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To: Centers for Medicare and Medicaid Services
Submitted electronically via: OIRA_submission@omb.eop.gov

From: Shannon Schuster
UnitedHealthcare
UnitedHealth Group

Date: October 12, 2016

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

Attached are comments regarding the Part C Medicare Advantage Reporting Requirements (CMS-10261).

Part C Medicare Advantage Reporting Requirements

Comments Submitted by UnitedHealthcare 10/12/16

UnitedHealthcare (United) is pleased to provide the Centers for Medicare & Medicaid Services (CMS) comments regarding the Part C Medicare Advantage Reporting Requirements.

Organization Determinations/Reconsiderations

Reason(s) for Reopening (Clerical Error, Other Error, New and Material Evidence, Fraud or Similar Fault, or Other)

United has some questions regarding the listing of both "Other Error" and "Other" as reopening reasons. We respectfully request that CMS clarify whether "Other Error" is a new and distinct reason code from "Other" as well as describe how each should be used. Additionally, we ask that CMS clarify what numeric value it will be assigned.

Additional Information (Optional)

United is unclear of what CMS is looking for regarding "Additional Information." We ask that CMS better define "Additional Information" and provide examples of what should be included.

Mid-Year Network Changes

United appreciates CMS's modification of the Mid-Year Network Changes reporting requirement to encompass additional types of mid-year network changes that might impact affected enrollees, including for-cause and no-cause terminations, as well as both Medicare Advantage Organization (MAO)-initiated and provider-initiated terminations. This modification will support CMS's purpose for this reporting requirement, ensure greater consistency across all MAOs, and will be less administratively burdensome for MAOs.

United seeks clarification regarding "network change protocol." When describing CMS's efforts to increase oversight and management of MAOs' network changes, CMS refers to its MA "network change protocol" and how the reported data will enhance CMS's ability to improve the protocol. We respectfully request that CMS expand on what it means by its MA "network change" protocol.

We also respectfully request that CMS remove footnote 3 on page 33 from the technical specification for Measure 16. Footnote 3 introduces a new concept of "disruption in the ability of enrollees to see the provider(s)." This concept appears to be distinct from the term "affected enrollees" that CMS has defined in the measure's technical specifications and has been included in several of the data elements (16.42 to 16.52) which MAOs are required to report to CMS. We believe this additional concept of "disruption in the ability of enrollees to see the provider(s)" is not necessary. Reporting on "affected enrollees," using the clear definition of that term that CMS has provided, helps ensure that all reporting MAOs construe the technical specification consistently and, therefore, submit more accurate data. For these reasons, we request that CMS preserve "affected enrollees" as the measure of reporting enrollees who are impacted by

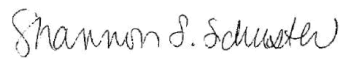
terminations of MAO and provider contracts and delete footnote 3 from the technical specification.

Payments to Providers

United is unsure whether CMS is asking us to report payments by incurred period or some other timeframe. For example, it is not clear if capitation reporting should be for a capitation that is paid in total. Payments to providers for the reporting period CY2016 would not include all payments by the time of reporting of February 2017. As a result, we recommend reporting allocated spending when the actual payment (amount) is unavailable due to it being issued after the report submission due date.

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

Respectfully,



Shannon Schuster
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UnitedHealthcare