

30-Day Comments and CMS response

Additional Telehealth Reporting:

Comment #1

Are Medicare Advantage Plans no longer required to submit Part C Reporting of Additional Telehealth Benefits after the February 2021 submission of CY2020 2-4Q data?

CMS Response to Comment #1:

No. CY2020 Q2-Q4 data will be the last submission for this reporting section in Plan Reporting Module

Part C Enrollment Reporting

Comment #2:

Data Element “F” in subsection #2 (Disenrollment) is missing the word “determinations.” It should read as follows “Of the total reported in E, the number of favorable Good Cause determinations.”

Data Element “G” in subsection #2 (Disenrollment) refers to Element G instead of Element F. It should read as follows “Of the total reported in F, the number of individuals reinstated.”

CMS Response to Comment #2:

CMS acknowledges the error and will correct in the final document released.

Organization Determination Reconsiderations Reporting

Comment #3:

Plans should not have to report the number of ‘Reconsiderations requested by Non-Contract Providers (Services)’ separately from the number of ‘Reconsiderations requested by or on behalf of the enrollee (Services).’ The reconsideration process only differs for non-contract providers on claim reconsiderations, not services. Whether in-network or non-contracted providers, the member’s care is at stake either way.

The commenter suggested that CMS consider including additional clarification that notification date is used for reconsiderations reporting, and differentiate this from claim determinations. While timely payment is important, there is a distinction between reconsideration of services to a member and adjudication of claims.

CMS Response to Comment #3:

Comment received. Subject matter differs from the collection at hand.

