



July 26, 2021

Centers for Medicare & Medicaid Services, Health and Human Services (HHS)  
Attn: CMS-10185  
7500 Security Boulevard  
Baltimore, MD 21244

Submitted Electronically: [www.reginfo.gov/public/do/PRAMain](http://www.reginfo.gov/public/do/PRAMain)

**Re: Medicare Part D Reporting Requirements**

Dear Sir/Madam:

UnitedHealthcare (UHC) is pleased to respond to the Centers for Medicare & Medicaid Services, Health and Human Services (HHS) request for comments regarding the *Medicare Part D Reporting Requirements* published in the Federal Register on 6/24/2021.

UHC is dedicated to helping people live healthier lives and making the health system work better for everyone by simplifying the health care experience, meeting consumer health and wellness needs, and sustaining trusted relationships with care providers. In the United States, UnitedHealthcare offers the full spectrum of health benefit programs for individuals, employers, and Medicare and Medicaid beneficiaries, and contracts directly with more than 1.3 million physicians and care professionals, and 6,500 hospitals and other care facilities nationwide. The company also provides health benefits and delivers care to people through owned and operated health care facilities in South America.

We seek confirmation regarding how to populate the data for Elements H, I and J, (Section II. Medication Therapy Management Program) in the scenario below.

**Element H.** Date of MTM program enrollment.

**Element I.** Targeting criteria met. Required if met the specified targeting criteria per CMS – Part D requirements in § 423.153(d)(2). (Multiple chronic diseases/multiple Part D drugs/cost threshold; Drug management program at-risk beneficiary; Both; None).

**Element J.** Date met the specified targeting criteria per CMS – Part D requirements in § 423.153(d)(2). Required if met the specified targeting criteria per CMS – Part D requirements. (May be same as Date of MTM program enrollment).

**Scenario:**

Member meets MTM program targeting criteria on 1/5/22 based on having multiple chronic diseases/multiple Part D drugs/cost threshold. Later in the year, on 4/5/22, the member is identified

as a DMP-ARB. Given the member meets two reporting categories, please confirm the reporting for this member should be as follows:

- Element H = 1/5/22 (date member met MTM program criteria)
- Element I = "Both"
- Element J = 4/5/22 (date the member meets both MTM program and DMP-ARB criteria)

Thank you for your thoughtful consideration of our comments. Should you have any questions, please do not hesitate to contact me.

Sincerely,

*Amy Hunt Tjornhom*

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