

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

Topic	Approx. commenter count	Summary of comments	Proposed Action, if any, and responses
<b>Timeline</b>	2	<p>One commenter recommended finalizing reporting requirements by December 2023.</p> <p>2 commenters noted there would be issues with submitting data in February of 2025 due to:</p> <ul style="list-style-type: none"> <li>• Lack of readiness of supplemental benefit vendors (often community-based organizations, non-profits, and/or small businesses) to collect and transmit data.</li> <li>• 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.</li> <li>• Similarly, reimbursement claims submitted by beneficiaries are not required to be submitted for 1 year after the service is rendered.</li> <li>• 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.</li> </ul>	<p><b>No changes.</b></p> <p>CMS plans to finalize Part C Reporting Requirements by December 2023.</p> <p>CMS recognizes that there may be some challenges in data collection and reporting.</p> <p>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.</p> <p>We also remind MAOs that they must abide by CMS guidelines regarding prompt payment set forth in 42 CFR 422.520.</p>
<b>Medicare-Medicaid Plan (MMP) Benefits</b>	1	<p>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.</p>	<p><b>No changes.</b></p> <p>Benefits that fall outside</p>

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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.
<b>Compliance</b>	<b>2</b>	Commenters requested that CMS recognize best efforts in data submission and not pursue compliance action against MAOs that do not report complete data.	<b>No changes.</b>  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.
<b>Release of Collected Data</b>	<b>1</b>	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.	<b>No changes.</b>  CMS believes that the public may benefit from the sharing of data collected and reported through these reporting

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			<p>requirements.</p> <p>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.</p>
<p><b>SNP HRA Care Management Element ID B</b></p>	<p><b>1</b></p>	<p>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.</p>	<p><b>One technical change.</b></p> <p>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</p>

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			<p>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.</p>
<p><b>SNP HRA Care Management Disenrollment</b></p>	<p><b>1</b></p>	<p><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):</p> <p style="padding-left: 40px;">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.</p> <p style="padding-left: 40px;">A member cannot be counted more than once in the same data element for the same plan in the same measurement year.</p> <p>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.</p>	<p><b>No changes</b></p> <p>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</p>

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		<p>Example Scenario:</p> <table border="1" data-bbox="674 315 1593 646"> <thead> <tr> <th data-bbox="674 315 835 448">New Member:</th> <th data-bbox="835 315 919 448"></th> <th data-bbox="919 315 1213 448">Enrollment/Re-Enrollment Effective Date</th> <th data-bbox="1213 315 1442 448">Disenrollment Date</th> <th data-bbox="1442 315 1593 448">HRA</th> </tr> </thead> <tbody> <tr> <td data-bbox="674 448 835 513"></td> <td data-bbox="835 448 919 513">003</td> <td data-bbox="919 448 1213 513">1/1/2023</td> <td data-bbox="1213 448 1442 513">4/30/2023</td> <td data-bbox="1442 448 1593 513">2/1/2023</td> </tr> <tr> <td data-bbox="674 513 835 578"></td> <td data-bbox="835 513 919 578">003</td> <td data-bbox="919 513 1213 578">6/1/2023</td> <td data-bbox="1213 513 1442 578">12/1/9999</td> <td data-bbox="1442 513 1593 578">6/15/2023</td> </tr> <tr> <td data-bbox="674 578 835 643"><b>Report:</b></td> <td data-bbox="835 578 919 643"><b>003</b></td> <td data-bbox="919 578 1213 643"><b>1/1/2023</b></td> <td data-bbox="1213 578 1442 643"><b>12/1/9999</b></td> <td data-bbox="1442 578 1593 643"><b>2/1/2023</b></td> </tr> </tbody> </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	<b>Report:</b>	<b>003</b>	<b>1/1/2023</b>	<b>12/1/9999</b>	<b>2/1/2023</b>	<p>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.</p>
New Member:		Enrollment/Re-Enrollment Effective Date	Disenrollment Date	HRA																			
	003	1/1/2023	4/30/2023	2/1/2023																			
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<p><b>SNP HRA Care Management Use of Previously Completed HRA</b></p>	<p><b>1</b></p>	<p><u>Comment:</u> The commenter asks that for Data Element C (Number of Initial HRAs Performed on New Enrollees), CMS stated under Inclusions:</p> <p style="padding-left: 40px;">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.</p> <p style="padding-left: 40px;">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.</p> <p>The commenter poses four hypothetical scenarios for CMS's review and consideration related to Data Element C.</p>	<p><b>No changes</b></p> <p>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</p>																				

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		<p>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.</p> <p>Example 1 Scenario:</p> <table border="1" data-bbox="674 597 1593 894"> <thead> <tr> <th data-bbox="674 597 835 695">New Enrollees:</th> <th data-bbox="835 597 905 695"></th> <th data-bbox="905 597 1045 695">Effective Date</th> <th data-bbox="1045 597 1262 695">Disenrollment Date</th> <th data-bbox="1262 597 1430 695">HRA</th> <th data-bbox="1430 597 1593 695">HRA_2</th> </tr> </thead> <tbody> <tr> <td data-bbox="674 695 835 760"></td> <td data-bbox="835 695 905 760">001</td> <td data-bbox="905 695 1045 760">1/1/2023</td> <td data-bbox="1045 695 1262 760">4/30/2023</td> <td data-bbox="1262 695 1430 760">12/15/2022</td> <td data-bbox="1430 695 1593 760"></td> </tr> <tr> <td data-bbox="674 760 835 829"></td> <td data-bbox="835 760 905 829">001</td> <td data-bbox="905 760 1045 829">6/1/2023</td> <td data-bbox="1045 760 1262 829">12/31/9999</td> <td data-bbox="1262 760 1430 829">6/15/2023</td> <td data-bbox="1430 760 1593 829"></td> </tr> <tr> <td data-bbox="674 829 835 894"><b>Report:</b></td> <td data-bbox="835 829 905 894"><b>001</b></td> <td data-bbox="905 829 1045 894"><b>1/1/2023</b></td> <td data-bbox="1045 829 1262 894"><b>12/31/9999</b></td> <td data-bbox="1262 829 1430 894"><b>6/15/2023</b></td> <td data-bbox="1430 829 1593 894"><b>12/15/2022</b></td> </tr> </tbody> </table> <p>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.</p> <p>Example 2 Scenario:</p> <table border="1" data-bbox="674 1138 1593 1404"> <thead> <tr> <th data-bbox="674 1138 835 1273">Annual Enrollee:</th> <th data-bbox="835 1138 905 1273"></th> <th data-bbox="905 1138 1045 1273">Effective Date</th> <th data-bbox="1045 1138 1262 1273">Disenrollment Date</th> <th data-bbox="1262 1138 1430 1273">HRA_1</th> <th data-bbox="1430 1138 1593 1273">HRA_2</th> </tr> </thead> <tbody> <tr> <td data-bbox="674 1273 835 1338"></td> <td data-bbox="835 1273 905 1338">003</td> <td data-bbox="905 1273 1045 1338">1/1/2022</td> <td data-bbox="1045 1273 1262 1338">3/31/2023</td> <td data-bbox="1262 1273 1430 1338">2/15/2023</td> <td data-bbox="1430 1273 1593 1338"></td> </tr> <tr> <td data-bbox="674 1338 835 1404"></td> <td data-bbox="835 1338 905 1404">003</td> <td data-bbox="905 1338 1045 1404">5/1/2023</td> <td data-bbox="1045 1338 1262 1404">12/1/9999</td> <td data-bbox="1262 1338 1430 1404">6/1/2023</td> <td data-bbox="1430 1338 1593 1404"></td> </tr> </tbody> </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		<b>Report:</b>	<b>001</b>	<b>1/1/2023</b>	<b>12/31/9999</b>	<b>6/15/2023</b>	<b>12/15/2022</b>	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		<p>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:</p> <p>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</p>
New Enrollees:		Effective Date	Disenrollment Date	HRA	HRA_2																																								
	001	1/1/2023	4/30/2023	12/15/2022																																									
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		<b>Report:</b>	<b>003</b>	<b>1/1/2022</b>	<b>12/1/9999</b>	<b>6/1/2023</b>	<b>2/15/2023</b>	<p>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."</p> <p>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.</p> <p>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</p>
<p>Third, UHC asks CMS to confirm whether the 7/1/2023 re-enrollment date is the only date that should be reported.</p>								
<p>Example 3 Scenario:</p>								
<b>Annual Enrollee:</b>		<b>Effective Date</b>	<b>Disenrollment Date</b>	<b>HRA_1</b>				
	003	1/1/2022	3/31/2023					
	003	7/1/2023	12/1/9999	8/1/2023				
<b>Report:</b>	<b>003</b>	<b>7/1/2023</b>	<b>12/1/9999</b>	<b>8/1/2023</b>				
<p>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.</p>								
<p>Example 4 Scenario:</p>								
<b>Annual Enrollee:</b>		<b>Effective Date</b>	<b>Disenrollment Date</b>	<b>HRA_1</b>				
	003	1/1/2022	3/31/2023	2/1/2022				
	003	5/1/2023	12/1/9999	6/1/2023				
<b>Report:</b>	<b>003</b>	<b>5/1/2023</b>	<b>12/1/9999</b>	<b>6/1/2023</b>				

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		<p>CMS's clarification on how the information from these scenarios should be reported will provide better and more uniform data reporting across MAOs.</p>	<p>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.</p> <p>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</p>



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			<p>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.</p>