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TO: All Medicare Advantage Organizations and 1876 Cost Plans

FROM: Cynthia G. Tudor, Ph.D., Director, Medicare Drug Benefit and C & D Data Group

SUBJECT: Medicare Part C Reporting Requirement: Benefit Utilization Measure

DATE: August 30, 2010

This memo regards information announced during the Part C&D user call on August 25, 2010. Plans reporting the Benefit Utilization Measure as part of their Part C plan reporting requirements are now expected to submit this report by September 10, 2010. We have extended the due date for this report because of file format issues brought to our attention through the Part C Plan reporting mailbox.

Plans should be aware of the following:

- Uploading of the Benefit Measure report is now temporarily suspended.
- The suspension will end on or before September 3, 2010.
- You will be notified by HPMS memorandum when the suspension ends.
- Reporters---including those that have already submitted their BU file--are requested to use the new file format that will be made available via HPMS.
- Benefit Measure reporters are asked to submit reports no later than 11:59pm Pacific Daylight Time, September 10, 2010.
- Once available the new template may be accessed by logging into HPMS selecting Quality and Performance > Plan Reporting > CY 2009 > Download File Templates then selecting the “click here” link under BENEFIT UTILIZATION FILE.
- Tot\_num\_member\_months\_enrollees (Col GM) and Tot\_total\_Utilizers (Col GN) will no longer be validated. Reporters may enter (‘0’) zeroes if desired, in these fields.

Finally, for those columns requesting data regarding “**member months** for enrollees,” will now ask for “**Number of Enrollees, only**.” The current titles of the columns referenced above are:

IF\_num\_member\_months\_enrollees (Col C), SNF\_num\_member\_months\_enrollees (Col O), HH\_num\_member\_months\_enrollees (Col AA), AMB\_num\_member\_months\_enrollees (Col AM), DME\_num\_member\_months\_enrollees (Col AY), OPEM\_num\_member\_months\_enrollees (Col BK), OPSUR\_num\_member\_months\_enrollees (Col BW), OPOTH\_num\_member\_months\_enrollees (Col CI), PRO\_num\_member\_months\_enrollees (Col CU), PB\_num\_member\_months\_enrollees (Col DG), OPB\_num\_member\_months\_enrollees (Col DS), TRN\_num\_member\_months\_enrollees (Col EE), DENT\_num\_member\_months\_enrollees (Col EO), VIS\_num\_member\_months\_enrollees (Col EY), HEAR\_num\_member\_months\_enrollees (Col FI), ED\_num\_member\_months\_enrollees (Col FS), OTH\_num\_member\_months\_enrollees (Col GC), TOT\_num\_member\_months\_enrollees (Col GM)

CMS asks that reporters now perform calculation for the number of enrollees in these columns. These changes will be reflected in the new column headings. Filers who have previously reported, are

requested to re-enter this information on the new template using, ‘Number of Enrollees,’ in their calculations.

**Exception:** CMS requests that plans do report PLAN\_member\_months (Col GX) “Plan Member Months.” The field has now been expanded to eight (8) spaces.

Also Note: The Technical Specifications for the Part C Reporting Requirements in Appendix #2 state:

**Column H – Total Member Cost Sharing:** Enter the total cost sharing paid by members directly to providers for services used during the period. Attach a brief narrative explaining your approach for deriving this information.

**Column J – Total Medicare Covered (Allowed Cost):** Enter the total payments made to providers for services covered under original Medicare. Note – the amount entered in this column is a subset of column I; that is, the portion of Allowed Costs that would be covered services under original Medicare. Further note that the amounts in this column for Rows L through Q can only be \$0 since those service type categories are by definition not covered by original Medicare. Attach a brief narrative explaining your approach for deriving this information.

**Column L – Medicare Actuarial Equivalent (Cost Sharing):** Enter the cost sharing that would be required for covered services using original Medicare requirements. This amount can be estimated using the actuarial equivalent factors published in the 2010 bid pricing tool. Note that the amounts in this column for Rows L through Q can only be \$0 since those service type categories are by definition not covered by original Medicare. Attach a brief narrative explaining your approach for deriving this information.

Please send the attachments to the mailbox with “BU ATTACHMENTS” in the subject line to:  
[PartCplanreporting@cms.hhs.gov](mailto:PartCplanreporting@cms.hhs.gov).

Also, if you have any questions concerning this memorandum, please send them to the  
[PartCplanreporting@cms.hhs.gov](mailto:PartCplanreporting@cms.hhs.gov).