



# MEDICAL MUTUAL OF OHIO®

Medical Mutual®  
2060 East Ninth Street  
Cleveland, Ohio 44115-1355

MedMutual.com



**To:** Centers for Medicare and Medicaid Services  
Submitted electronically via: federalregister.gov

**From:** Bae Hunt  
Medical Mutual of Ohio  
Bae.Hunt@medmutual.com

**Date:** November 5, 2020

**Subject:** Proposed Medicare Part C Reporting Requirements (CMS-10261 OMB control number 0938-1054)

Medical Mutual of Ohio (MMO) appreciates the opportunity to provide input to CMS regarding the proposed Medicare Part C Reporting Requirements. Our comments and questions are outlined below.

- **Employer Plan Group Sponsors (Page 21)**  
Data element F contains an incomplete sentence on page 21 of the Employer Plan Group Sponsors section. Please refer to the screenshot below.

<b>Data Element ID</b>	<b>Data Element Description</b>
A.	Employer Legal Name
B.	Employer DBA Name
C.	Employer Federal Tax ID
D.	Employer Address
E.	Type of Group Sponsor (employer, union, trustees of a fund)
F.	Organization Type (State Government, Local Government, Publicly Traded Organization, Privately Held Corporation, Non-
G.	Type of Contract (insured, ASO, other)
H.	Is this a calendar year plan? (Y (yes) or N (no))
I.	If data element H is "N", provide non-calendar year start date.
J.	Current/Anticipated Enrollment

Thank you for your consideration.

Respectfully,  
Bae Hunt  
Manager, Medicare Compliance  
Medical Mutual of Ohio