

**To:** Jamie Wilson  
Office of Information and Regulatory Affairs (OIRA)  
Office of Management and Budget (OMB)

**From:** Deven Gosalia  
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Centers for Medicare and Medicaid Services (CMS)

**Date:** June 9, 2026

**Subject:** Non-Substantive Change Request – Collection of Encounter Data from MA Organizations, Section 1876 Cost HMOs/CMPs, MMPs, and PACE Organizations  
OMB No: 0938-1152; CMS-10340

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This memo requests approval of a non-substantive change to the approved information collection titled Collection of Encounter Data from MA Organizations, Section 1876 Cost HMOs/CMPs, MMPs, and PACE Organizations (OMB No: 0938-1152; CMS-10340)

## **BACKGROUND**

CMS collects encounter data for beneficiaries enrolled in MA organizations, section 1876 Cost Health Maintenance Organizations (HMOs)/Competitive Medical Plans (CMPs), Programs of All-inclusive Care for the Elderly (PACE) organizations, and MMPs. For PACE organizations and MMPs, encounter data serves essentially the same purposes as it does for the MA program (for Part C and Part D risk adjustment). To 1876 Cost Plans that offer Part D coverage, CMS makes risk adjusted, capitated monthly payments for Part D.

MA organizations, Part D organizations, 1876 Cost Plans, MMPs and PACE organizations must use a CMS approved Network Service Vendor to establish connectivity with the CMS secure network for operational purposes. Once connectivity is established, these entities must submit required documents to CMS's front-end contractor to obtain security access credentials. The forms used in this process are covered under this package.

Until 2024, the Encounter Data Processing System (EDPS) had been unable to accept dental encounters unless they were submitted on one of the two formats that have been used since the inception of encounter data collection: professional encounters (837P) and institutional encounters (837I). The previously approved package was revised to accept dental services in the industry-standard 837-D format. The currently approved package is being revised to enable MA Organizations to submit data on routine dental services to CMS in the industry standard dental claim format, 837D.

CMS has previously updated the PRA to add Submission Forms that allow MAOs to submit data in the 837-D format. This request is to remove one report from a form for new submitters. This report provided supplemental information for submitters during the initial submission phase for 837-D dental submissions. Information provided in this report is now being successfully

populated in other existing reports and this report is no longer needed. There is no additional burden for the MAOs to complete this form.

## **OVERVIEW OF REQUESTED CHANGES**

The Division of Encounter Data and Risk Adjustment Operations (DEDRAO) is requesting to make the following non-substantive edits to the currently approved information collection request. Please see the attached redline document for a visual illustration of the non-substantive edits to the Encounter Data Connect:Direct Form (CMS 10340; OMB Control No. 0938-1152). The following changes have no impact on the currently approved burden for this information collection. No data elements have been added or removed. The changes add text above the 'Dental Validation Report' informing new users that they should not request access to this report, which is no longer in production. The changes to this form do not result in program changes or require any burden adjustments.