



January 22, 2025

Centers for Medicare & Medicaid Services
Office of Strategic Operations and Regulatory Affairs
Division of Regulations Development
Attention: Document Identifier: CMS-10913
7500 Security Boulevard
Baltimore, Maryland 21244-1850

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

Re: Medicare Part C Utilization Management Annual Data Submission and Audit Protocol Data Request

Dear Sir/Madam:

UnitedHealthcare (UHC) is responding to the proposed information collection request entitled, Medicare Part C Utilization Management Annual Data Submission and Audit Protocol Data Request, published by the Centers for Medicare & Medicaid Services (CMS) in the Federal Register on December 23, 2024 (89 FR 104547).

UnitedHealthcare offers a full range of health benefits, enabling affordable coverage, simplifying the health care experience and delivering access to high-quality care. UnitedHealthcare 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.

General Comments

As we noted in our previous comment letter, the proposed Standardized Formatting of Internal Criteria Instructions for Compiling and Submitting Criteria are unduly burdensome since they require plans to put into tables a vast amount of content that they are already required to publish in their internal plan criteria. We believe producing extremely lengthy lists of unique services subject to prior authorization, concurrent and retrospective utilization management along with corresponding criteria is redundant in demonstrating a plan's adherence to Final Rule requirements given what is publicly available today. UHC does not believe that deconstructing and reproducing this vast amount of information in a different format will add value.

Additionally, the proposed information collection request fails to take into account already planned future efforts related to interoperability.

UHC recommends:

- CMS rely on existing annual Part C data submissions, publicly accessible internal plan criteria, and/or compliance assessments in plan program audits instead of requesting this new data set.
- If a new data set is required, the proposed January 31 timeframe needs to be extended to allow sufficient time to produce the previous calendar year's data.

While CMS made some changes to the collection and audit requirements, the requirements remain burdensome. UHC estimates that the time involved in deconstructing and then reproducing the collection information in a new format will far exceed CMS's estimate of 20 hours. UHC estimates the actual burden to be closer to 125 hours for non-delegated medical benefits as MAOs will be required to collect and reformat information from across the organization. Obtaining information regarding pharmacy benefits and from multiple delegated entities would add additional time to this estimate.

Publishing Information

CMS has requested comment on whether they should publish these annual data collections received from MA organizations as a way of assisting the public with navigating to an MA organization's internal coverage criteria. As we noted in our previous comment letter, the current version of our internal plan criteria is available to the general public online. Thus, a centralized repository of data would be unnecessary. Moreover, because MA organizations are continually revising internal coverage criteria and related documents as new evidence becomes available and as the Medicare Administrative Contractors (MACs) update their Local Coverage Decisions (LCDs), the annual data collections would be out of date as soon as they were published by CMS. Rather than assisting the public in navigating to the most current criteria, such a centralized repository could instead create confusion and frustration as the annual data would inevitably differ in some respects from each MA organization's most current internal criteria.

Technical Comments

If CMS proceeds with the proposed information collection, UHC recommends three modifications that would make the information more meaningful and/or less burdensome to collect.

UHC recommends:

- CMS allow links to policies instead of requiring detailed information in Column B of part 2 in the Internal Coverage Criteria tab in the Analysis of Internal Coverage Criteria spreadsheet. Internal coverage criteria may not be easily communicated in a paragraph format if they follow a decision tree. The information will be easier for CMS to understand in its original format.

- CMS further target the data request to more specific and meaningful questions. For example, Supplemental Audit Question 8 appears overbroad for a targeted audit. Questions related to First Tier, Downstream, and Related Entities (FDRs) should be tied to the FDRs involved in the services CMS has targeted for audit, not a general inquiry regarding all FDRs that perform functions for the organization.
- CMS allow the option to indicate that a criterion applies to “all FDRs” or “all FDRs excluding,” instead of requiring the selection of all entities utilizing the internal coverage criteria. This will save time with respect to column G of the UM Annual Submission.

Thank you for your consideration of our comments.

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
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