

October 25, 2023

OMB Desk Officer

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

**RE: CMS-10261 (OMB No.: 0938-1054)**

AHIP appreciates the opportunity to provide comments on the notice under the Paperwork Reduction Act (PRA) concerning the “Part C Medicare Advantage Reporting Requirements” published by the Centers for Medicare & Medicaid Services (CMS) in the *Federal Register* (88 FR 65689). AHIP is the national association whose members provide health care coverage, services, and solutions to hundreds of millions of Americans every day. We are committed to making health care better and coverage more affordable and accessible for everyone.<sup>1</sup> Thank you for the opportunity to provide comments and feedback.

For this second comment opportunity, CMS requests feedback on the draft Part C reporting requirements, including the new reporting section focused on Medicare Advantage (MA) supplemental benefit offerings and related cost and utilization. We appreciate changes that CMS made to the draft supplemental benefits reporting section based on feedback that we provided during the first comment opportunity. We have additional recommendations for agency consideration as discussed below.

Timing for new reporting requirements. In the supplementary CMS response document related to the first comment opportunity that is posted on the Office of Management and Budget (OMB) [ICR Documents web page](#) (“response document”), CMS confirmed that the deadline for reporting supplemental benefits data for CY 2024 will be February 24, 2025. We appreciate CMS’ confirmation of the reporting deadline. Given this deadline, we recommend that CMS issue the final requirements by no later than December 2023, to help plans prepare for this new, significant reporting requirement.

Potential need for deadline extension. As we indicated in our previous comments, MA plans work with many vendor partners to provide a variety of supplemental benefits to their enrollees, including community-based organizations and small businesses that are not traditional healthcare providers. Many of them have limited experience in a complex regulatory environment and may not be equipped to report use and cost data to MA plans in a comprehensive or standardized way. Moreover, they could have resource and other challenges in developing necessary systems to operationalize the final supplemental benefit reporting requirements. As such, there is a significant risk that at least some supplemental benefits data for 2024 will not be uniform and will be difficult to aggregate. In its response document, CMS acknowledges comments it received during the first comment opportunity about the nature of this new, significant reporting

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<sup>1</sup> Visit [www.ahip.org](http://www.ahip.org) to learn how working together, we are Guiding Greater Health.

requirement. Additionally, CMS notes that it is still assessing how the agency would enforce compliance. Accordingly, for the first year of reporting, we continue to recommend that MA plans making good faith efforts to meet the new reporting requirement have the opportunity to request a deadline extension if they need more time to work with their vendor partners to produce and submit the required data.

Protection of sensitive data. CMS notes that it is still assessing the data the agency would release publicly based on this new reporting requirement for supplemental benefits. CMS also indicated that if it finalizes the data reporting element focused on benefit cost accounting, which is 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 for a benefit, the agency “would not release this data publicly.” We support CMS’ plans to not publicly release information for this reporting element but also urge CMS to ensure that it does not publicly disclose plan-specific information reported on supplemental benefits use and any benefit cost data. As noted above, there is a risk of non-standard reporting given the nature of some of these benefits and the vendors that deliver them. There is also a risk of misinterpreting data on these benefits, many of which are newly created and may be in early stages of development. Additionally, beneficiaries may have a menu of supplemental benefits options under any given plan; even if a particular benefit has lower use, it could still be of great value to those who, for example, need it to overcome barriers to accessing care. We also remain concerned that, if publicly disclosed, the plan-specific data being collected could result in the release of competitively sensitive information that could harm competition.

Other considerations. In its response document, CMS agreed to consider AHIP’s request for the agency to work with health plans to develop an automated reporting option for this type of data collection for future reporting years. We appreciate CMS’ consideration of our request related to future reporting years.

Thank you for the opportunity to comment on CMS’ proposed supplemental benefit data collection effort. Please contact me if additional information would be helpful or if you have questions about the issues raised in this letter. I can be reached at (202) 778-3256 or [mhamelburg@ahip.org](mailto:mhamelburg@ahip.org).

Sincerely,



Mark Hamelburg  
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