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CENTER FOR MEDICARE

DATE: November 26, 2025

TO: All Current and Prospective Medicare Advantage Organizations

FROM: John A. Scott
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SUBJECT: Instructions for the 2026 Medicare Part C Utilization Management Annual Data Submission

On September 30, 2025, the Centers for Medicare and Medicaid Services (CMS) issued a Health Plan Management System (HPMS) memorandum announcing the publication of the finalized data collection Medicare Part C Utilization Management Annual Data Submission (CMS-10913, OMB 0938-1488) and CMS's plan to provide Medicare Advantage Organizations (MAOs) with technical guidance on the utilization management (UM) annual data submission process. In follow-up to that memorandum, CMS announces the launch of the HPMS UM Module (UMM) where MAOs must submit their UM annual data. Additionally, this memorandum provides some preliminary technical guidance on the data submission process.

Submitting Data in the Utilization Management Module

The UMM is available and ready to accept MAOs' 2026 UM annual data submissions. While the requested data is not due to CMS until **April 30, 2026**, MAOs may submit their data at any point prior to that date.

UMM Access

CMS has already arranged access to the UMM for MAOs' current HPMS account holders (plan users). All plan users will be able to view and upload data, as well as download reports in the UMM on behalf of their assigned organization. Plan users can access the UMM by logging into https://hpms.cms.gov and selecting the menu option "Monitoring" and submenu option "Utilization Management" from the HPMS homepage. If your organization has questions about its UMM access, contact HPMSaccess@cms.hhs.gov.

UMM Menu Navigation & Technical Guidance

Plan users can access UMM technical guidance through the module. After opening the UMM, plan users will automatically land on the UM Dashboard. From the dashboard, plan users should first select the Documentation option from the lefthand menu to download and review important technical information about the UM annual data submission process. UMM documentation includes:

Utilization Management User Guide for Plans (Annual Submission)

- Guidance that navigates plan users through UMM access, the Dashboard, Documentation, Annual Submission, and Reports menu options with step-by-step instructions and descriptions that address data upload, errors, reporting, validation, and re-submission processes in the UMM with screenshots.

Annual Submission Guide

- Instructions on how to appropriately format your organization's data for submission to the UMM. This document includes the record layout from the Medicare Part C Utilization Management Annual Data Submission protocol.

Annual Submission Sample Data File

- An example of a complete and properly formatted Utilization Management Annual Submission (UMAS) universe.

UM Annual Data Submission Guidance

CMS has received several technical questions about this collection and has put together the following tips to ensure MAO success when submitting this collection:

- MAOs must submit their 2026 UM annual data to the HPMS UMM in the format specified in the Medicare Part C Utilization Management Annual Data Submission protocol UMAS Record Layout.
- Each active MA contract **must** be associated with a single file.
  - MAOs may submit a single file for all available contracts or the MAO may submit multiple files for different contracts so long as each contract is associated with a submission upload by the date of April 30, 2026.
- The MAO may upload/overwrite files submissions as many times as needed prior to April 30, 2026. If an MAO discovers the originally submitted data is incomplete or inaccurate, the MAO may upload a new file without penalty prior to the due date.
- The UM annual data submission reporting period corresponds to the calendar year of the due date. For example, MAOs would provide 2026 data for the UM annual data submission due April 30, 2026. This means that MAOs or contracts non-renewing for 2026 would not be part of the 2026 UM annual data submission.
- The UM annual data submission covers all internal coverage criteria (ICC) for Medicare Part C services, including Medicare Part B drugs, that **require prior authorization** by the MAO, its contracts, and its First Tier, Downstream, and Related Entities (FDRs). The data submission would not include ICC data for other review types, such as concurrent reviews or payment reviews.
- This data collection does not require a review of previous claims or request data; instead, it should be populated based on the ICC approved for use by the UM committee for the 2026 calendar year.
  - When considering what data to submit, MAOs should first identify the list of services that require prior authorization for 2026 and then determine what ICC is

applicable to those services.

- o Reported ICC includes criteria developed directly by the MAO or an FDR, and criteria developed by third-party vendors such as InterQual, MCG and EviCore.
- Do not include any coverage criteria related to supplemental benefits.

Additional Resources

If your organization has additional questions related to the UM annual data submission or UMM, contact CMS_PartC_UM_Audits@cms.hhs.gov. CMS may provide future training on the UMM depending on the questions CMS receives after MAOs have had an opportunity to access the UMM, review UMM documentation, and ask any clarifying questions.

MAOs can access the Medicare Part C Utilization Management Annual Data Submission protocol at https://www.cms.gov/medicare/audits-compliance/part-c-part-d-compliance-audits/part-c-utilization-management-um-annual-data-submission.