

**TO: Office of Management and Budget**

**From: Jane Galvin, Managing Director, Regulatory Affairs**

**Blue Cross Blue Shield Association**

**RE: Draft 2017 CY Medicare Part D Plan Reporting Requirements and Supporting Regulations: Response to**

Federal Register Notice dated May 11, 2016 and titled “**Medicare Part D Reporting Requirements and Supporting Regulations**”

Area(s)	Data Element	Current Proposal	Observation	Issue	Recommendation/Comments
<b>Enrollment</b>	Enrollment: 1 P:	The total number of individuals included in the advance notification for seamless conversion enrollment for effective dates occurring within the reporting period.	This is a new reporting requirement CMS is proposing.	It appears as though this applies to pre-enrollment	We recommend that CMS clarifies that the instructions contained in section 1P under enrollment actually applies to pre-enrollment rather than enrollment. What is CMS’ intent?
	Enrollment: 1 Q	Of the total reported in A, the number of individuals whose Medicare eligibility is based on age.	This is a new reporting requirement CMS is proposing.	We are unclear about what CMS means by “whose Medicare eligibility is based on age”	We recommend that CMS be more specific about what is meant by “eligibility based on age” since some individuals that enroll in an HMO plan who may not be 65.
	Enrollment: 1 R	Of the total reported in A, the number of individuals whose Medicare eligibility is based on disability.	This is a new reporting requirement CMS is proposing.	We are unclear about which group of individuals these instructions relate to.	We recommend that CMS indicate specifically which group/category of individuals these instructions relate to since the plan may not be aware of their disability or status at the advance notification period or at enrollment.
	Enrollment: 1 S	Of the total reported in A, the number of enrollments submitted to CMS.	This is a new reporting requirement CMS is proposing.	We are unclear as to which category/categories of individuals these instructions relate to.	We recommend that CMS provide additional information around these instructions so that it is clear which category/categories of individuals these instructions relate to. Do they relate to actual

					members enrolled in both HMO and D-SNP?
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