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October 12, 2016

SUBMITTED VIA EMAIL TO OIRA_submission@omb.eop.gov

Office of Management and Budget
Office of Information and Regulatory Affairs
Attention: CMS Desk Officer

RE: CMS-10185 (OCN 0938-0992)

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 62741) on September 12, 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 22,000 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.

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

Comments

- **Data Submission Deadlines.** Effective with the CY 2016 Part D Reporting Requirements, CMS revised the data submission deadlines for a number of reporting sections, including the “Retail, Home Infusion, and Long-Term Care Pharmacy Access,” “Medication Therapy Management Programs,” and “Grievances” reporting sections. In the September 18, 2015 opportunity to comment under the Paperwork Reduction Act, CMS proposed to change the due dates from a specified date to the first or last day of a specific month and to stagger the reporting deadlines for the reporting sections so that the reporting load would be more manageable in 2016 than it was in 2015 and to avoid weekend reporting. We continue to support these goals.

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However, in finalizing the data submission deadlines, CMS moved up the data due dates, which resulted in shorter windows for data collection and less time to conduct important quality assurance reviews prior to submission. We note that CMS subsequently restored the later reporting due date for the Medication Therapy Management Programs section, extending the deadline from the first Monday of February 2017 to the last Monday of February 2017. CMS is proposing to continue with this due date for the 2017 reporting requirements, which HCSC appreciates and supports. We believe this change achieves CMS' goals, while mitigating potential problems with insufficient time to submit accurate data.

We recommend that CMS take similar steps to restore the later data due dates for the "Grievances" and "Retail, Home Infusion, and Long-Term Care Pharmacy Access" sections, which would provide additional time for HCSC and our Pharmacy Benefit Manager to ensure the completeness and accuracy of the required data and conduct the necessary quality reviews prior to submission. We specifically recommend that CMS align the due dates for these sections with the corresponding due dates that were applicable for the 2015 Part D Reporting Requirements (i.e., the end of February for Grievances, and for Pharmacy Access, the end of May for Period 1 reporting and the end of February for YTD reporting).

- **Section IV. Grievances (pg. 13).** 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 in the corresponding Part D Reporting Requirements Technical Specifications, CMS explain what information should be included under this data element and provide examples to further ensure clarity.

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
Vice President, Health Policy – Government Programs