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Per 42 CFR 422.566(d) , providers issuing denials of services for MA enrollees must be experienced in the treatment of the condition in question. Since the heinous murder of the UHC CEO, the MA plans have stopped providing the name or the specialty of the persons issuing formal denials of care. The appeal letters simply state that the denial was issued by a physician.

Providers have had numerous experiences having denials of care by providers completely unqualified to make such determinations, such as a pediatrician denying access to acute inpatient rehabilitation for elderly patients with stroke and amputation.

While I would request that CMS require that MA plans provide the name and speciality of their employees who are denying care, at the least, CMS must ensure that every audit of MA plan denials includes assessment of the denying provider's expertise and knowledge of the condition that was being treated. MA plans should not be permitted to deprive enrollees of covered benefits when the denying provider has never treated such a patient.