



April 2, 2024

Centers for Medicare & Medicaid Services
Office of Strategic Operations and Regulatory Affairs
Division of Regulations Development
Attention: CMS-10185 / OMB Control Number: 0938-0992
Room C4-26-05
7500 Security Boulevard
Baltimore, MD 21244-1850

Submitted Electronically: <http://www.regulations.gov>

RE: Medicare Part D Reporting Requirements

Dear Sir/Madam:

UnitedHealthcare (UHC) is pleased to respond to the Centers for Medicare and Medicaid Services' (CMS) request for comments regarding the Medicare Part D Reporting Requirements, dated February 2, 2024.

UHC offers a full range of health benefits, enabling affordable coverage, simplifying the health care experience and delivering access to high-quality care. UHC is the health benefits business of UnitedHealth Group, a health care and well-being company working to help build a modern, high-performing health system through improved access, affordability, outcomes and experiences. We are committed to a future where every person has access to high-quality, affordable health care and a modern, high-performing health system that reduces disparities, improves outcomes, and lessens the burden of disease.

VII. Medicare Prescription Payment Plan

CMS proposes to collect certain data elements to assess the performance of Part D sponsors with respect to the Medicare Prescription Payment Plan ("program"). UHC understands the importance of providing CMS with complete and accurate data to ensure CMS has appropriate oversight with respect to the program but asks that CMS clarify how it intends to use the two data elements related to the total uncollected balances and the total number of program participants with uncollected balances. Specifically, UHC is seeking clarification on whether CMS's intent in establishing the reporting period/deadline is to measure the total of uncollected program balances and impacted program participants for prescription drugs obtained from pharmacies for the entire plan year or whether its intent is only to measure through the end of the calendar year.

As CMS is aware, in the Medicare Prescription Payment Plan Final Part One Guidance, Part D Sponsors are required to provide program participants with a grace period of at least two months when a program participant has failed to pay the billed amount by the payment due date. This two-month grace period must also carry over into the next calendar year if non-payment occurs at the end of a prior calendar year. CMS is proposing a reporting period of January 1 – December 31 and a reporting deadline of the last Monday of February. Because

Part D sponsors will be sending December program bills in the following measurement year (mid-January), program balances for the month of December may be uncollected by the reporting deadline. In addition, due to the two-month grace period, some program balances for the months of October and November may also be uncollected by the February reporting deadline.

If CMS's intent is to measure the total of uncollected program balances and impacted program participants for prescription drugs obtained from pharmacies through the end of the full plan year, UHC recommends that CMS consider establishing a reporting deadline of May 1 or later, to account for program payments that are made after the end of the calendar year, but during the program grace period for the plan year.

Thank you for your thoughtful consideration of our comments. Please do not hesitate to contact us if you have any questions.

Sincerely,

A handwritten signature in black ink, appearing to read 'Jennifer Martin', with a horizontal line extending from the end of the signature.

Jennifer Martin
Director, Regulatory Affairs
UnitedHealthcare
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