

2021 Approved Document	2024 60-Day Document	Type of Change	Reason for Change	Burden Change
Part C Enrollment. Page 13, Data Element K. Of the total reported in A, the number of enrollment transactions submitted using the SEP Election Period Code "S" for individuals affected by a contract nonrenewal, plan termination, or service area reduction.	Deleted	Update	Consistent with HPMS system requirements. Data now collected through MARx.	None
Page 12 of the Part C Reporting Requirements currently states Note: Both Chapter 2 of the Medicare Managed Care Manual and Chapter 3 of the Medicare Prescription Drug Manual outline the enrollment and disenrollment periods (Section 30).	CMS provides guidance for MAOs and Part D sponsors' processing of enrollment and disenrollment requests. Both Chapter 2 of the Medicare Managed Care Manual and Chapter 3 of the Medicare Prescription Drug Manual outline the enrollment and disenrollment periods (Section 30) enrollment (Section 40) and disenrollment procedures (Section 50) for all Medicare health and prescription drug plans	Update	Consistent with Part C Technical Specifications.	None
None	Supplemental Benefits Reporting Section	New	New Part C Reporting Requirement	Increase
None	Supplemental Benefits Reporting Section - Element A - PBP Category	New	New Part C Reporting Requirement	Increase
None	Supplemental Benefits Reporting Section - Element B - Supplemental benefit name, if "Other" (13d, 13e, 13f, or 13i-O), or if name otherwise differs from values provided above.	New	New Part C Reporting Requirement	Increase
None	Supplemental Benefits Reporting Section - Element C - How is the supplemental benefit offered? (Mandatory (all enrollees eligible), Optional, Mandatory-UF (only enrollees eligible for Uniformity Flexibility), Mandatory-SSBCI (only enrollees eligible for SSBCI), not offered)	New	New Part C Reporting Requirement	Increase
None	Supplemental Benefits Reporting Section - Element D - The unit of utilization used by the plan when measuring utilization (e.g., admissions, visits, procedures, trips, purchases).	New	New Part C Reporting Requirement	Increase
None	Supplemental Benefits Reporting Section - Element E - The number of enrollees eligible for the benefit	New	New Part C Reporting Requirement	Increase
None	Supplemental Benefits Reporting Section - Element F - The number of enrollees who utilized the benefit at least once	New	New Part C Reporting Requirement	Increase
None	Supplemental Benefits Reporting Section - Element G - The total instances of utilizations among eligible enrollees	New	New Part C Reporting Requirement	Increase
None	Supplemental Benefits Reporting Section - Element H - The median number of utilizations among enrollees who utilized the benefit at least once	New	New Part C Reporting Requirement	Increase
None	Supplemental Benefits Reporting Section - Element I - The total amount spent by plan for enrollees who utilized the benefit	New	New Part C Reporting Requirement	Increase

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

None	Supplemental Benefits Reporting Section - Element J - The total out-of-pocket-cost per utilization for enrollees who utilized the benefit	New	New Part C Reporting Requirement	Increase
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2021 Approved Document	2024 30-Day Document	Type of Change	Reason for Change	Burden Change
Part C Enrollment. Page 13, Data Element K. Of the total reported in A, the number of enrollment transactions submitted using the SEP Election Period Code "S" for individuals affected by a contract nonrenewal, plan termination, or service area reduction.	Deleted	Update	Consistent with HPMS system requirements. Data now collected through MARx.	None
Page 12 of the Part C Reporting Requirements currently states Note: Both Chapter 2 of the Medicare Managed Care Manual and Chapter 3 of the Medicare Prescription Drug Manual outline the enrollment and disenrollment periods (Section 30).	CMS provides guidance for MAOs and Part D sponsors' processing of enrollment and disenrollment requests. Both Chapter 2 of the Medicare Managed Care Manual and Chapter 3 of the Medicare Prescription Drug Manual outline the enrollment and disenrollment periods (Section 30) enrollment (Section 40) and disenrollment procedures (Section 50) for all Medicare health and prescription drug plans	Update	Consistent with Part C Technical Specifications.	None
None	Supplemental Benefits Reporting Section	New	New Part C Reporting Requirement	Increase
None	Supplemental Benefits Reporting Section - Element A - PBP Category	New	New Part C Reporting Requirement	Increase
None	Supplemental Benefits Reporting Section - Element B - Supplemental benefit name, if "Other" (13d, 13e, 13f, or 13i-O), or if name otherwise differs from values provided above.	New	New Part C Reporting Requirement	Increase
None	Supplemental Benefits Reporting Section - Element C - How is the supplemental benefit offered? (Mandatory (all enrollees eligible), Optional, Mandatory-UF (only enrollees eligible for Uniformity Flexibility), Mandatory-SSBCI (only enrollees eligible for SSBCI), not offered)	New	New Part C Reporting Requirement	Increase
None	Supplemental Benefits Reporting Section - Element D - The unit of utilization used by the plan when measuring utilization (e.g., admissions, visits, procedures, trips, purchases).	New	New Part C Reporting Requirement	Increase
None	Supplemental Benefits Reporting Section - Element E - The number of enrollees eligible for the benefit	New	New Part C Reporting Requirement	Increase
None	Supplemental Benefits Reporting Section - Element F - The number of enrollees who utilized the benefit at least once	New	New Part C Reporting Requirement	Increase
None	Supplemental Benefits Reporting Section - Element G - The total instances of utilizations among eligible enrollees	New	New Part C Reporting Requirement	Increase
None	Supplemental Benefits Reporting Section - Element H - The median number of utilizations among enrollees who utilized the benefit at least once	New	New Part C Reporting Requirement	Increase
None	Supplemental Benefits Reporting Section - Element I - The total net amount incurred by plan to offer the benefit.	New	New Part C Reporting Requirement	Increase

None	Supplemental Benefits Reporting Section - Element J - The type of payment arrangement(s) the plan used to implement the benefit. The plan may use the categories CMS provides in the Payments to Providers section of the Part C Reporting Requirements. Alternatively, the plan may use other phrases or provide a brief	New	New Part C Reporting Requirement	Increase
None	Supplemental Benefits Reporting Section - Element K - How the plan accounts for the cost of the benefit, including how the plan determines and measures administrative costs, costs to deliver, and any other costs the plan captures.	New	New Part C Reporting Requirement	Increase
None	Supplemental Benefits Reporting Section - Element L - The total out-of-pocket-cost per utilization for enrollees who utilized the benefit	New	New Part C Reporting Requirement	Increase