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General Comment

Thank you for the opportunity to comment on the proposed 2016 Part C Medicare Advantage Reporting Requirements and Supporting Regulations. My organization's comments as follows:

#6 Organization Determinations and Reconsiderations
We strongly recommend that CMS exclude reopenings and the data elements related to reopenings (6.21 6.29) from the 2016 Part C Reporting requirements. Instead, we request that CMS first thoroughly review and reconsider the existing guidance to determine whether or not the reopening process should apply to managed care organizations. We also recommend that CMS engage in conversations with managed care organizations during this determination process to understand MAOs processes. It is our understanding that CMS will be issuing revised guidance on reopenings in Chapter 13 of the MMCM and we recommend CMS review and revise the guidance prior to requiring plans to report on it. We look forward to future information from CMS regarding reopenings.

#12 Plan Oversight of Agents
We request that CMS review the submission process for the New Enrollments data file as we believe the process and validation timeframe can be improved. The existing file validation timeframe can take up to a week which allows for a short amount of time to address any issues. We recommend the initial file validation process via GENTRAN/TIBCO be more real-time which is similar to the uploading file process in HPMS. If this is not systematically possible, then we

recommend CMS reduce the validation timeframe to up to 2 business days.

#15 Rewards and Incentives Program
We understand that CMS needs to collect Rewards and Incentives Program data to track MAOs offerings of such programs and how those programs are structured. However, we do not recommend that CMS include this new reporting section and related data elements as part of the 2016 Part C Reporting Requirements. The inclusion of this new reporting section for 2016 doesnt align with the approach CMS is taking for other reporting sections. Instead, CMS could capture Rewards and Incentive Program data in a different format outside of the Part C Reporting Requirements such as through online surveys or an online tool where plans could provide the requested information.

#16 Mid-Year Network Changes
We would like bring awareness to CMS that MAOs do not necessarily use the same approach to contracting with providers. Some plans contract at the clinic level whereas other plans contract at the individual physician/practitioner level and the proposed data elements do not account for differences in contracting approaches. Our organization contracts at the clinic level. A primary care physician (PCP) or a specialist may leave a clinic in our network, but that particular clinics contract does not necessarily terminate. Therefore, we may not have any responses for data elements 16.2 (How many PCP contracts were terminated?) and 16.6 (How many specialist contracts were terminated?) even though a physician leaves a clinic in our network because the contract may not be with the individual physician.

We request that CMS address MAOs differing approaches to provider contracting if considering adding this new reporting section to 2016 Part C Reporting. In addition, we request that CMS provide clarification that 1876 Cost plans are in fact excluded from this data collection.