



BlueCross BlueShield

Illinois • Montana • New Mexico
Oklahoma • Texas

April 30, 2018

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-10185 (OMB Control Number 0938-0992)

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 notice under the Paperwork Reduction Act concerning the “Medicare Part D Reporting Requirements and Supporting Regulations” published in the Federal Register (83 FR 8679) on February 28, 2018.

BACKGROUND

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 has established Medicare Advantage Prescription Drug (MAPD) 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.

COMMENTS

HCSC has the following specific comments, which we hope will be helpful as the agency works toward finalizing the Part D reporting requirements for 2019.

- **Retail, Home Infusion and Long-Term Care Pharmacy Access Reporting Section.** For the CY 2019 Reporting Requirements, CMS is proposing to remove the “Retail, Home Infusion, and Long Term Care Pharmacy Access” reporting section because the “data collection is no longer necessary for monitoring purposes.” We believe the proposed removal is consistent with the Administration’s broader goal to reduce administrative burden and increase efficiency under the Medicare program. As a result, we recommend that the agency move forward with finalizing this change as proposed.

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

Divisions of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

- **Section V. Coverage Determinations and Redeterminations (pgs. 14-16).** CMS is proposing to clarify and revise the “Coverage Determinations and Redeterminations” section of the reporting requirements, including by moving the reporting of “withdrawn” and “dismissed” coverage determinations and redeterminations out of the specific disposition categories (i.e., utilization management exceptions, formulary exceptions, etc.) and into the summary total categories (i.e., total number of withdrawn coverage determinations and redeterminations, total number of dismissed coverage determinations and redeterminations, etc.). We agree with CMS’ expectation that these changes will clarify reporting under this section of the Part D reporting requirements, and support the proposed modifications accordingly.

We appreciate the opportunity to comment. If you would like additional information or have questions about our feedback, please contact me at 202-249-7214 or [Dana Mott-Bronson@hcsc.net](mailto:Dana.Mott-Bronson@hcsc.net).

Sincerely,

A handwritten signature in blue ink, appearing to read 'Dana Mott-Bronson', with a stylized, cursive script.

Dana Mott-Bronson
Divisional Vice President, Health Policy – Government Programs