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July 2, 2020

Office of Management and Budget
Office of Strategic Operations and Regulatory Affairs
Attention: OMB Desk Officer

[Sent via submission to reginfo.gov/public/do/PRA](https://www.reginfo.gov/public/do/PRA)

RE: Comments on 2021 Draft CMS Part C and D Program Audit Protocols and Industry-Wide Part C Timeliness Monitoring Project Protocols (Document Identifier CMS-10717, OMB control number: 10938-NEW)

Dear Sir or Madam:

In response to the release of the 2021 Draft Medicare Parts C and D Program Audit Protocols and Industry-Wide Part C Timeliness Monitoring Project Protocols published on June 4, 2020, HealthPartners submits the comments below for consideration. Comments are arranged by Program Audit area and document.

Part C Organization Determinations, Appeals, and Grievances (ODAG)
Program Audit Data Request

1. Universe Table 1: Standard and Expedited Pre-Service Organization Determinations (OD) Record Layout

- a) For the "Time oral notification provided to enrollee" (Column S), it states to enter time for standard Part B drug requests but in the 2nd paragraph of the column the description states to enter "None" for standard requests. Please clarify.
- b) For the "Time written notification provided to enrollee" (Column U), it states to enter time for standard Part B drug requests but in the 2nd paragraph of the column the description states to enter "None" for standard requests. Please clarify.

2. Universe Table 2: Standard and Expedited Pre-service Reconsiderations (RECON) Record Layout

- a) For the "Date the request was received" (Column H), if the appeal required an AOR, please clarify which date would go in this field (i.e., the date the request came into the organization or the date the AOR was obtained)?

- b) For "Request Determination" (Column M), should this include an option of "Dismissed" for Dismissed cases?
- c) For "Date oral notification provided to enrollee" (Column R) and "Time oral notification provided to enrollee" (Column S), for standard appeals where oral notification was provided, but not required, should we be entering a date and time or "None" since it was standard and not required?
- d) For "Time forwarded to IRE" (Column Y), should it include an option of "Enter None if the request was standard" under the description field?
- e) If a plan's system captures time for a field (for example Time the request was received), but the request was standard, should the plan provide the time if available, or enter "None" because it is a standard request?

3. Universe Table 3: Payment Organization Determinations and Reconsiderations (PYMT_C) Record Layout

- a) For the "Date the request was received" (Column H), if the appeal required an AOR, please clarify which date would go in this field (i.e., the date the request came into the organization or the date the AOR was obtained)?

4. Universe Table 5: Part C Standard and Expedited Grievances (GRV_C) Record Layout

- a) For the "Date the grievance was received" (Column G), if the appeal required an AOR, please clarify which date would go in this field (i.e., the date the request came into the organization or the date the AOR was obtained)?

[Responses to Comments Received](#)
[Federal Register Notice on \(CMS-10717\)](#)

1. Comment/Response/CMS Action 173 (Page 49)

- a) Please clarify re: the PYMT_D record layout. For redeterminations, if the prescriber's statement came in with the coverage determination, which date should we use to populate the field (i.e., the date of the redetermination or the date of the coverage determination)?

[Part D Coverage Determinations, Appeals, and Grievances \(CDAG\)](#)
[Program Audit Data Request](#)

1. CDAG Universe Table 1: Standard and Expedited Coverage Determinations (CD) Record Layout

- a) For the "Date written notification provided to enrollee" (Column AA), should we enter "None" for dismissed cases like stated in other column descriptions?

2. CDAG Universe Table 2: Standard and Expedited Coverage Determinations Exception Requests (CDER) Record Layout

- a) For the "Date written notification provided to enrollee" (Column AE), should we enter "None" for dismissed cases like stated in other column descriptions?

3. CDAG Universe Table 3: Payment Coverage Determinations and Redeterminations (PYMT_D) Record Layout

- a) For the "Date the request was received" (Column J), if the appeal required an AOR, please clarify which date would go in this field (i.e. the date the request came into the organization or the date the AOR was obtained)?
- b) If a plan's system captures time for a field (for example, Time the request was received), but the request was standard, should the plan provide the time if available, or enter "None" because it is a standard request?

4. CDAG Universe Table 4: Standard and Expedited Redeterminations (RD) Record Layout

- a) In the requirements for the RD layout it states, "Include all redeterminations (including requests for Part B drugs)." Please provide clarification under what circumstances would you expect to see Part B drug request in a Part D universe?
- b) If oral notification is provided or attempted for a standard redetermination, should we populate the "Date Oral Notification Provided to Enrollee" (Column AB) and "Time Oral Notification Provided to Enrollee" (Column AC) fields with the date of the attempt/notification even if it is not required for standard appeals?

5. CDAG Universe Table 6: Part D Standard and Expedited Grievances (GRV_D) Record Layout

- a) For the "Date the grievance was received" (Column F), if the appeal required an AOR, please clarify which date would go in this field (i.e., the date the request came into the organization or the date the AOR was obtained?)

Also, HealthPartners would like to recommend that CMS provide the universes in an Excel format as well as the current PDF format.

Thank you for the consideration of our comments. If you have any questions regarding our comments, please feel free to contact me at 952-967-7650 or Laurena.S.Lockner@HealthPartners.com.

Sincerely,



Laurena Lockner
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HealthPartners Government Programs