BlueCross BlueShield
Illinois · Montana · New Mexico
Oklahoma · Texas

July 5, 2016

Centers for Medicare & Medicaid Services
Office of Strategic Operations and Regulatory Affairs
Division of Regulations Development
Attention: CMS—10185 (OCN 0938—0992)
Room C4-26-05
7500 Security Boulevard
Baltimore, MD 21244-1850

To Whom It May Concern:

Health Care Service Corporation (HCSC) appreciates the opportunity to submit comments in response to the notice under the Paperwork Reduction Act concerning the "Medicare Part D Reporting Requirements and Supporting Regulations" published by the Centers for Medicare & Medicaid Services (CMS) in the Federal Register (81 FR 27450) on May 6, 2016.

HCSC is the largest customer-owned health insurance company in the United States. The company offers a wide variety of health and life insurance products and related services, through its operating divisions and subsidiaries including Blue Cross and Blue Shield of Illinois, Blue Cross and Blue Shield of Montana, Blue Cross and Blue Shield of New Mexico, Blue Cross and Blue Shield of Oklahoma, and Blue Cross and Blue Shield of Texas. HCSC employs more than 23,000 people and serves more than 15 million members. HCSC has established Medicare Advantage (MA) plans and Part D Prescription Drug (Part D) stand-alone plans in all five of the HCSC states.

HCSC has the following specific comments, which we hope will be helpful as the agency works to refine the draft reporting requirements.

Comments

- **Section I. Enrollment and Disenrollment (pg. 5).** CMS is proposing to add to the "Enrollment" subsection, new data elements 1.P. – 1.S., which are applicable only to MA organizations approved by the agency to offer seamless conversion enrollment. For element P., CMS proposes to require Part D sponsors to report the total number of individuals included in the sponsor's advance notification for seamless conversion enrollment within the applicable reporting period. For elements 1.Q., R and S, CMS is requiring that of the total reported in 1.A. of this subsection ("total number of enrollment requests received in the specified time period") sponsors must report the number of individuals whose Medicare

eligibility is based on age, disability, and the total number of enrollments submitted to CMS, respectively.

We note that the value of reporting the proposed data elements Q-S is unclear, particularly given that these data would be reported by only a subset of sponsors approved to offer seamless conversion. Further, it is unclear how these data would assist CMS in evaluating sponsors' processing of enrollment requests in accordance with CMS requirements, including as it relates to seamless conversion enrollment. We recommend that CMS re-evaluate the utility of the proposed data collection, and also consider whether the agency already has access to some or all of these data before moving forward with the proposed change.

- **Section IV. Grievances (pg. 11)**. CMS is proposing to add a data element entitled, "Dismissed Grievances" to this section of the reporting requirements. To facilitate consistency in Part D sponsor reporting, we recommend that CMS explain what information should be included under this data element and provide examples to further ensure clarity.

- **Sponsor Oversight of Agents.** On page 5 of the CMS Supporting Statement, CMS indicates the agency is proposing to remove the current "Sponsor Oversight of Agents" reporting section for CY 2017 because the data collected in this section "are no longer necessary for monitoring through these reporting requirements." HCSC supports the proposed removal for CY 2017 and future years.

We have appreciated the opportunity to comment. If you would like additional information or have questions about these recommendations, please contact me at 202-249-7222 or Sue_Rohan@hcsc.net.

Sincerely,

Sue Rohan

Sue Rohan
Vice President, Health Policy – Government Programs