



To whom it may concern,

Blue Cross Blue Shield of Michigan appreciates the opportunity to submit comments regarding CY2025 Part C Reporting Requirements proposals.

Below, we are providing feedback and requests for clarification regarding the Payments to Providers and Supplemental Benefits & Utilization reporting sections. We appreciate your review and consideration.

Payments to Providers Reporting Section

- Plan is seeking clarification regarding the phrase “or most recent 12 months.” Under this proposal, would the plan submit payments to providers made between January 1 and December 31 of the current plan year as it is done today or should the submission include payments made to providers across plan years to meet the “or most recent 12 months” requirement? For example, if a plan contracts with a provider in March 2024 and that provider is paid through January of 2025, should the plan include payments made to the contracted provider in their data submission in February 2025?
- Plan is seeking clarification regarding Category 1 Element B expectations as the we find the language unclear.
- Plan is seeking a definition of the term “legacy payment” in order to submit data effectively.

Supplemental Benefits & Utilization Reporting Section

- Data Element H states, “Plans should include all enrollees ever eligible for this benefit during the calendar year. This number should not be a ‘point-in time’ number but rather a unique count of all enrollees who were eligible for the benefit.” It is our opinion that this approach will result in skewed and misleading data submissions in addition to being administratively burdensome.
 - With the flexibility that EGWPs offer, it is not uncommon for beneficiaries to switch from one EGWP to another which will in turn impact their eligibility for a benefit.
 - Under the proposed approach, members who leave a plan and return later in the year would be counted twice. This may skew the data to appear significantly greater than an estimate in a point in time which would be a more accurate reflection of who is eligible for the benefit and the evaluation of who has utilized the benefits.

Thank you for your consideration of our requests and feedback.



Sincerely,

A handwritten signature in black ink, appearing to read "Kaitlin Stretch".

Kaitlin Stretch
Manager, Regulatory Oversight & Compliance
Blue Cross Blue Shield of Michigan