



**BlueCross BlueShield**

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June 24, 2019

Submitted via: <https://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 (84 FR 17166) on April 24, 2019.

## **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**

For CY 2020, CMS is proposing to revise the Medicare Part C Reporting Requirements by adding a new “Telehealth” reporting section that would require MA organizations to report information on telehealth benefits. CMS indicates that the data collected under this new section will provide the agency with a better understanding of the number of organizations utilizing Telehealth per contract, facilitate CMS efforts to capture those specialties used for both in-person and Telehealth, and allow the agency to improve the policy and process surrounding Telehealth. HCSC has identified the following specific comments, which we hope will be helpful as CMS works toward further refining and finalizing the requirements for 2020.

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

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- **Additional Guidance.** In the Supporting Statement that accompanied the proposed Telehealth Reporting Section, CMS indicates that the agency intends to issue guidance this summer, during the subsequent 30-day comment opportunity, regarding the list of telehealth specialties that plans will be required to report. We look forward to the opportunity to review and comment on the additional guidance, and also encourage CMS to provide further details and information on the new proposed Reporting Section more broadly at that time (i.e., whether there are specific instructions for reporting when organizations contract with telehealth vendors to provide these benefits, etc.). We believe additional information along these lines will assist MA organization efforts to fully assess the proposed Reporting Section and provide meaningful and informed feedback to CMS. In addition, we recommend that the agency ensure that other relevant guidance, such as the MA Network Adequacy Requirements, is updated (as appropriate) to incorporate any key Telehealth-related clarifications that are included in the Part C Reporting Requirements for consistency.
- **Data Element A.** CMS is proposing to include the following question under this Data Element, “Does your organization offer Telehealth either as a standard benefit or through a demonstration? ‘Yes’ or ‘No,’ only.” To facilitate a consistent understanding of the question across MA organizations, we request that CMS clarify whether responses related to the offering of Telehealth “as a standard benefit” should only take into account the “additional” Telehealth benefits MA organizations may (but are not required to) offer and treat as part of the MA basic benefit starting in CY 2020, or whether the agency also intends for organizations to consider the Telehealth benefits that MA organizations are *required* to cover as part of the basic benefit (i.e., Telehealth benefits covered under Fee-for-Service (FFS) Medicare).
- **Data Element C.** The specific information CMS is requesting MA organizations to report under this proposed Data Element is unclear. For example, the first sentence references the reporting of the county and state for each applicable Telehealth *specialty*, and the second sentence references the reporting of state and county data for an applicable Telehealth *provider*. To ensure a consistent understanding of what data should be reported and how, we recommend that CMS further clarify this Data Element during the subsequent 30-day comment opportunity and provide explicit instructions in the related Part C Technical Specifications document.

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,



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