

2020 60 day document	2020 30 day document	Type of Change	Reason for Change	Burden Change
Data Element A: Does your organization offer Telehealth either as a standard benefit or through a demonstration? "Yes" or "No" only	Data Element A: Does your organization offer additional Telehealth benefits? "Yes" or "No" only	Clarification	Changes made in response to 60 day comment.	None
Data Element B: If yes, please identify the telehealth specialty offered. [text]	Data Element B: If yes, list the number of specialty providers that offer additional Telehealth benefits.	Clarification	Changes made in response to 60 day comment.	None
Data Element C:List the County and State for each Telehealth Specialty listed above. If a Telehealth provider serves enrollees from multiple counties in the service area, then count the provider multiple times with the appropriate state and county. [text]	Data Element C: Identify the telehealth specialty offered from the providers listed in Element B. [text]	New	Changes made in response to 60 day comment.	None
Data Element C:List the County and State for each Telehealth Specialty listed above. If a Telehealth provider serves enrollees from multiple counties in the service area, then count the provider multiple times with the appropriate state and county. [text]	Relabeled as data Element D	Update	Change made in response to adding a new data element C.	None
Data Element D	Relabeled as Data Element E	Update	Change made in response to adding a new data element C.	None
Data Element E	Relabeled as Data Element F	Update	Change made in response to adding a new data element C.	None

Type of Change: Rev = Revision, Del = Deletion, Add = Addition, and Red = Redesignation.

Data Element F	Relabeled as Data Element G	Update	Change made in response to adding a new data element C.	None
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