



CENTER FOR MEDICARE

TO: All Part C and D Sponsors, excluding PACE organizations

FROM: Amy K. Larrick, Acting Director
Medicare Drug Benefit and C & D Data Group

Kathryn A. Coleman, Acting Director
Medicare Drug & Health Plan Contract Administration Group

SUBJECT: Release of CMS First Public Use File (PUF) of Part C and D Reporting
Requirements Data

DATE: August 1, 2014

The purpose of this memo is to announce the release of the first public use file (PUF) containing CY2012¹ Part C and D Reporting Requirements data on July 31, 2014, and to provide a summary of CMS' responses to public comments about the release of the PUF. The PUF will be posted on the CMS website at: <http://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovContra/PartCDDDataValidation.html>.

In an earlier memo released on April 28, 2014 entitled "CMS First Public Use File (PUF) of Plan-Reported Data," CMS provided a comment period for stakeholders to voice support, share concerns, and make recommendations for the proposed release of this PUF. These data have been reported to CMS since 2006 and undergone independent validation since 2011. While the data have been primarily used for monitoring, the Agency has been encouraged to expand the availability of these data in support of transparency in the government. The Office of Inspector General (OIG) recommended CMS release plan-reported data collected via the Part C and D Reporting Requirements to increase accountability in the Medicare Program. CMS has already received Freedom of Information Act (FOIA) requests for plan-reported data.

Many comments supported the release of the PUF. We also received a few general assertions of competitive harm and broad designations as reasons for not supporting its release under the FOIA. Generalized conclusions of competitive harm are not a sufficient basis for CMS to exclude plan-reported data. Broad designations are also an insufficient cause for CMS to exclude certain data, as, by law, we must disclose any reasonably segregable data that contains non-exempt information. Commenters also requested CMS clarify to PUF users the appropriate use of these data, and provide technical specifications. After consideration for the comments

¹ The PUF will contain CY2011 SNP Care Management data.

received, CMS believes there are minimal implications or detrimental harm to stakeholders. We also continue to believe the availability of these data for the general public, researchers and academic institutions, health care organizations, and government agencies will increase the accountability of plan sponsors and help improve the quality of the care and services provided to Medicare beneficiaries. Therefore, CMS will release the PUF as originally proposed, and has taken steps to address the requests for clear instructions and technical specifications for PUF users.

CMS will release plan-reported data for the following CY2012 reporting sections:

- Enrollment and Disenrollment (Part C and Part D)
- Grievances (Part C and Part D)
- Special Needs Plans (SNPs) Care Management (Part C), from CY2011, not CY2012.
- Coverage Determinations and Exceptions (Part D)
- Organization Determinations/Reconsiderations (Part C)
- Long-Term Care (LTC) Utilization (Part D), excluding pharmacy identifiable information. LTC pharmacy data will be aggregated.
- Medication Therapy Management (MTM) Programs (Part D), excluding beneficiary identifiable information.
- Redeterminations (Part D)

Please refer to Attachment A for technical specifications such as reporting frequency and schedule, inclusions/exclusions, and other information that is important for accurate interpretation of the data elements. These technical specifications will also be available along with the Part C and Part D Reporting Requirements Data PUF on CMS' website listed above.

Questions relating to the plan-reported PUF should be directed to the following mailboxes:

- Part C reporting sections: Partcplanreporting@cms.hhs.gov
- Part D reporting sections: partd-planreporting@cms.hhs.gov

Thank you for your continued support of the Medicare Program.