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Hello,

Prime Therapeutics is requesting clarity regarding the proposed (CMS 10913) Medicare Part C Utilization Management Annual Data Submission and Audit Protocol Data Request - 30-Day Comment Period.

In the Medicare Part C Utilization Management (UM) Audit Protocol and Data Request, under Audit Field Work Phase, Initial Submission, For all services section, CMS purposed the below statement:

- If the MAO does not have a system capable of searching by service name or some other similar identifier, the MAO will be asked to submit a report of denials for each of the selected services.

- o The denial report does not need to be formatted in a specific way but should include the minimum information necessary for CMS to target potential beneficiary level denials to review in the system for each of the selected services.

Is it appropriate for the MAO to leverage fields from the Part C Organization Determinations, Appeals, and Grievances (ODAG) PROGRAM AUDIT PROTOCOL AND DATA REQUEST layout if a beneficiary denial report is requested by CMS with consideration of the timeframe, services selected and denials only scope? To ensure minimum necessary data to target the potential beneficiary level denials within CMS' scope, we suggest the use of the following columns taken from the ODAG Program Audit Protocols:

- "Enrollee First Name", "Enrollee Last Name"
- "Enrollee ID", "Contract ID"
- "Plan Benefit Package (PBP)"
- "First Tier, Downstream, and Related Entity"
- "Authorization or Claim Number"
- "Part B Drug Request"
- "Request Determination"
- "Date of Determination"
- "Issue Description and type of service"
- "Was the request denied for lack of medical necessity?"

Does this align with CMS' expectations of minimum necessary and support CMS' ability to select beneficiary level denials?