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DATE: September 30, 2025

TO: All Current and Prospective Medicare Advantage Organizations

FROM: John A. Scott
Director, Medicare Parts C and D Oversight and Enforcement Group

SUBJECT: Finalized Medicare Part C Utilization Management Annual Data Submission

The Centers for Medicare and Medicaid Services (CMS) is announcing the publication of the finalized data collection Medicare Part C Utilization Management Annual Data Submission (CMS-10913, OMB 0938-1488), formerly the Medicare Part C Utilization Management Annual Data Submission and Audit Protocol Data Request (CMS-10913, OMB 0938-New). This memorandum will provide some information on the tools that CMS did not finalize as a part of this data collection, as well as instructions to Medicare Advantage (MA) organizations as they prepare to submit data related to the annual collection.

Updates to the Final Data Collection

On December 23, 2024, CMS published the data collection Medicare Part C Utilization Management Annual Data Submission and Audit Protocol Data Request for 30-day comments (89 FR 104547), which proposed both an annual collection of internal coverage criteria used by MA organizations in Medicare Part C, and an audit protocol and corresponding audit tools to assess internal coverage criteria against regulatory requirements at §§ 422.101 and 422.137 .

Medicare Part C Audit Protocol and Corresponding Audit Tools

Following CMS's review of the 30-day comments, and in consideration of feedback from industry related to duplication of audits, CMS is not finalizing the proposed audit protocol or any of the audit tools that were included in the proposed data collection. CMS will consider incorporating a review of internal coverage criteria into CMS program audits in future protocol revisions.

Medicare Part C Annual Data Submission

CMS finalized the proposed Medicare Part C Utilization Management Annual Data Submission, but with significant reductions. Most notably, CMS is limiting the data collection to internal coverage criteria that apply to Medicare Part C services, including Medicare Part B drugs, that require prior authorization. CMS will not collect information on internal coverage criteria exclusively used during other review types, such as concurrent reviews or payment reviews. CMS made additional edits in response to comments which are reflected in the crosswalk of changes.

Each MA organization will be required to submit this information on an annual basis in the Health Plan Management System (HPMS) by February 28th of each year. However, for calendar year 2026, CMS is extending the due date to **April 30, 2026** to allow MA organizations sufficient time to update their systems and prepare the requested data.

Technical Guidance

CMS will issue technical assistance and guidance related to the data collection, including how to submit data in the HPMS, within the next few months. MA organizations may submit all questions to the following mailbox: CMS_PartC_UM_Audits@cms.hhs.gov.

CMS will respond promptly to questions and provide technical direction based on individual requests. If multiple questions are received on similar topics, CMS will consider either holding an industry call to provide technical assistance or publishing a summary of questions and responses to ensure a smooth submission process before April 30, 2026.

Weblinks

The data collection tools, supporting statement, crosswalk of changes, and CMS responses to comments are available on the CMS Part C Utilization Management (UM) Annual Data Submission webpage: <https://www.cms.gov/medicare/audits-compliance/part-c-part-d-compliance-audits/part-c-utilization-management-um-annual-data-submission>.

MA organizations can also access this collection at:
https://www.reginfo.gov/public/do/PRAViewICR?ref_nbr=202412-0938-017