Shannon Schuster
Director, Regulatory Affairs
Government Programs
UnitedHealthcare
3100 AMS Blvd
Green Bay, WI 54313
920-661-6217

To: Centers for Medicare and Medicaid Services
Submitted electronically via: www.regulations.gov

From: Shannon Schuster
UnitedHealthcare
UnitedHealth Group

Date: July 11, 2016

Re: *Part C Medicare Advantage Reporting Requirements and Supporting Regulations in 42 CFR 422.516(a)*

Attached are comments regarding CMS's request for information regarding Part C Medicare Advantage Reporting Requirements and Supporting Regulations in 42 CFR 422.516(a) (CMS–10261).

Part C Medicare Advantage Reporting Requirements and Supporting Regulations in 42 CFR 422.516(a) (CMS–10261)

Comments Submitted by
UnitedHealthcare
7/11/2016

UnitedHealthcare (United) is pleased to provide the Centers for Medicare & Medicaid Services (CMS) comments regarding the request for information for Part C Medicare Advantage Reporting Requirements and Supporting Regulations in 42 CFR 422.516(a).

Organization Determinations/Reconsiderations

United seeks clarity regarding the Data Elements for the Organization Determinations/ Reconsiderations Reporting Section, which are found in Table 1. Data element 6.32, "Reason(s) for reopening (Clerical Error, Other Error, New and Material Evidence, Fraud or Similar Fault, or Other)" has added "Other Error" and "Other" as potential data elements to be reported. We respectfully request that CMS provide further explanation as to the difference between "Other Error" and "Other", as well as examples of each. We also request that CMS provide examples of what should be included for data element 6.33, "Additional Information (Optional)."

Rewards and Incentives Programs

United has concerns regarding a discrepancy in data element 15.1 regarding the technical specifications and data file layout for this reporting section. The technical specifications indicate the need to answer "Yes" or "No." While the data file layout asks for the Rewards and Incentives Program to be entered, it does not ask for a "Yes" or "No" answer for Element 15.1. We are concerned that this may lead to problems with indicating whether or not a Rewards and Incentives Program is offered for a specific contract, as the file layout is inconsistent with the expected content requested. Based on the technical specifications, we believe that the Health Plan Management System (HPMS) needs to accept "Yes" or "No" responses in the data file layout (upload), as compared to the name of a Rewards and Incentives Program.

Mid-Year Network Changes

Per technical specifications, this section states that "This reporting section requires data entry into HPMS." We respectfully request that CMS update the technical specifications to note that the submission file can be uploaded into HPMS.

United understands that CMS expects Medicare Advantage organizations (MAOs) to do their best to prepare Part C Reporting data for submission based on the information provided in the most current version of the Technical Specifications. While MAOs make a good faith effort to provide accurate Mid-Year Network Changes data, organizations may not have their termination data currently separated by terminations with cause and no cause, or MAO-initiated versus provider-initiated, as those limitations are defined in this context. Therefore, we recommend that CMS require MAOs to report all terminations for the proposed providers types (PCPs, 7 types of specialties and 2 types of facilities) without regard to whether the terminations are MAO-

initiated, provider-initiated, or mutually agreed to by the MAO and provider and without regard to whether the terminations are with or without cause.

Expanding the reporting to include all mid-year terminations furthers CMS' purpose for the reporting, which is to ensure adequate access to care for enrollees and to better understand how many enrollees are impacted by mid-year network changes. Impact to enrollees and to access to care is the same regardless of whether a provider termination is initiated by an MAO or by a provider, or is without cause versus with cause.

In addition, reporting all terminations will be less burdensome from an MAO administrative perspective. Since this is a new reporting requirement, MAO operational areas that process terminations and have responsibility for reporting this information may not currently have a mechanism to systematically distinguish MAO-initiated terminations from provider-initiated or mutual terminations, or no-cause terminations from with-cause terminations.

Finally, this change would ensure greater consistency and would level the playing field among all MAOs since it does not permit different interpretations on what "initiated by the MAO" and "no cause" means.

In the event that CMS does not make changes to the current Mid-Year Network Changes Part C reporting requirements, we ask that CMS confirm that its expectation for the first year of reporting is that MAOs make a reasonable, good-faith effort to provide the data at the level of detail requested by CMS, as MAOs continue to work towards building this new reporting capability.

Appendix 1: FAQs: Reporting Sections 5 & 6

United believes that additional clarity is needed regarding the timeframe for the reporting of payments. The February 2017 deadline does not allow enough time for the reporting of all payments to providers for the Calendar Year 2016 period. As a result, we recommend, in cases when the actual payment is issued after the submission due date, that CMS allow for allocated spending to be reported in its place.

If you have any questions on these comments, please feel free to contact me at 920-661-6217 or at shannon_s_schuster@uhc.com.

Respectfully,

Shannon S. Schuster

Shannon Schuster
Director, Regulatory Affairs
UnitedHealthcare