

## Revisions from 60-day Comment Period to CY 2008 Part C Reporting Requirements

Summary:

- Compared to the CY2008 reporting requirements posted for public comment on June 26, 2008 (60-day notice), this document indicates an increased reporting burden for CY 2009 as a result of the changes made after the 60 day comment period of 28,280 hours. However, for subsequent years there is a decreased reporting burden compared to the 60-day notice of 11,128 hours.

Category	Measure/Item	Change	Effect on reporting burden
Response to Public Comments	1876 Cost Plans	Cost plans will not report on benefit utilization, procedures, and serious reportable adverse events. They will report: <ul style="list-style-type: none"> <li>Provider network adequacy</li> <li>Grievances</li> <li>Organization determinations/reconsiderations</li> <li>Employer group plan sponsors</li> <li>Agent training and testing</li> <li>Agent Commission Structure</li> <li>Plan oversight of agents</li> </ul>	Decrease
Lessons Learned	National PACE Plans	No longer required to report.	Decrease
Response to Public Comments	Proprietary Data	The following data elements in the measures listed below are considered proprietary and not subject to public disclosure: <ul style="list-style-type: none"> <li>Per service costs in the benefit utilization measure (Benefit Utilization)</li> <li>Employer DBA and Legal Name, Employer Address, Employer Tax Identification Numbers (Employer Group Sponsors)</li> <li>Total agent compensation related to sales (Agent Commission Structure)</li> </ul>	No Effect
Response to public comments	Benefit Utilization	We will no longer require retrospective data for CY 2007 and CY 2008.	Decrease
Response to public comments	Benefit Utilization	Member months will be reported by service category.	Increase
Lessons learned	Benefit Utilization	The data will be reported in aggregate dollars, not on a per member per month (PMPM) basis.	No effect
Lessons Learned	Benefit Utilization	The data will be reported on an incurred basis, including claims paid during the calendar year and those paid during the first six months of the following year (June 30).	No effect
Lessons Learned	Benefit Utilization	The claim reserves will be included for each service category and the total claim reserve will be reflected in the summary section of the report	Increase
Lessons Learned	Benefit Utilization	Covered member months by service category (of benefit) has been added in Attachment III.	Increase
Response to Public Comments	Benefit Utilization	Attachment IV which maps MA PBP to Medical Utilization and Expenditure categories has been added.	No effect
Response to Public Comments	Benefit Utilization	The report due date has been moved from 7/31 to 8/31	No Effect

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Lessons Learned	Procedures	Deleted “kidney/pancreas” transplant. Added Open coronary angioplasty, PTCA or Coronary Atherectomy with CABG, PTCA or Coronary Atherectomy with insertion of drug-eluting coronary artery stent (s), PTCA or Coronary Atherectomy with insertion of non-drug-eluting coronary artery stent (s), PTCA or Coronary Atherectomy without insertion of Coronary Artery Stent. Kidney/pancreas transplants are rare. The added procedures are relatively frequent.	Increase
Response to public comment	Procedures	We now note that CMS has defined the procedure codes in a separate attachment.	No effect
Lessons Learned	Procedures	Deleted “total enrollees in plan” as one of the data elements since this is already reported.	Decrease
Lessons learned	Procedures	Deleted rates under “objective/justification” in Attachment II since CMS will develop the rate calculations as appropriate from the data elements reported.	No effect
Lessons Learned	Procedures	Employer/Union Direct Contract plans will now also report.	Increase
Response to public comments	Procedures	1876 Cost plans will not report on this measure.	Decrease
Response to public comments	Procedures	800 series plans clarified as follows: “SNPs (includes all 800 series plans).”	No effect
Response to public comments	Procedures	Report due date will be 5/31 of following year instead of 2/28 of following year.	Decrease
Response to public comments	Procedures	Procedure and diagnosis codes are now included in this notice.	No effect
Lessons learned	Procedures	The procedures that are also HEDIS measures are now listed in the supporting statement.	No effect
Regulatory	Serious Reportable Adverse Events	Added Falls and Trauma, (Fractures, Dislocations, Intracranial Injuries, Crushing Injuries, Burns) and SSI following Bariatric Surgery for Obesity, DVT and pulmonary embolism following certain orthopedic procedures, Manifestations of Poor Glycemic Control to reporting.	Increase
Lessons learned	Serious Reportable Adverse Events	Employer/Union Direct Contract plans will now also report	Increase
Response to public comments	Serious Reportable Adverse Events	800 series plans clarified as follows: “SNPs (includes all 800 series plans).”	No effect
Response to public comments	Serious Reportable Adverse Events	Report due date will be 5/31 of following year instead of 2/28 of following year.	Decrease
Response to public comments	Serious Reportable Adverse Events	Codes relevant to “never events” and hospital acquired conditions reporting are now included in this notice.	No effect
Response to public comments	Provider Network Adequacy	Geriatric medicine (geriatricians) is now included under primary care physicians.	No effect
Response to public comments	Provider Network Adequacy	All data collected for this measure will be collected in a manner consistent with the long-established rules and definitions established for HSD, minimizing the need for MAOs to learn new rules or develop new internal systems for	Decrease

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		this reporting requirement.	

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Response to public comments	Provider Network Adequacy	Revised this measure to consist of Primary Care Physicians and ten other provider and facility types, they are: (1) Hospitals, (2) Home Health Agencies (Medicare Certified), (3) Cardiologist, (4) Oncologist, (5) Pulmonologist, (6) Endocrinologist , (7) Skilled Nursing Facilities, (8) Rheumatologist, (9) Ophthalmologist, and 10 ( Urologist). This will not increase reporting burden since the provider/facility grouping are now consistent with HSD definitions.	No effect
Lessons learned	Provider Network Adequacy	Deleted rates under “objective/justification” in Attachment II since CMS will develop the rate calculations as appropriate from the data elements reported	No effect
Response to public comments	Provider Network Adequacy	We eliminated reporting on open practices for specialists	Decrease
Response to public comments	Provider Network Adequacy	Data will only be reported once annually instead of twice annually.	Decrease
Response to public comments	Provider Network Adequacy	PFFS plans that meet access requirement through deeming are considered non-network PFFS plans and are not required to report.	Decrease
Lessons learned	Grievances	Deleted rates under “objective/justification” in Attachment II since CMS will develop the rate calculations as appropriate from the data elements reported	No effect
Lessons learned	Organization Determinations/ Reconsiderations	Deleted rates under “objective/justification” in Attachment II since CMS will develop the rate calculations as appropriate from the data elements reported	No effect
Response to public comments	Organization Determinations/ Reconsiderations	We removed the term “substantive” from the data elements for total determinations and total reconsiderations	No effect
Response to public comments	Employer Group Plan Sponsors	Corrected a typo. In Attachment II ("Part C Reporting Requirements Detail"), for item #7, the "Plan Type" states "PFFS" while under "Data Elements" there is a statement that "All individual MA plans and '800 series' MA Plans sponsored by employer groups will report." This latter statement belongs in the "Plan Type" column and "PFFS" does not.	No effect
Lessons Learned	Employer Group Plan Sponsors	CCP, PFFS, 1876 Cost, Demo, MSA (includes sponsors of individual plans and 800 series plans) will report.	Increase
Lessons learned	Plan Enrollment Verification Calls	Deleted rates under “objective/justification” in Attachment II since CMS will develop the rate calculations as appropriate from the data elements reported.	No effect
Response to public comments	Plan Enrollment Verification Calls	We changed the data element defined as “Number of initial enrollee taken enrollment verification calls completed in reporting period to read “the number of times the MAO reaches the prospective enrollee with the first call of up to three required attempts.”	No effect
Lessons learned	Provider Payment Dispute Resolution	Deleted rates under “objective/justification” in Attachment II since CMS will develop the rate calculations as appropriate from the data elements reported.	No effect

<b>Category</b>	<b>Measure</b>	<b>Change</b>	<b>Effect on reporting burden</b>
	Process		
<b>Category</b>	<b>Measure</b>	<b>Change</b>	<b>Effect on reporting burden</b>
Response to Public Comments	Provider Payment Dispute Resolution Process	Defined primary care and specialist categories more precisely.	No effect
Response to public comments	Agent Commission Structure	CMS will use the terms “licensed marketing representatives who are employees of the MAO” and “licensed independent agents,” instead of “captive” and “contract” agents. Results for each should be reported separately.	No effect
Lessons learned	Agent Commission Structure	Deleted rates under “objective/justification” in Attachment II since CMS will develop the rate calculations as appropriate from the data elements reported	No effect
Response to public comments	Agent Training and Testing	CMS will use the terms “licensed marketing representatives who are employees of the MAO” and “licensed independent agents,” instead of “captive” and “contract” agents. Results for each should be reported separately.	No effect
Lessons learned	Agent Training and Testing	Deleted rates under “objective/justification” in Attachment II since CMS will develop the rate calculations as appropriate from the data elements reported.	No effect
Response to Public Comments	Agent Training and Testing	Data elements have been changed. Now requiring for 2009 collection: Number of licensed marketing representatives who are employees of the MAO, Number of licensed independent agents for reporting period, Number of beneficiaries making an enrollment change in 2009, and Initial total agent compensation Data elements for 2010 listed in supporting statement and Attachment II.	No Effect
Response to public comments	Plan Oversight of Agents	CMS will use the terms “licensed marketing representatives who are employees of the MAO” and “licensed independent agents,” instead of “captive” and “contract” agents. Results for each should be reported separately.	No effect
Lessons learned	Plan Oversight of agents	Deleted rates under “objective/justification” in Attachment II since CMS will develop the rate calculations as appropriate from the data elements reported	No effect
Response to public comments.	Plan Oversight of agents	Added a data element: number of agent assisted enrollments.	Increase
Response to public comments	Plan Oversight of agents	Reportable revocations of selling privileges are now defined as those that stem specifically from marketing conduct.	No effect
Response to public comments	Plan Oversight of agents	Disciplinary action is defined as “all forms of corrective and disciplinary action (i.e., agents who were alerted to a compliance infraction, directed to retake training certifications).”	No effect
Statutory	SNPs Case Management	This is a new measure based on section 164 of MIPPA which requires SNPs to conduct an initial assessment and annual reassessment of each enrollee’s physical, psychological, and functional needs.	Increase