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Humana

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William N. Parham, III
Director, Paperwork Reduction Staff
Office of Strategic Operations and Regulatory Affairs
Centers for Medicare and Medicaid Services
7500 Security Boulevard
Baltimore, Maryland 21244

RE: Medicare Part C Utilization Management Annual Data Submission and Audit Protocol Data Request (CMS-10913)

Dear Mr. Parham:

This letter is in response to the Centers for Medicare and Medicaid Services (CMS) agency information collection notice "Medicare Part C Utilization Management Annual Data Submission and Audit Protocol Data Request (CMS-10913)" as issued on December 23, 2024.

Humana Inc., headquartered in Louisville, Kentucky, is a leading health care company that offers a wide range of insurance products and health and wellness services that incorporate an integrated approach to lifelong well-being. Humana currently serves approximately 5.9 million beneficiaries enrolled in our Medicare Advantage (MA) plans and 2.9 million beneficiaries enrolled in our Medicare Part D Prescription Drug Plans (PDPs). As one of the nation's top contractors for MA, we are distinguished by our long-standing, comprehensive commitment to Medicare beneficiaries across the United States. These beneficiaries – a large proportion of whom depend upon the MA program as their safety net – receive integrated, coordinated, quality, and affordable care through our plans. Our perspective is further shaped by the comprehensive medical coverage we provide for Medicaid beneficiaries in nine states.

PRA Package

CMS made significant changes to several of the documents in the PRA package between the initial 60-day comment period and this 30-day comment period.

Humana Comment: While Humana appreciates CMS's efforts to be responsive to stakeholder comments by providing updates to the PRA documents, the agency made significant changes that plans need more time to consider and evaluate. The provided crosswalk of changes from the 60-day comment period to this 30-day comment period is 27 pages long, with more than 110 specific changes to the documents and newly added sections and requirements. As such, Humana recommends that CMS issue another PRA notice on the UM Audit Protocol Data Request to allow plans sufficient time to analyze the protocols and the changes made here to provide meaningful comments to inform this program moving forward.

CMS List of Targeted Services

CMS proposes a document to be used during audits listing the items and services to populate the requested universe in the Part C UM Audit Protocol and Data Request Document. The list of targeted services is proposed to be updated each calendar year and will be provided to the sponsoring organization with the CMS audit engagement letter. In the 30-day PRA package, CMS provides a definition of ‘services’ and provides examples of types of services include per the cited definition.

Humana Comment: While Humana appreciates CMS’s effort to provide more examples of the types of services included in the cited definition of “services,” the provided examples are still broad and do not provide plans with the needed clarity to assess existing documentation and adjust internal processes to meet the audit request.

42 CFR 400.202 defines “service” broadly and Humana was unable to identify other protocols or CMS guidance to inform how this list might be populated. Specifically, Humana is unable to assess whether existing internal documentation is aligned with CMS’s intention for the list of targeted services. For example, in Universe Table 1, CMS provides an example of a service pulled from the CMS List of Targeted Services that a plan would be required to include in a UM audit. The example used (in Column ID H) is “CT scan.” In Humana’s publicly available database of internal coverage policies, we have six different policies for CT scans and within those, there may be additional targeted criteria based on the individual’s diagnosis or type of CT scan. Humana recommends that CMS provide a full list of services in the CMS List of Targeted Services – not broad categories – to ensure plans are able to meet the audit requirements.

Additionally, Humana maintains information for requested protocol artifacts in alignment with how Humana groups services for purposes of developing our internal coverage policies. As such, if the services included in the CMS List of Targeted Services are categorized differently than Humana’s existing documentation for internal coverage policies, or if it is not clear how the “Name of Service” on the CMS list translates to services included in Humana’s internal coverage policies, additional clarification could be needed to ensure submissions for the audit are meeting the request. Significant variance could result in substantial changes to tracking and would be duplicative, unnecessary, and add administrative burden.

For example, Humana internal coverage policy 1007, Airway Clearance Devices, addresses a variety of medical treatments, diagnoses, supplies, devices, and equipment. Humana maintains the information for each of these “services” at the level of the policy and not at the level of each individual “service”.

To ensure clarity, minimize duplicative tracking, and facilitate the audit, Humana recommends that CMS populate the CMS List of Targeted Services in alignment with how plans populate other UM universes, such as Part C Organization Determinations, Appeals, and Grievances (ODAG) tables, where issue descriptions are populated at a higher level (e.g., SNF, DME types, service types, etc.), which would also be consistent with how we plan to populate the initial annual data request – Utilization Management Annual Submission Data Request.

Finally, Humana recommends that the proposed protocol stated in Universe Table 1 and the Supporting Documentation Submissions should include all services and items identified on the

“CMS List of Targeted Services,” which is provided to the Sponsoring organization with the CMS audit engagement letter.

Impact Analysis Table 1

Under Impact Analysis Table 1, directions note that “Timeframes may be expanded to include the entire calendar year if the service is rarely requested, or the organization is small. For purposes of this impact analysis, for data fields that mention reconsiderations, only enter information on Level 1 reconsiderations.”

Humana Comment: Humana understands that CMS may expand the timeframe to “include the entire calendar year if the service is rarely requested”; however, CMS should also consider the plan size for any subsequent data requests. For example, for a larger plan such as Humana with greater than 500,000 enrollees, the current Part C ODAG Program Audit Protocol and Data Request scope of universe request requires that plans “submit the 2-week period preceding, and including, the date of the audit engagement letter.” Given that plan population should be considered when factoring in the frequency of a coverage policy utilization, it is reasonable to expect consistency across CMS audit protocols in data collection scope when determining the overall impact of a coverage policy’s use or application in coverage decisions. Anything beyond would be an administrative burden and would not necessarily guarantee the results that CMS is looking to see for coverage policy utilization and associated impact on organization determinations.