

# PUBLIC SUBMISSION

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(CMS-10261) Part C Medicare Advantage Reporting Requirements and Supporting Regulations

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## General Comment

We are concerned that CMS removed substantial explanatory language and detail from the specifications for the SNP Care Management measure. Plans depend on that detailed guidance to develop business/reporting rules, and omitting the inclusions, exclusions and notes will leave many aspects of the reporting logic to interpretation. This undoubtedly will lead to inconsistency from plan to plan, which is concerning given that the data for this reporting element feeds a star measure. In our experience, the complexity of this measure necessitates clear and detailed guidance to ensure various scenarios are appropriately accounted for when programming reporting logic. Examples of scenarios that CMS needs to ensure are addressed include assessments completed prior to enrollment in the plan, how to count members who have multiple assessments in the reporting period, members who disenroll and reenroll within the reporting period, members with either 90 or 365 day assessment intervals that cover multiple reporting periods, and the parameters for determining when members are counted as eligible for a re-assessment (including how to capture members who may have received a first time assessment in the reporting period). Without the explanatory language, plans will not have adequate guidance to develop the reporting rules and programming to ensure the elements are accurately reported. If CMS intends to offer supplemental guidance and/or house the detailed information in a separate document, it is critical that this information is disseminated to plans early in the reporting year to allow sufficient time to develop reporting mechanisms that are consistent with CMS expectations.