Proposed Changes
CMS discusses that various stakeholders have provided feedback regarding aspects of the Open Payment program and that the agency has identified areas in the rule that might benefit from revision. Therefore, CMS asks several questions and seeks comments to inform future rulemaking.

Medicare Advantage (Part C) Provider Enrollment

Background
To receive payment for a furnished Medicare Part A or Part B service or item, or to order, certify, or prescribe certain Medicare services, items, and drugs, a provider or supplier must enroll in Medicare. The enrollment process requires the provider or supplier to complete, sign, and submit to its assigned Medicare contractor the appropriate Form CMS-855 enrollment application. The CMS-855 application form captures information about the provider or supplier that is needed for CMS or its contractors to screen the provider or supplier and determine whether the provider or supplier meets all Medicare requirements. This screening prior to enrollment helps to ensure that unqualified individuals and entities do not bill Medicare and that the Medicare Trust Funds are accordingly protected. Data collected and verified during the enrollment process generally includes, but is not limited to:

- Basic identifying information (for example, legal business name, tax identification number);
- State licensure information;
- Practice locations; and
- Information regarding ownership and management control.

Proposed Changes
CMS proposes to require physicians, providers, and suppliers to be screened and enrolled in Medicare in order to contract with a Medicare Advantage organization to provide Medicare-covered items and services to beneficiaries enrolled in Medicare Advantage health plans. This proposal creates consistency with enrollment requirements for all other Medicare (Part A, Part B, and Part D) programs, as well as a requirement that health care providers in a Medicaid managed care plan's network be screened and enrolled with the state Medicaid program. This proposal also prevents Medicare Advantage participation by health care providers or suppliers that have had their Medicare enrollment revoked or have been excluded by the Office of the Inspector General.

Release of Part C Medicare Advantage Bid Pricing Data and Part C and Part D Medical Loss Ratio Data

Background
As part of the annual bidding process, Medicare Advantage (MA) organizations submit bids for each plan they wish to offer in the upcoming contract year. As required by law, data supporting medical loss ratios (MLR) are submitted annually to CMS by MA plans and Part D sponsors.

Proposed Changes
CMS proposes to release two new sets of data annually, MA bid pricing data and Part C and Part D MLR data. CMS hopes that making this data publicly available will assist public research, future policymaking efforts, and beneficiaries in making enrollment decisions. The MA bid pricing data would be at least five years old and would exclude information treated as proprietary.

Appropriate Use Criteria for Advanced Diagnostic Imaging Services

Background
The *Protecting Access to Medicare Act* establishes a program under the Medicare fee-for-service program to promote the use of appropriate use criteria (AUC) for advanced diagnostic imaging services.