



BlueCross BlueShield

Illinois • Montana • New Mexico
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August 29, 2016

Submitted via: <http://www.regulations.gov/>

Centers for Medicare & Medicaid Services
Office of Strategic Operations and Regulatory Affairs
Division of Regulations Development
Room C4-26-05
7500 Security Boulevard
Baltimore, MD 21244-1850

Re: CMS-10305 (OMB Control Number 0938-1115)

To Whom It May Concern:

Health Care Service Corporation (HCSC) appreciates the opportunity to provide comments to the Centers for Medicare & Medicaid Services (CMS) in response to the "Medicare Part C and Part D Data Validation," published in the Federal Register (81 FR 42710) on June 30, 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. In addition, HCSC operates a Medicare-Medicaid Plan (MMP) contract in the State of Illinois.

Our comment and related recommendation are provided below.

Comment

Appendix 3: Findings Data Collection Form (FDCF)

- **Revised Scoring Methodology.** The CMS Supporting Statement indicates that for the CY 2017 and CY 2018 data collection periods, the agency is proposing to revise the Findings Data Collection Form (FDCF) by changing the scoring of six standards (i.e., 1c, 1d, 1e, 1g, 1h, & 2e) from a binary scale to a five-point Likert-type scale. CMS expects that this change will improve the precision of the data validation scores by increasing the overall variation in total scores among Medicare Advantage Organizations (MAOs) and Prescription Drug Plans (PDPs). While we appreciate that the agency is proposing this modification with the intention of improving the precision of scores, we believe additional information is necessary to permit a comprehensive review of the change. For example, we would appreciate receiving from

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CMS our most recent data validation scores for the six impacted standards, calculated under both the existing and revised scoring methodology. We believe data along these lines would permit HCSC to fully evaluate the proposed change and provide the most informed and meaningful feedback to CMS.

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

Sincerely,



Sue Rohan
Vice President, Health Policy – Government Programs