

**Sections**

**CY 2025 Part C or Part D Reporting Requirements**

All Part C and Part D Reporting Sections	Separate reporting requirements documents for Part C and Part D
All Part C and Part D Reporting Sections	No Enrollment Contracts and Plans - Contracts or plans with no enrollees for all months within reporting period
All Part C and Part D Reporting Sections	Contracts with no enrollment must not report data for any reporting section. No enrollment signifies that the contract has no enrollees for all the months within the contract year
All Part C and Part D Reporting Sections	Reporting guidance for 800 series plans not specified
Enrollment and Disenrollment, Grievances	Separate reporting of identical data elements in HPMS for Part C and Part D Sponsors
Enrollment and Disenrollment	Medicare Advantage Organizations (MAOs) and Part D Sponsors submit different data elements
Employer Group Plan Sponsors, SNPs Care Management, D-SNP Enrollee Advisory Committee, D-SNP Transmission of Admission Notifications, and Medicare Prescription Payment Plan	No " No data to report" element
Part C: DSNP Enrollee Advisory Committee	Elements lettered A-E
Part D-Coverage Determinations/Redeterminations	Subsection 1d: "Formulary Exceptions"; Element K Subsection 2d: "Formulary Exception Redeterminations"; Element L Subsection 3:Element A: "The total number of reopened (revised) decisions, for any reason "; Element B1: Contract Number; Elements are
Part D Reopenings	numbered from B1-B11

Part D Reopenings	Subsection 3: Element K: Reopening disposition includes "Pending" Option
Part D Reopenings	Subsection 5: Element A: "Total Number of reopened(revised)decisions"; Elements are numbered from A-N
Part D Reopenings	Subsection 5: Element N: Reopening disposition includes "Pending" Option
Part C Reopenings	Subsection 3:Element A: "Total number of reopened (revised) decisions, for any reason"; Element B: Contract Number; Elements are numbered from A-N
Part C-Rewards and Incentives Program	Data elements A-H with question format
Part C- Supplemental Benefit Utilization and Costs	Elements A and B: Contract ID and PBP ID
Part C-Supplemental Benefit Utilization and Costs	Report all PBP Category Codes; "not offered" option available
Part C-Supplemental Benefit Utilization and Costs	Element D: Supplemental benefit name for "Other" PBP categories
Part C-Supplemental Benefit Utilization and Costs	Element M: Network type if "Other"
Part C-Supplemental Benefit Utilization and Costs	Element M: Free text field
Part C-Supplemental Benefit Utilization and Costs	No elements related to debit card or "flex card" usage
Part C-Supplemental Benefit Utilization and Costs	Elements lettered A-P
Part D- Medication Therapy Management Programs	Element R: Qualified Provider who performed the initial CMR.
Part D- Improving Drug Utilization Review Controls	Element BB: Overrides due to exemption

## CY 2027 Part C or Part D Reporting Requirements

## Type of Change

Combined single document for Part C and Part D reporting requirements  
No Enrollment Contracts- Contracts with no enrollees for all months within contract year

Update-Combined documentation

Update-Clarified definition

Same annual rule applies. Additionally, for quarterly reporting sections, contracts with no enrollment for all months in a quarter must not report for that quarter; for bi-annual reporting sections, contracts with no enrollment for all months in a bi-annual period must not report for that period.

Update-Clarification added

Clarified whether contracts should report data for their 800 series plans

Update- Clarified reporting instructions

Combined reporting in HPMS for MAOs and Part D Sponsors  
Data elements are now identical. Medicare Advantage Organizations (MAOs) will report 4 additional elements (1 Enrollment, 3 Disenrollment) for consistency with Part D sponsors.

Update- Combined HPMS reporting

New- Data elements added

Added " No data to report" element ID  
Data element descriptions were rephrased and renumbered. Element lettered A-H  
Subsection 1d: "Non-Formulary Drug Exceptions"; Element K description updated  
Subsection 2d: "Non-Formulary Drug Exception Redeterminations"; Element L description updated

New- Data element added

Update- Data Element descriptions

Update - Title and description

Element A and B1 removed; elements are relettered to A-K

Delete- Data Elements

Update- Relettered data elements

Removed " Pending" option as a Reopening disposition.

Element A removed; elements are relettered to A-M

Removed " Pending" option as a Reopening disposition.

Element A and B removed; elements are relettered to A-L

Data elements A-H rephrased as descriptive statements

Removed as data elements

Report only PBP Category Codes offered in submitted PBP; "not offered" option removed

Element D removed

Element D: Network type if "Other

Element L: Pick list with specific options

Element O: Debit Card or "flex card" usage

Elements lettered A-O

Element R description was updated.

New Element BB: Overrides or 7-day supply dispensed; previous BB becomes CC; all following elements relettered

Update- Response Options

Delete- Data Element

Update- Relettered data elements

Update- Response Options

Delete- Data Elements

Update- Relettered data elements

Update- Rephrased data elements description

Delete

Update

Delete-Data Element

Update- Element repositioned

Update- Format Change and element relettered

New data element added

Update-Relettered data elements

Update description

New - Data element; Update - Relettered data elements

Reason for Change	Burden Change
Streamline Reporting Requirements documents and remove duplicative information	No
Clarified contract-level reporting and standardize timeframe	No
Provide an explanation on the no enrollment contracts reporting	No
Improve clarity and ensure consistent reporting across contract types	No
Streamline reporting process	No
Standardize data collection and align Part C reporting with Part D requirements	Yes
Improve data quality and system validation	No
Provide clarification	No
Provide clarification	No
Streamline reporting and eliminate redundancy	No

Option is no longer needed	No
Streamline reporting and eliminate redundancy	No
Option is no longer needed	No
Streamline reporting and eliminate redundancy	No
Consistent with other reporting requirements elements	No
Align with other PBP-level sections	No
Streamline reporting to focus on benefits actually offered	No
Duplicative- This information is also found in the Plan Bid.	No
Improve logical flow	
Standardize responses	No
To align with provisions in the final CY2027 Part C and D rule which codified and clarified requirements for MAOs administering supplemental benefits through debit cards.	Yes
Improve logical flow	No
Provide clarification	No
Improve logical flow	No