

**Kaiser Permanente Comments on  
Agency Information Collection Activities: Submission for OMB Review; Comment Request**

**Attention: Document Identifier/OMB Control Number: CMS-10185  
(OMB control number: 0938-0992)**

June 24, 2024

*Submitted electronically via regulations.gov*

Kaiser Permanente<sup>1</sup> appreciates the opportunity to provide comments on the Centers for Medicare & Medicaid Services' (CMS) intention to collect information from the public with respect to the Medicare Part D Reporting Requirements published in the *Federal Register* (89 FR 45898) on May 24, 2024 (Form CMS-10185, OMB control number: 0938-0992).

Kaiser Permanente offers the following recommendations and requests for clarification on the proposed data collection:

***Section VII. Medicare Prescription Payment Plan***

- **Election Request Processing elements (F-K).** We recommend that CMS more clearly define the parameters of each of these elements in the Part D Reporting Requirements Technical Specifications document, similar to what is defined in the current Technical Specification section on Enrollment/Disenrollment reporting.<sup>2</sup>
  - For example, we encourage CMS to clarify whether Elements F-K apply to Medicare Prescription Payment Plan requests received for both individual and group (800 series) Part D enrollments. The current Part D Enrollment/Disenrollment reporting requirements only apply to individual, not group, plan benefit packages.
- **Element F.** Element F is described as: “The total number of Medicare Prescription Payment Plan election requests received during the reporting period.” We recommend that CMS clarify how Part D plans should report Medicare Prescription Payment Plan election requests received during the reporting period when a beneficiary cancels the enrollment request prior to the effective date of the plan to which the payment plan was going to be applied.
  - For example, if a beneficiary enrolls in a Part D plan effective April 1, 2025 and opts into the Medicare Prescription Payment plan in March 2025 but subsequently cancels the plan taking effect April 1, 2025, we request clarification on whether the

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<sup>1</sup> Kaiser Permanente comprises Kaiser Foundation Health Plan, Inc., one of the nation's largest not-for-profit health plans, and its health plan subsidiaries outside California and Hawaii; the not-for-profit Kaiser Foundation Hospitals, which operates 40 hospitals and over 600 other clinical facilities; and the Permanente Medical Groups, self-governed physician group practices that exclusively contract with Kaiser Foundation Health Plan and its health plan subsidiaries to meet the health needs of Kaiser Permanente's members.

<sup>2</sup> See, for example, *Medicare Part D Reporting Requirements: Technical Specifications Document Contract Year 2024*, available online at: <https://www.cms.gov/files/document/cy2024-part-d-technical-specifications-02222024.pdf>

Medicare Prescription Payment Plan election request that was received in March should be excluded from Element F (as the Part D plan ultimately was canceled). Exclusion of these election requests would be consistent with the technical specifications for the Part D enrollment reporting requirements.

- **Element G.** We strongly recommend CMS revise this element to state (emphasis added): “Of the total reported in element F, the number of election requests that were complete at the time of initial receipt.” Without this additional clarifying language, the phrase “requests that were accepted during the reporting period” could create confusion by requiring the reporting of requests received at the end of December in one contract year but not processed and accepted until January of the following contract year.
  - For example, using the current description, a request received at the end of December 2025 but not processed until January 2026 would be included in Element F for CY 2025. However, since the request was not accepted until the following contract year, the request would not be included in Element G for CY 2025. In addition, the request would not be counted in CY 2026 since it was not captured within Element F for CY 2026 (as it was initially received in CY 2025). Revising the element description to state, “...requests that were complete at the time of initial receipt” would eliminate this possibility and be more consistent with the current Part D Enrollment reporting requirements (see Element B under the existing Part D Enrollment reporting requirements).
- **Elements I-K.** In the Technical Specifications document, we recommend CMS clarify that Elements I-K include requests initially received during the reporting period but that were subsequently completed or denied in the following contract year.
- **Element J.** We recommend that CMS revise the language describing Element J by replacing the phrase “enrollment request” with the phrase “election request”, consistent with CMS guidance that beneficiaries do not ‘enroll’ in the Medicare Prescription Payment Plan but rather ‘elect’ the program.

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Kaiser Permanente appreciates CMS’ consideration of these comments. Please contact Greg Berger at [gregory.b.berger@kp.org](mailto:gregory.b.berger@kp.org) if we may provide additional information or answer any questions.