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We appreciate the opportunity to comment on the proposed Service Level Data Collection outlined in CMS-10905 and the accompanying draft technical specifications.

While we support CMS's goals of transparency and accountability, we respectfully submit the following concerns regarding the significant operational burden these requirements would impose on plans like ours:

- **Excessive Data Granularity and Volume:** The proposed reporting requires submission of highly detailed, line-level data for each initial determination and appeal, including dozens of data elements such as diagnosis codes, provider NPIs, and decision rationales. This level of granularity, required quarterly at the contract/PBP level, represents a substantial increase in administrative workload and system complexity.
- **Operational Strain from Vendor Coordination:** As a plan that utilizes external vendors to administer certain Medicare services, the requirement to track and report vendor involvement in each decision adds a layer of reporting complexity. Coordinating data across multiple systems and ensuring consistency and accuracy in reporting will require significant health plan investment in infrastructure and oversight.
- **Rigid Timelines and Limited Flexibility:** The strict submission deadlines, limited resubmission windows, and prohibition on placeholder data create an extensive burden. Plans are expected to submit accurate data on the first attempt, with minimal allowance for corrections or extensions, which is particularly challenging given the volume and complexity of the data required.

We urge CMS to reconsider finalizing this proposed rule especially given that CMS monitors compliance at this level using its program audit protocols. If the proposed rule is finalized, we would strongly recommend that CMS consider phased implementation of these requirements and additional flexibility in submission timelines to reduce the burden on plans while still achieving the intended oversight objectives.

Thank you for your consideration.