



BlueCross BlueShield

Illinois • Montana • New Mexico
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May 25, 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-10261 (OMB Control Number 0938-1054)

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 “Part C Medicare Advantage Reporting Requirements and Supporting Regulations” published in the Federal Register (83 FR 12951) on March 26, 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 identified the following specific comments, which we hope will be helpful as the agency works toward finalizing the Part C reporting requirements for 2019.

CMS Crosswalk of Changes Document

- **Suspension of Current Reporting Sections.** For the CY 2019 Reporting Requirements, CMS is proposing to suspend the “Mid-Year Network Changes” reporting section because the data “has not been used” and the change will enable the agency “to focus on other reporting sections.” In addition, CMS is proposing to suspend the “Private Fee-For-Service Provider Payment Dispute Resolution Process” reporting section because most “of the

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issues related to this reporting section have been addressed, and “[the] number of plans participating in this reporting section have diminished significantly.” We believe the proposed suspension of these sections is consistent with the Administration’s broader commitment to reduce administrative burden and increase efficiency under the Medicare program. As a result, we support the proposed changes and recommend that the agency move forward with finalizing the revisions as proposed.

- **Technical Specifications Document.** For CY 2019, CMS is proposing to remove the technical specifications from the Part C reporting requirements and create a separate, stand-alone technical specifications document. The agency notes that this will enable CMS to update the technical specifications “based on real time feedback from MA Plans through the Part C mailbox.” HCSC supports this proposed change, which would align with the approach that is in place for the Part D reporting requirements (i.e., one document for the Part D Reporting Requirements and a separate document for the applicable technical specifications).
- **Medicare-Medicaid Plans (MMPs).** CMS clarifies that in an effort to streamline requirements “MMPs will no longer [be] required to report data specific to ODR and Grievances under Part C reporting.” Similar to our comments above, we believe the proposed change is consistent with the Administration’s broader commitment to reduce administrative burden and increase efficiency under the Medicare program. We appreciate and support the proposed change 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.

Sincerely,



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