



BlueCross BlueShield®

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December 17, 2019

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-10316 (OMB Control Number 0938-1113)

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 “Implementation of the Medicare Prescription Drug Plan (PDP) and Medicare Advantage (MA) Plan Disenrollment Reasons Survey,” published in the Federal Register (84 FR 55966) on October 18, 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.

Our specific comments follow below.

COMMENTS

- ***“Did you ever need written information from the plan in Spanish? Yes/No”*** (page 3). CMS is proposing to remove this question from the survey “due to low endorsement and to reduce burden.” In addition, CMS notes that the agency is proposing this change because the Spanish language version of the survey is distributed almost exclusively in Puerto Rico where plans customarily provide information in Spanish. If CMS continues to move forward with the proposed change, we request that the agency provide additional information (i.e., % of beneficiaries responding Y/N, etc.) to help inform further consideration of the proposed change during the subsequent 30-day comment opportunity.

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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- ***“Did you leave your former plan because a change in your health meant the plan no longer met your needs? Yes/No”*** (page 6). CMS is proposing to add this question to the survey in an effort to further assess possible reasons beneficiaries leave their former plan. To further improve the clarity and utility of the proposed question, we recommend that CMS consider the following or similar revision:

“Did you leave your former plan because **another plan better met your needs after a change in your health** ~~meant the plan no longer met your needs?~~ Yes/No”

- ***“Did you leave your former plan because it turned out to be more expensive than you expected? Yes/No”*** (page 6). CMS is proposing to add this proposed question to the survey to better assess possible reasons beneficiaries leave their former plan. We believe this newly proposed question may duplicate existing survey questions related to cost and affordability and recommend that CMS consider whether revising an existing question to assess this issue would be a more appropriate approach (i.e., “Did you leave your former plan because you found a health plan that costs less?”).

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