



## CCA RESPONSE TO THE AGENCY INFORMATION COLLECTION ACTIVITIES: PROPOSED COLLECTION; MEDICARE PART C UTILIZATION MANAGEMENT ANNUAL DATA SUBMISSION AND AUDIT PROTOCOL DATA REQUEST (CMS-1091)

January 22, 2025

Jeff Wu, Acting Administrator Centers for Medicare & Medicaid Services  
U.S. Department of Health and Human Services  
7500 Security Boulevard  
Baltimore, MD 21244  
Submitted via <https://www.regulations.gov/>

RE: Agency Information Collection Activities: Proposed Collection; Medicare Part C Utilization Management Annual Data Submission and Audit Protocol Data Request (89 FR 104547)

Acting Administrator Wu,

On behalf of Commonwealth Care Alliance (CCA), we appreciate this opportunity to comment on proposed changes to the Medicare Part C Utilization Management Annual Data Submission and Audit Protocol Data Request (published in the Federal Register at 89 FR 104547 on December 23, 2024).

Headquartered in Boston, CCA is a multi-state integrated care system influencing innovative models of complex care nationwide. CCA's model is consistently recognized as one of the best in the country at managing whole-person care across the continuum, including full integration of primary and acute care, behavioral health, long-term services and supports (LTSS), and services that address social needs. We advocate for equitable and cost-effective policies that lead to high-quality health care for individuals who need it most.

CCA was a founding plan in the 2004 launch of Senior Care Options (SCO), the first dual eligible demonstration in Massachusetts and the fourth dual eligible demonstration in the nation approved by the Centers for Medicare and Medicaid Services (CMS). Now operating under permanent authority as a Fully Integrated Dual Eligible Special Needs Plan (FIDE SNP), CCA serves more than 15,000 SCO enrollees.

CCA was a thought leader in the development and implementation of One Care, the first Medicare-Medicaid Plan (MMP) program implemented through the Financial Alignment Initiative demonstration and the only such program in the nation exclusively serving dual eligible



enrollees aged 21 to 64 at the time of enrollment. Today, CCA's One Care program serves nearly 30,000 enrollees.

CMS proposes that annual data submissions for all MAOs will be due to CMS by January 31 of each calendar year, with the first UM annual data submission due on January 31, 2026. The Supporting Statement further states that, beginning on January 1, 2026, MA Organizations selected for a UM audit will submit additional data to CMS, implying that audit notices will start as of January 1.

We respectfully request CMS modify the projected schedule. In early January, plan resources are focused on year-to-year transition activities. Waiting until plans have settled into the new year would allow them to focus more resources on reporting and audit activities. Also, this timeframe significantly overlaps with existing annual data reporting and validation requirements that are due starting the first Monday in February. Adding another reporting requirement only a few days before this milestone would challenge plans' bandwidth. We therefore recommend CMS move the UM data submission and audit notification timeframe to no earlier than March, after annual reporting requirements have been completed. This timeline would support MA Organizations in responding timely and accurately to CMS' requirements while minimizing unnecessary administrative burdens.

We thank you for your consideration of our response and look forward to continuing to work with CMS on these matters.

Sincerely,

A handwritten signature in blue ink, reading 'Nicole I. Waickman', with a stylized flourish at the end.

Nicole Waickman  
Director of Medicare Policy  
Commonwealth Care Alliance