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January 22, 2025

Centers for Medicare & Medicaid Services
Division of Regulations Development
Attention: Document Identifier/OMB Control Number (#10319)
Room C4-26-05
7500 Security Boulevard
Baltimore, MD 21244-1850

Submitted electronically using www.reginfo.gov/public/do/PRAMain.

Re: Comment Opportunity: Medicare Part C Utilization Management Annual Data Submission and Audit Protocol (CMS-10913) | Federal Register notice (89 FR 73420)

Thank you for the opportunity to give feedback on the Medicare Part C Utilization Management Annual Data Submission and Audit Protocol.

UCare is an independent, non-profit health plan with a staff committed to serving our enrollees, our communities, our business partners, and our employees from a foundation built on the values of integrity, community, quality, flexibility, and respect.

General Comments

• We are concerned on the heavy reliance on manual work for pulling audit data. Sourcing and reporting data will be very time consuming, UCare estimates over 60 additional hours to complete annual data submission and several additional weeks to complete the audit requirements.

• UCare appreciates the clarification that this reporting will not be implemented until January 31, 2026.

• UCare appreciates the clarification that pre-audit collection instruments are due within 15 business days of receipt of the program audit engagement letter, and the UM supplemental questionnaire is due within five business days following receipt of the engagement letter.

Medicare Part C Utilization Management Annual Data Submission

• Although we appreciate the clarification that this will be implemented January 31, 2026, as well as the updates to the record layouts, we are concerned that this will still be a heavy burden for MAOs to populate within 15 days of the audit engagement notification.

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• How will CMS determine the targeted services each year? Will it change by MAO? Will it be individualized by MAO, by audit?

• CMS clarified that the term "service" encompasses all applicable services and items covered under Medicare Part C that may have applicable internal coverage criteria, as stated in the CMS List of Targeted Services Part B drugs that are included. Do these Part B drugs also include pharmacy benefit/pharmacy billed Part B items, for example diabetic items (Continuous Glucose Monitor, diabetic test supplies)?

• The Audit Protocol and Data Request includes Column L: Website Links -- "Provide a direct link or links to the webpage or webpages where all internal coverage criteria for this service can be found. At a minimum, the link(s) provided must allow CMS to easily navigate to the identified criteria. If there are multiple links, please provide all applicable links using a comma separated list. Enter NA if no internal coverage criteria has been adopted or used for the identified service." Will CMS accept links to sites that require a username and password to review the decision tool?

Medicare Part C Utilization Management Annual Data Submission and Standardized Formatting of Internal Criteria

•Column E of the Annual Submission document states: "Enter all US states and territories using the two-digit abbreviation from the United States Postal Service (USPS) where this specific internal coverage criteria policy or document is applicable. If the internal coverage criteria policy or document is applicable in multiple states and/or territories, enter all applicable state and territory two-digit abbreviations using a comma-separated list. Enter ALL if this specific internal coverage criteria policy or document applies in all US states and territories in which the MAO operates." Please confirm if a MAO is required to list states that an enrollee was in at the time they needed services (i.e., during travel) or if this is specific to the states we operate in.

•The Annual Submission document includes Column I: Website Link -- "Provide a direct link to the organization website where this specific internal coverage criteria policy or document can be found. At a minimum, the link provided must allow CMS to easily navigate to the identified criteria." Please clarify what a MAO would do if it used a decision support tool such as InterQual or a decision support tool that is owned by Milliman, that utilizes the criteria from the Medicare NCD/LCD ?

• We believe that the complexity of some of the UM policies/criteria will not easily paste/display within the audit universe. It also seems redundant because MAOs will already be required to supply the direct link to the criteria. It will also be challenging to populate full criteria in a coherent manner and in a way that presents clearly.

• UM policies and criteria are lengthy and complex. If the audit universe requires prior authorization full criteria but has a character limit, we are concerned about exceeding those defined limits. This would require significant manual review to ensure criteria fit within the limits of the relevant universe. We request that there are no character limits.

• Our policies often contain bulleted formatting, commas, apostrophes, etc. If characters such as these are not allowed, a significant manual review will be required to ensure their removal; therefore, we request that CMS permits special characters.

• Please confirm that either the Annual UM data submission is intended to capture services included in each MAO's prior authorization requirements or that it is intended to capture all items that we have received as a prior authorization request.

Thank you for considering our suggestions. Please contact us if you have questions: MedicareGRLeadership@ucare.org

Sincerely,

Medicare Team
Government Relations
UCare