

**Part C Reporting Requirements
30-Day PRA Comments**

Topic	Approx. commenter count	Summary of comments	Proposed Action, if any, and responses
Timeline	2	One commenter recommended finalizing reporting requirements by December 2023. 2 commenters noted there would be issues with submitting data in February of 2025 due to: • Lack of readiness of supplemental benefit vendors (often community-based organizations, non-profits, and/or small businesses) to collect and transmit data. • OON services not needing to be reported to an MAO for payment/reimbursement for 1 year after the services are rendered- which may be well into 2025 after data is submitted. • Similarly, reimbursement claims submitted by beneficiaries are not required to be submitted for 1 year after the service is rendered. • Benefits paid for by reimbursing beneficiaries are not required to be submitted to the MAO for 12 months. This would cause incomplete data collection as well.	No changes. CMS plans to finalize Part C Reporting Requirements by December 2023. CMS recognizes that there may be some challenges in data collection and reporting. Nevertheless, CMS expects organizations to comply with all reporting requirements. In addition, we expect to iterate upon these requirements to continuously improve the quality of data submitted each year. We also remind MAOs that they must abide by CMS guidelines regarding prompt payment set forth in 42 CFR 422.520.
Medicare-Medicaid Plan (MMP) Benefits	1	One commenter requested clarification on how MMP supplemental benefits should be reported to the extent that these benefits are an extension of Medicaid coverage, and not Medicare coverage.	No changes. Benefits that fall outside

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			the Medicare Part C supplemental benefit categories that we have identified in our proposed Reporting Requirements and Technical Specifications should not be reported to CMS as part of these in the Reporting Requirements.
Compliance	2	Commenters requested that CMS recognize best efforts in data submission and not pursue compliance action against MAOs that do not report complete data.	No changes. CMS expects MAOs to comply with the Reporting Requirements. In considering appropriate compliance and enforcement actions for failure to timely or completely report, CMS may consider any challenges that MAOs encounter in submitting data for this new collection.
Release of Collected Data	1	One commenter requested CMS not release plan-specific information reported on supplemental benefits use and any benefit cost data. The commenter expressed concern about interpretations of the data given that plans may differently measure and report certain elements, and that the data may be interpreted in a manner that underestimates the value of a given supplemental benefit.	No changes. CMS believes that the public may benefit from the sharing of data collected and reported through these reporting

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			requirements. As we describe in the Supporting Statement, we proposed this collection in response to a growing interest in better understanding how MA rebate dollars are used to fund supplemental benefits, and the extent to which enrollees actually access and gain benefit from these offerings. CMS believes that implementing a comprehensive data collection on the utilization of supplemental benefits is necessary for improved oversight of the Medicare Part C program.
SNP HRA Care Management Element ID B	1	Commenter sought clarification regarding edits to SNP HRA Care Management reporting guidance. One commenter inquired about the specific removal of language pertaining to the reporting of the number of new SNP enrollees who were eligible to be counted under the SNP HRA reporting guidelines.	One technical change. CMS inadvertently removed the paragraph "The enrollee is a new enrollee who missed both the deadline to complete an initial HRA and the deadline to complete a reassessment HRA and is

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			enrolled for all 365 days of the measurement year." CMS has added the paragraph back into Element ID B as part of the final draft of the CY 2024 Part C Reporting Requirements Technical Specification manual.
SNP HRA Care Management Disenrollment	1	<u>Comment:</u> In the Medicare Part C Technical Specifications Document, CMS states the following with respect to a member's Health Risk Assessment (HRA): When a member enrolls, disenrolls, and re-enrolls, into any SNP under the same contract number, the previous HRA is still considered valid and can continue to be used as long as it is not more than 365 days old. Even if the member is re-enrolling into the same plan, the member would still not be counted more than once in any category. A member cannot be counted more than once in the same data element for the same plan in the same measurement year. The commenter seeks clarification on which HRA should be reported if an HRA was completed for both disenrollment and re-enrollment. Specifically, we request that CMS clarify that in the example scenario below (1) that the member should be reported with a 1/1 effective date; and (2) the HRA that would be reported is for the 2/1/2023 effective date since it would still be valid as of the date of re-enrollment on 6/1/2023.	No changes In the example provided, the member would be reported both as a new member and as a member eligible for reassessment based on the completed HRAs during the year. First, the SNP would report the member under Element IDs A and C based on the initial HRA that was completed on 2/1/2023. The SNP would then report the same individual under Element IDs B and F based on the reassessment HRA that was completed on 6/15/2023. The SNP has not violated our policy of reporting any individual twice under on element since the member was both a new and

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		Example Scenario: <table><tr><td>New Member:</td><td></td><td>Enrollment/Re-Enrollment Effective Date</td><td>Disenrollment Date</td><td>HRA</td></tr><tr><td></td><td>003</td><td>1/1/2023</td><td>4/30/2023</td><td>2/1/2023</td></tr><tr><td></td><td>003</td><td>6/1/2023</td><td>12/1/9999</td><td>6/15/2023</td></tr><tr><td>Report:</td><td>003</td><td>1/1/2023</td><td>12/1/9999</td><td>2/1/2023</td></tr></table>	New Member:		Enrollment/Re-Enrollment Effective Date	Disenrollment Date	HRA		003	1/1/2023	4/30/2023	2/1/2023		003	6/1/2023	12/1/9999	6/15/2023	Report:	003	1/1/2023	12/1/9999	2/1/2023	reassessment eligible member based on the HRAs completed. The SNP was not required to conduct a second HRA during MY 2023 on 6/15/2023 since they could have used the HRA from 2/1/2023, which was less than 365-days old. However, the circumstances of this particular example permit the plan to report both HRAs.
New Member:		Enrollment/Re-Enrollment Effective Date	Disenrollment Date	HRA																			
	003	1/1/2023	4/30/2023	2/1/2023																			
	003	6/1/2023	12/1/9999	6/15/2023																			
Report:	003	1/1/2023	12/1/9999	2/1/2023																			
SNP HRA Care Management Use of Previously Completed HRA	1	<u>Comment:</u> The commenter asks that for Data Element C (Number of Initial HRAs Performed on New Enrollees), CMS stated under Inclusions: For members who disenrolled from and reenrolled into the same plan, includes HRAs (initial or reassessment) performed during their previous enrollment if the HRAs are not more than 365 days old. For members who disenrolled from and reenrolled into the same plan, excludes any HRAs (initial or reassessment) performed during their previous enrollment unless the re-enrollment occurred the day after the disenrollment. The commenter poses four hypothetical scenarios for CMS's review and consideration related to Data Element C.	No changes In providing the new language under Element ID C, CMS was seeking to align technical guidance in the Part C Reporting Requirements Technical Specification manual with current language in the "Medicare Part C and Part D Reporting Requirements Data Validation Procedure Manual: Appendix B: Data Validation Standards." This language comes from a																				

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		First, for enrollees with a break in coverage, the commenter asks that CMS confirm whether the reporting should include both completed HRAs if they were performed within the past 365 days. For example, if an initial HRA that was completed on 12/15/2022, and an annual HRA that was completed 6/15/2023, we would like to confirm if both be included in Data Element C. Example 1 Scenario: <table><tr><th>New Enrollees:</th><th></th><th>Effective Date</th><th>Disenrollment Date</th><th>HRA</th><th>HRA_2</th></tr><tr><td></td><td>001</td><td>1/1/2023</td><td>4/30/2023</td><td>12/15/2022</td><td></td></tr><tr><td></td><td>001</td><td>6/1/2023</td><td>12/31/9999</td><td>6/15/2023</td><td></td></tr><tr><td>Report:</td><td>001</td><td>1/1/2023</td><td>12/31/9999</td><td>6/15/2023</td><td>12/15/2022</td></tr></table> Second, UHC asks CMS to confirm whether an enrollee in Scenario 1 should be reported as an annual enrollee with a 6/1/2023 HRA completion date. Example 2 Scenario: <table><tr><th>Annual Enrollee:</th><th></th><th>Effective Date</th><th>Disenrollment Date</th><th>HRA_1</th><th>HRA_2</th></tr><tr><td></td><td>003</td><td>1/1/2022</td><td>3/31/2023</td><td>2/15/2023</td><td></td></tr><tr><td></td><td>003</td><td>5/1/2023</td><td>12/1/9999</td><td>6/1/2023</td><td></td></tr></table>	New Enrollees:		Effective Date	Disenrollment Date	HRA	HRA_2		001	1/1/2023	4/30/2023	12/15/2022			001	6/1/2023	12/31/9999	6/15/2023		Report:	001	1/1/2023	12/31/9999	6/15/2023	12/15/2022	Annual Enrollee:		Effective Date	Disenrollment Date	HRA_1	HRA_2		003	1/1/2022	3/31/2023	2/15/2023			003	5/1/2023	12/1/9999	6/1/2023		table on page 12 of this document, numbered 8.b and 8.c. Based on this additional to the Technical Specification manual, we provide the following review of the examples provided by the commenter: For example one, the SNP completes two HRAs with a member who is enrolled at two separate points during Measurement Year 2023. The plan completes an initial HRA for the member that should be reported under Element ID C and the member under Element ID A. The member then disenrolls and then re-enrolls into the same plan. The SNP later completes an HRA with the same member on 6/15/2023. The plan should report this HRA as a reassessment under Element ID F and the member under Element ID B. As we note in the Technical Specification
New Enrollees:		Effective Date	Disenrollment Date	HRA	HRA_2																																								
	001	1/1/2023	4/30/2023	12/15/2022																																									
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		Report:	003	1/1/2022	12/1/9999	6/1/2023	2/15/2023	manual, "[f]or members who disenrolled from and reenrolled into the same plan, includes HRAs (initial or reassessment) performed during their previous enrollment if the HRAs are not more than 365 days old." For example two, CMS does not recognize a discernable difference between this example and the one posed in example one - with the exception of the dates of enrollment and HRA completion. The same standard would apply here as in example one with same guidance rationale. For example three, the plan did not complete an initial HRA during the first segment of the member's initial enrollment or a reassessment HRA, and thus, could not cite a previous reportable initial HRA when the member re-enrolled in
Third, UHC asks CMS to confirm whether the 7/1/2023 re-enrollment date is the only date that should be reported. Example 3 Scenario:								
Annual Enrollee:			Effective Date	Disenrollment Date	HRA_1			
		003	1/1/2022	3/31/2023				
		003	7/1/2023	12/1/9999	8/1/2023			
Report:		003	7/1/2023	12/1/9999	8/1/2023			
Fourth, UHC asks CMS to clarify whether the 5/1/2023 re-enrollment date should be the only reported date in this scenario because the previous HRA is greater than 365 days old. Example 4 Scenario:								
Annual Enrollee:			Effective Date	Disenrollment Date	HRA_1			
		003	1/1/2022	3/31/2023	2/1/2022			
		003	5/1/2023	12/1/9999	6/1/2023			
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		CMS's clarification on how the information from these scenarios should be reported will provide better and more uniform data reporting across MAOs.	Measurement Year 2023. In this case, the plan should report the member under Element ID B because the enrollee has been continuously enrolled for 365 days or more, starting from their initial enrollment date if no initial HRA had been performed, or from the date of their previous HRA. The SNP did complete an HRA with the member on 8/1/2023. The SNP should report the member once under Element ID A for the second segment and under Element ID C for the HRA completed on 8/1/2023. For example four, the commenter is correct in that the SNP may not use a previous HRA that is more than 365-days old. In this case, the plan should report the member under Element ID B because the enrollee has been continuously enrolled for 365 days or

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			more, starting from their initial enrollment date if no initial HRA had been performed, or from the date of their previous HRA. However, the plan should also report the enrollee as a new member under Element ID A for the second segment of the measurement year and under Element ID C for the HRA completed on 6/1/2023.