

PUBLIC SUBMISSION

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Part C Medicare Advantage Reporting Requirements and Supporting Regulations in 42 CFR 422.516(a) (CMS-10261)

Comment On: CMS-2019-0074-0001

Agency Information Collection Activities; Proposals, Submissions, and Approvals

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Comment on CMS-2019-0074-0001

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General Comment

I submitting comment on behalf of HealthPartners regarding CMS10261

Comment #1: Element B asks plans to define the telehealth specialties offered. The Supporting Statement indicates a list of telehealth specialties will be issued this summer during the 30-day comment period. This list could be based off the categories submitted in plan bids .

Recommendation #1: HealthPartners supports reporting Element B by pulling the specialty based on the HSD Table specialty definition. This is an already established method to identify and report providers and would provide consistent reporting across plans. Consistency would provide more accurate and reliable data benefiting CMS in understanding the specialties being used for telehealth and informing future policy changes.

Comment #2: Element C asks for a list of county and state for each telehealth specialty.

Providers are licensed at the state level, or every county in the state where we have a contract with that provider. If county is included in this element, it would turn into a very long and redundant list of each county in the state for each provider. To expand upon this further, a beneficiary could be vacationing in a county outside of their plan service area, but have a telehealth visit with their in-network contracted provider. The county where the member is vacationing and county the contracted provider are in would be listed as would all the counties in the state, minimizing the usefulness of the county data.

Recommendation #2: Remove the inclusion of county for element C given our contracted providers are licensed at the state level and every county would be included where they can practice and the list wouldnt provide CMS with useful information to understand patterns and counties telehealth service are provided.

Comment #3: Element E data would be readily available in the count of providers in HSD tables.

Recommendation #3: Refer plans to use the provider counts in HSD tables for consistent and accurate reporting.