

UNITEDHEALTH GROUP

9900 Bren Road East, MN000-T000,
Minnetonka, MN 55343

June 24, 2024

Administrator Chiquita Brooks-LaSure
Centers for Medicare & Medicaid Services
Department of Health and Human Services
P.O. Box 8013
Baltimore, MD 21244-8013

Submitted Electronically: www.reginfo.gov/public/do/PRAMain

Re: Medicare Part D Reporting Requirements

Dear Administrator Brooks-LaSure:

UnitedHealth Group (UHG) is pleased to respond to the Centers for Medicare & Medicaid Services (CMS) Request for Information for Medicare Part D Reporting Requirements, published in the Federal Register on May 24, 2024 (89 FR 45898).

UHG is a mission driven organization dedicated to helping people live healthier lives and helping make the health system work better for everyone through two distinct platforms—UnitedHealthcare, our health benefit business, and Optum, our health services business. We work with employers, providers, and governments to serve people and share a vision of value-based system of care that provides compassionate and equitable care. 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

As part of the Medicare Part D Reporting Requirements, CMS is proposing to collect certain data elements to assess the performance of Part D sponsors with respect to the Medicare Prescription Payment Plan ("program"). UHG understands the importance of providing CMS with complete and accurate data to ensure CMS has appropriate oversight with respect to the program.

Following the release of the Medicare Part D Reporting Requirements, it is standard practice for CMS to release the Medicare Part D Technical Specifications Document which describes the level of reporting, timeframes, deadlines, and specific data elements for each reporting section. UHG requests clarification on whether CMS will be including technical specifications for reporting on the new program and if so, whether Part D sponsors will be given an opportunity to comment on those requirements.

In the absence of a section on the program in the Part D Technical Specifications document, UHG seeks clarification related to Data Element A under the *Likely to Benefit Identification* section.

In the draft guidance, Data Element A is described as the total number of individuals identified as likely to benefit from the Medicare Prescription Payment Plan during the reporting period based on one or more of the following methods: prior plan year criteria; during the plan year criteria; POS criteria (unique beneficiaries, including those who did not elect to participate in the Medicare Prescription Payment Plan).

UHG requests clarification on whether the “total number of individuals” in Data Element A means unique enrollees, including enrollees who disenroll and reenroll into a different contract. As an example, should a member who opts-in to the program three times (opting-out twice) be counted as one opt-in or three opt-ins?

We also ask for clarification on whether it is CMS’s expectation that individuals who are identified as likely to benefit under more than one method (i.e., prior plan year criteria; during the plan year criteria; POS criteria) not be counted twice in the data element. Due to the likelihood that a significant number of members will, throughout the plan year, be included in several of the defined methods (e.g. determined to be likely to benefit prior to the plan year and not opt-in & be identified as likely to benefit at the POS during the plan year), is it CMS’s intention for the plans to differentiate and/or reconcile these counts back on a member-specific level or should these numbers just represent cumulative counts across methods regardless of some members being represented multiple times across various methods? Areas of possible duplication of counts include:

Likely to Benefit:

- A. Total Identified
- B. Prior to Plan Year
- C. During the Plan Year
- D. At POS
- E. Total Opt-Ins from Identified as Likely to Benefit

Election Request Processing:

- F. Medicare Prescription Payment Plan Election Requests
- G. Accepted Election Requests
- H. Election Requests Not Complete on Initial Receipt
- I. Election Requests Complete on Initial Receipt
- J. Election Requests Denied due to Not receiving Additional Information

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

Sincerely,

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

Jennifer Martin
Director, Regulatory Affairs
UnitedHealthcare
jennifer_j_martin@uhc.com / 763-283-4469