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Humana

July 15, 2024

William N. Parham, III
Director, Paperwork Reduction Staff
Office of Strategic Operations and Regulatory Affairs
Centers for Medicare and Medicaid Services
7500 Security Boulevard
Baltimore, Maryland 21244

RE: Fast Track Appeals Notices: NOMNC/DENC (CMS–10123/10124)

Dear Mr. Parham:

This letter is in response to the Centers for Medicare and Medicaid Services (CMS) agency information collection notice on the Fast Track Appeals Notices: NOMNC/DENC (CMS–10123/10124) as issued on May 14, 2024.

Humana Inc., headquartered in Louisville, Kentucky, is a leading health care company that offers a wide range of insurance products and health and wellness services that incorporate an integrated approach to lifelong well-being. Humana currently serves approximately 5.9 million beneficiaries enrolled in our Medicare Advantage (MA) plans and 2.9 million beneficiaries enrolled in our Medicare Part D Prescription Drug Plans (PDPs). As one of the nation's top contractors for MA, we are distinguished by our long-standing, comprehensive commitment to Medicare beneficiaries across the United States. These beneficiaries – a large proportion of whom depend upon the MA program as their safety net – receive integrated, coordinated, quality, and affordable care through our plans. Our perspective is further shaped by the comprehensive medical coverage we provide for Medicaid beneficiaries in seven states.

Notice of Medicare Non-Coverage/Detailed Explanation of Non-Coverage

CMS proposes updates to the NOMNC to remove language directing MA enrollees to their plan if their request for an appeal is untimely. The proposed NOMNC will include the same untimely appeal information for all who receive the notice, whether the beneficiary is enrolled in MA or Traditional Medicare.

Humana Comment: CMS recently updated its regulations to allow MA enrollees to file untimely appeals to the Quality Improvement Organization (QIO), rather than to the plan, as was previously the case. Given this change permitting the QIO to accept late appeal requests, we recommend that CMS modify the required turnaround time for the delivery of the DENC to allow plans more time to provide the document to the enrollee.

In cases in which an MA enrollee files a late appeal and remained in a skilled nursing facility (SNF), we request that CMS provide guidance to MA plans on the expectation for the resumption and coverage of care and the date in which the reinstated care becomes effective if the enrollee's appeal is successful. Additionally, we request CMS provide guidance on the expectations for plan coverage responsibility instances in which an enrollee files a late appeal and remains in the SNF, but the SNF stops providing skilled services.

Further, Humana urges CMS to issue guidance for MA plans on situations in which an enrollee files a late appeal after they are discharged or choose to discharge from a SNF. CMS should provide additional clarity on whether the MA plan would be responsible only for the skilled care provided past the effective date of the NOMNC and before discharge. CMS should also clarify whether there is an expectation that the enrollee be readmitted after they choose to discharge from the facility.

We hope that you consider our comments as constructive feedback aimed at ensuring that together we continue to advance our shared goals of improving the delivery of coverage and services in a sustainable, affordable manner to beneficiaries, focused on improving their total health care experience.

If you have any questions, please do not hesitate to reach out to me at mhoak@humana.com and 571-466-6673.

Sincerely,

A handwritten signature in black ink, appearing to read 'M Hoak', written in a cursive style.

Michael Hoak
Vice President, Public Policy