



November 5, 2020

Seema Verma, Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
7500 Security Boulevard
Baltimore, MD 21244

Submitted via www.reginfo.gov

Re: Proposed 2021 Medicare Part C Reporting Requirements

Dear Administrator Verma:

Thank you for the opportunity to comment on the proposed 2021 Medicare Part C Reporting Requirements (CMS-10261). Independent Health Association (IHA) is a not-for-profit health plan that continually aims to provide our Western New York community with innovative health-care products and services, which enable affordable access to quality health care. Our award-winning customer service, dedication to quality health care and unmatched relationships with physicians and providers has allowed us to be consistently recognized as one of the highest-ranked health insurance plans in the nation. Additionally, IHA's HMO and PPO contracts each received an overall star rating of 4.5 in the recently released 2021 star ratings. IHA offers Medicare Advantage Plans and Prescription Drug Plans. Please see our comments below.

For Section II, Organization Determinations/Reconsiderations, it is our view that 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.

Additionally, the 2021 Part C Technical Specifications state that plans should report completed organization determinations and reconsiderations (i.e., plan has notified enrollee of its pre-service decision or adjudicated a claim submitted by the enrollee or non-contract provider) during the reporting period, regardless of when the request was received. We suggest 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.

Thank you again for the opportunity to comment and thank you for considering IHA's views on the proposed 2021 Medicare Part C Reporting Requirements (CMS-10261) . If there are any questions or additional information is needed, please contact Jeremy Laubacker at Jeremy.Laubacker@independenthealth.com.

Sincerely,

A handwritten signature in black ink, appearing to read "Dawn Odrzywolski". The signature is fluid and cursive, with the first name being the most prominent.

Dawn Odrzywolski
Vice President, Medicare Programs