnitedHealth Group

DATE: August 20, 2020

RE: 2021 Part C Reporting Requirements for Additional Telehealth Benefits
(CMS-10261; OMB control number: 0938-1054)

Attached are comments regarding 2021 Part C Reporting Requirements for Additional Telehealth Benefits (CMS-10261; OMB control number: 0938-1054).

If you have any questions on these comments, please feel free to contact me at (714) 503-7798.

2021 Part C Reporting Requirements for Additional Telehealth Benefits
(CMS-10261; OMB control number: 0938-1054)

Comments Submitted by
UnitedHealthcare
8/20/2020

UnitedHealthcare (UHC) appreciates this opportunity to provide input to the Centers for Medicare and Medicaid Services (CMS) regarding 2021 Part C Reporting Requirements for Additional Telehealth Benefits.

Additional Telehealth Benefits
Provider Specialty Types

In the proposed CY 2021 Part C Reporting Requirements for Additional Telehealth Benefits (ATB), CMS directs organizations offering an ATB to [for Element B] list the number of Medicare Part B provider specialty types for which ATB are offered and to then [for Element C] list the Medicare Part B provider specialty listed in Element B (e.g., Primary Care, Cardiology, Dermatology, etc.).

UHC would like to alert CMS to one challenge in reporting the ATB data as proposed. We foresee difficulties in trying to discretely tie filed ATB benefits to the specialty provider offering that benefit. One example is 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. 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, we anticipate 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. Therefore, in this example, our organization would plan to select primary care in our reporting submission since most urgent care telehealth visits would be provided by primary care specialty physicians. We would not 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.

We would appreciate more fully understanding CMS' objectives in gathering ATB data. With this information, we hope we could help CMS find alternative ways to accomplish its goals.

Crosswalk Medicare Specialty codes in ATB Reporting to HSD Tables

UHC 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. Attached is a document that crosswalks HSD Specialty codes (column E) to the Medicare Specialty codes (column A). We respectfully request that CMS confirm the accuracy of this crosswalk.

UHC 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.