



June 24, 2019

Centers for Medicare & Medicaid Services
Office of Strategic Operations and Regulatory Affairs
Division of Regulations Development
Attention: CMS-10261 (OMB# 0938-1054)
Room C4-26-05
7500 Security Boulevard
Baltimore, MD 21244-1850

RE: CMS-10261 (OMB# 0938-1054)

Dear Sir or Madam:

We are writing on behalf of America's Health Insurance Plans (AHIP) in response to the notice under the Paperwork Reduction Act concerning the "Part C Medicare Advantage Reporting Requirements and Supporting Regulations in 42 CFR 422.516(a)" published by the Centers for Medicare & Medicaid Services (CMS) in the Federal Register (84 FR 17166) on April 24, 2019. The draft changes to the Part C reporting requirements are of significant interest to AHIP's member organizations, many of which participate in the Medicare Advantage (MA) program.

CMS is proposing to add a new reporting section to collect data on telehealth benefits. CMS provides several justifications for the new reporting requirement. They include giving CMS a better understanding of the number of organizations utilizing telehealth, and potentially informing future policy development.

AHIP has strongly supported recent changes to allow MA plans expanded flexibility in offering telehealth benefits. However, we are concerned that several of the six new data elements under this proposed new reporting section need to be clarified, in order to promote better and common understanding of the agency's expectations for reporting. Our recommendations for additional CMS guidance for this proposed new reporting section are detailed below.

- ***Clarify scope of telehealth reporting.*** To support its justification for this new reporting requirement, CMS references 42 CFR §422.135. See page 2 of the Support Statement. That regulation allows MA plans the ability to provide "additional telehealth benefits" to MA enrollees as a basic benefit beginning in plan year 2020. However, it is unclear whether, by this reference, CMS is suggesting that the new data collection requirement is limited to the new telehealth benefits that can be treated as basic benefits, or whether telehealth benefits offered as supplemental benefits are also subject to reporting. We recommend that CMS clarify this issue.

- ***Provide technical specifications and additional guidance.*** The draft telehealth reporting requirements include brief descriptions of the proposed new data elements but lack some important details. For example, on page 1 of the Supporting Statement, CMS indicates that it will be issuing guidance in the “summer regarding the list of telehealth specialties that plans will be required to report during the 30 day comment period.” We look forward to the additional guidance and recommend that CMS provide this information as soon as possible so that plans have sufficient time to review and assess any operational implications.

Furthermore, we recommend that for the 30-day comment opportunity, CMS provide the related technical specifications for this new data collection effort. This would enable AHIP and our members to better assess CMS’ expectations for telehealth reporting under the new data elements and ensure accurate reporting. For example, the proposed new data elements include the terms “provider” and “specialty,” but these terms are not defined or differentiated.

We also recommend that CMS provide other related guidance, including on MA network adequacy criteria, that would impact MA plans ability to report on telehealth services in CY 2020. CMS has not yet defined additional telehealth services in the network guidance and as such, plans may have difficulty operationalizing these new benefits.

- ***Alignment with PBP filings.*** CMS should ensure that the proposed new data elements for telehealth align with other related reporting obligations. For example, telehealth benefits should be reported at the plan benefit package (PBP) level rather than at the county level. Telehealth benefits are designed at the PBP level and, for PBPs that cover multiple counties, are therefore administered across counties. Therefore, reporting at the PBP level would be consistent with the way in which these services are provided. In addition, reporting at the PBP level would reduce regulatory burden, and data reported at the county level - rather than at the PBP level - may not present an accurate representation of telehealth coverage, access, or use for CMS.

We have appreciated the opportunity to comment. Please contact me if additional information would be helpful or if you have questions about the issues raised in this letter. I can be reached at (202) 778-3256 or mhamelburg@ahip.org.

Sincerely,



Mark Hamelburg,
Senior Vice President, Federal Programs