June 30, 2025

CMS/HHS Information Collection Request: Service Level Data Collection for Initial Determinations and Appeals (CMS-10905)
Centene Feedback

Section/Title	Centene Comments
Overarching Feedback	**Centene requests that CMS clarify when the proposed changes will take effect**. For instance, would this be required beginning with CY2026 data or CY2027 data?
Overview of the parameters for data elements in this collection	With the due date changes to quarterly submissions, **Centene requests that CMS clarify if there will be changes to the Data Validation Audit (DVA)**. For example, will there be a quarterly DVA or will it still remain in the annual DVA conducted between April and June of the following year?
Overview of the parameters for data elements in this collection	**Centene requests that CMS clarify whether this collection will replace the Organization Determinations and Reconsiderations (ODR) reporting required in 0938-1054**. If it does not replace 0938-1054, then the ODR reporting required in 0938-1054 would become duplicative of this reporting as Subsections 1-4 of that data is a summary of this data and could be determined in its entirety using the data collected here.
Supporting Statement – Part A 3. Improved Information Technology; and 12. Burden Estimates.	We expect significant up-front IT costs to meet the requirements of this collection. New elements such as Dismissal Rationale, Decision Rationale, Reviewer Qualifications, and whether Internal Plan Coverage Criteria was applied is not data currently requested by CMS in other collections and is not data currently captured in reportable fields. Therefore, the addition of this requested information would require significant updates to both OD processing systems as well as data systems to build and test reportable fields and train all end-users on the new fields. The most burdensome element is likely the Decision Rationale that is currently captured as free text notes from technicians and clinicians but would now need to be distilled to fit into the 11 variables CMS provided for the Decision Rationale elements. Those 11 variables had not been previously defined by CMS. At the same time, free text notes would still be needed to add context to decision making processes that are reviewed during a CMS Program Audit, so there will be additional ongoing costs associated with the time needed for reviewers to document decision rationales in both free text and standardized, variable drop-down type fields.

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Technical Specifications C. REPORTING SECTIONS I. INITIAL DETERMINATIONS; and II. RECONSIDERATIONS	The subsection naming does not match across the Technical Specifications document and the SERVICE LEVEL DATA COLLECTION FOR INITIAL DETERMINATIONS AND APPEALS document. For example, in the Technical Specifications document, the Initial Decisions are denoted as Subsection #I.A. for Coverage Decisions and Subsection #I.B. for Payment Decisions, the Reconsiderations are denoted as Subsection #II.A. for Coverage Decisions and Subsection #II.B. for Payment Decisions. Whereas, in the SERVICE LEVEL DATA COLLECTION FOR INITIAL DETERMINATIONS AND APPEALS document the Initial Decisions are denoted as Subsection #1. for Coverage Decisions and Subsection #2. for Payment Decisions, the Reconsiderations are also denoted as Subsection #1. for Coverage Decisions and Subsection #2. for Payment Decisions. As such, **Centene recommends that CMS use consistent naming throughout the collection package**.
Subsection 1 (Coverage Decisions); and Subsection 2 (Payment Decisions)	The elements in the documents released do not align. For example, in the document titled, SERVICE LEVEL DATA COLLECTION FOR INITIAL DETERMINATIONS AND APPEALS, Coverage Decision (Subsection 1) Element T is "Were internal plan coverage criteria applied?" However, the document titled, Draft Technical Specifications for Service Level Data Collection for Initial Determinations and Appeals has Element T as "Did a third-party vendor participate, in any capacity, in the determination review or decision-making?" This discrepancy is reflected with misalignment of the following elements: Coverage Decisions (Subsection 1) Elements K - U; and Payment Decisions (Subsection 2) Elements L-Z. Additionally, the document titled SERVICE LEVEL DATA COLLECTION FOR INITIAL DETERMINATIONS AND APPEALS has 1 additional element for both Subsection 1 and Subsection 2 that is not included in the document titled Draft Technical Specifications for Service Level Data Collection for Initial Determinations and Appeals, which is causing the misalignment. **Centene recommends that CMS ensure alignment throughout the collection package.**
Subsection 1 (Coverage Decisions); and Subsection 2 (Payment Decisions)	For the Decision Rationale in both Subsection 1 and Subsection 2, **Centene requests that CMS provide the ability to capture more than one reason for denials**. If this flexibility is not provided, we request that CMS clarify whether there a hierarchy structure.

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Subsection 2 (Payment Decisions)	**Centene requests that CMS clarify whether plans are expected to report payment decisions at the line level or claim level**. For example, Claim 123456 could contain 7 line items, each with different procedure/diagnosis codes and plan decisions (e.g., approved, denied). Current reporting is at the claim level, but based on the updates, we would like to confirm if this is changing to line level reporting.
Subsection 2 (Payment Decisions)	**Centene requests that CMS clarify/define the element "Reviewer qualifications?" in Subsection 1.B (Payment Decisions)**. For example, if a claim was not reviewed for medical necessity but was administratively approved, what would be populated in this field?
Subsection 2 (Payment Decisions)	**Centene requests that CMS clarify/define the element "Were internal plan criteria applied?" in Subsection 1.B (Payment Decisions)**.
Supporting Statement – Part A 12. Burden Estimates.	Centene believes that CMS has significantly underestimated the cost burden of this collection. CMS notes that a Computer Systems Analyst would be needed, and we agree that there are non-technical aspects, but feel that the non-technical aspects are much more costly than a 100 percent adjustment. There are many staff members involved, including: • Operations Analysts validating the data and researching solutions to any impediments; • Compliance Analysts reading instructions, answering questions, and making the necessary interpretations as noted in the Technical Specifications document; • Management reviewing and attesting to data accuracy; • Project Managers ensuing processes occur and deadlines are met; and, • Training Specialists needed to communicate these changes to multiple Computer Systems Analysts, Operations Analysts, Compliance Analysts, Project Managers, and Management. We believe that the cost burden of this collection each year is 5-10x larger than the CMS calculated burden. CMS did note the burden estimate was consistent with the Part C Reporting Requirements. We also believe that the same significant underestimation exists in that collection. Furthermore, we believe that CMS has significantly underestimated the Time Per Response. As CMS noted, there is work required to "de-bug" computer code, gather the "raw" data, "clean" the data in order to eliminate errors, enter data, compile the data, review technical specifications, and perform tests on the data. CMS' estimation that all those items would take

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	30 minutes is a significant simplification and does not include the time needed for other activities we mentioned that would be required to ensure "a good faith effort by an organization to provide accurate responses," as described in the Technical Specifications as necessary to meet the requirements of this collection.
SERVICE LEVEL DATA COLLECTION FOR INITIAL DETERMINATIONS AND APPEALS document REPORTING SECTIONS tables	The header row on the REPORTING SECTIONS tables in the SERVICE LEVEL DATA COLLECTION FOR INITIAL DETERMINATIONS AND APPEALS document does not match those in the Technical Specifications document. For example, the REPORTING SECTIONS tables in the SERVICE LEVEL DATA COLLECTION FOR INITIAL DETERMINATIONS AND APPEALS have a column titled "Data Element Description" but that column is called "Data Element Name" in the Technical Specifications document. As such, **Centene recommends that CMS use consistent naming throughout the collection package**.
Technical Specifications C. REPORTING SECTIONS I. INITIAL DETERMINATIONS & II. RECONSIDERATIONS	The Due Date(s) listed in the Technical Specifications document state actual dates 5/25/XX, 8/31/XX, 11/30/XX, and 2/22/XX, whereas the due dates listed in the SERVICE LEVEL DATA COLLECTION FOR INITIAL DETERMINATIONS AND APPEALS document state the last Mondays: Last Monday of May, Last Monday of August, Last Monday of November, and Last Monday of February in the following year. **Centene recommends that the Technical Specifications document be updated to match the SERVICE LEVEL DATA COLLECTION FOR INITIAL DETERMINATIONS AND APPEALS document**.
Technical Specifications C. REPORTING SECTIONS II. RECONSIDERATIONS	The header row "Data Element ID| Data Element Name	Data Element Description" is missing from the table in the Reconsiderations section. **Centene recommends that CMS add the header row since it is a new table in a new section**.
Technical Specifications C. REPORTING SECTIONS I. INITIAL DETERMINATIONS Subsection #I.A.; Subsection #I.B.; II. RECONSIDERATIONS Subsection #I.A.; Subsection #I.B.	The Data Element Description for Contract Number states to "Enter the contract number (e.g., H0000) of the organization in which the beneficiary is currently enrolled." **Centene requests that CMS clarify if this should actually be the contract number which the beneficiary was enrolled in at the time of the request, and if a beneficiary is no longer enrolled, what information should be populated here**. Subsequently, if the beneficiary is enrolled in a different contract within the same plan, would it be reported by the contract number the beneficiary was in at the time of the request or at the time of reporting?

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Technical Specifications C. REPORTING SECTIONS I. INITIAL DETERMINATIONS Subsection #I.A.; Subsection #I.B.; II. RECONSIDERATIONS Subsection #I.A.; Subsection #I.B.	For Part B drug codes, some requests are for drugs administered/received in a medical setting and have a J-code, whereas others are for drugs administered/received in a retail pharmacy setting and have an NDC. As such, **Centene requests that CMS add NDC as an allowed variable**.
Technical Specifications C. REPORTING SECTIONS I. INITIAL DETERMINATIONS Subsection #I.A.; Subsection #I.B.; II. RECONSIDERATIONS Subsection #I.A.; Subsection #I.B.	For Part B drugs, some requests are for drugs administered/received in a medical setting where the prescriber's contract/non-contract status may contribute to the disposition, whereas others are for drugs administered/received in a retail pharmacy setting where the prescriber's contract/non-contract status would not matter in the decision making process since the beneficiary will be obtaining the service at a pharmacy. As such, **Centene requests that CMS add a variable for the requesting party to capture prescriber requests for a pharmacy setting benefit (e.g., 05 - provider for pharmacy benefit)**.
Technical Specifications C. REPORTING SECTIONS I. INITIAL DETERMINATIONS Subsection #I.A.; Subsection #I.B.; II. RECONSIDERATIONS Subsection #I.A.; Subsection #I.B.	Some reporting elements do not appear to require anything to be populated depending on the response to an earlier data element. **Centene requests that CMS clarify whether these simply be left blank, or if should they be populated with a filler such as "NA," (similar to the CMS Program Audit Protocols)**.

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Technical Specifications C. REPORTING SECTIONS I. INITIAL DETERMINATIONS Subsection #I.A.	The Elements listed in the Technical Specifications document have one less element than those listed in the SERVICE LEVEL DATA COLLECTION FOR INITIAL DETERMINATIONS AND APPEALS document. I. INITIAL DETERMINATIONS, Subsection #I.A., Elements A-J align, but the SERVICE LEVEL DATA COLLECTION FOR INITIAL DETERMINATIONS AND APPEALS document has an element K ("Was this a concurrent review decision?"). The Technical Specifications document does not have an element called "Was this a concurrent review decision?" **Centene recommends that CMS use consistent language throughout the collection package**.
Technical Specifications C. REPORTING SECTIONS I. INITIAL DETERMINATIONS Subsection #I.A.	The element names do not match across the Technical Specifications document and the SERVICE LEVEL DATA COLLECTION FOR INITIAL DETERMINATIONS AND APPEALS document. The Technical Specifications document has an element called "Was the expedited processing request downgraded?" whereas the SERVICE LEVEL DATA COLLECTION FOR INITIAL DETERMINATIONS AND APPEALS document has the element called "Was expedited processing requested?" **Centene recommends that CMS consider using "Was the expedited processing request downgraded?" throughout the collection package since the language is clearer**. The Technical Specifications document has an element called "Date of Decision" whereas the SERVICE LEVEL DATA COLLECTION FOR INITIAL DETERMINATIONS AND APPEALS document has the element called "Date of Decision Notification." **We recommend that CMS consider using "Date of Decision Notification" throughout the collection package since the language is clearer**. The Technical Specifications document has an element called "Did a third-party vendor participate, in any capacity, in the determination review or decision-making?" with "determination" without the 's' whereas the SERVICE LEVEL DATA COLLECTION FOR INITIAL DETERMINATIONS AND APPEALS document has the element called "Did a third-party vendor participate, in any capacity, in the determination's review or decision-making?" with the 's.' **We recommend that CMS use consistent naming throughout the collection package**.
Technical Specifications C. REPORTING SECTIONS I. INITIAL DETERMINATIONS Subsection #I.A.	In I. INITIAL DETERMINATIONS, Subsection #I.A., Element P (Decision Rationale) comes before Element Q (Dismissal Rationale (if applicable)). This is the only Subsection where the Decision Rationale comes before Dismissal Rationale. As such, **Centene requests that CMS rearrange the elements so that they are in the same order for all Subsections**.

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Technical Specifications C. REPORTING SECTIONS I. INITIAL DETERMINATIONS Subsection #I.A.	Element F (Provider NPI) comes prior to Element G (Item/Service/Part B Drug Code), Element H (Item/Service/Part B Drug Description), and Element I (Diagnosis Codes) whereas in I. INITIAL DETERMINATIONS, Subsection #I.B. Element M (Provider NPI) comes after Element F (Item/Service/Part B Drug Code), Element G (Item/Service/Part B Drug Description) and Element H (Diagnosis Codes). **Centene recommends that CMS reorder the elements for consistency across all areas**.
Technical Specifications C. REPORTING SECTIONS I. INITIAL DETERMINATIONS Subsection #I.B.	The Elements listed in the Technical Specifications document have one more element than those listed in the SERVICE LEVEL DATA COLLECTION FOR INITIAL DETERMINATIONS AND APPEALS document. For example, in I. INITIAL DETERMINATIONS, Subsection #I.B., Elements A-K align, but the Technical Specifications document has a second element called "Date of Service." Additionally, in the Technical Specifications document, Data Element Name for Element K (Date of Service) and Element L (Date of Service) are both labeled "Date of Service" but Element K is asking for the START date and Element L is asking for the END date. **Centene recommends that the Data Element Name for these be changed to add clarity to the Data Element Name (e.g., Element K (Date of Service Start) and Element L (Date of Service End))**.

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Technical Specifications C. REPORTING SECTIONS I. INITIAL DETERMINATIONS Subsection #I.B.	The element names do not match across the Technical Specifications document and the SERVICE LEVEL DATA COLLECTION FOR INITIAL DETERMINATIONS AND APPEALS document: - The Technical Specifications document has an element called "Organization Determination (OD) Number" with the "(OD)" whereas the SERVICE LEVEL DATA COLLECTION FOR INITIAL DETERMINATIONS AND APPEALS document has the element called "Organization Determination (OD) Number" without the "(OD)." - The Technical Specifications document has an element called "Were internal plan criteria applied?" without the word "coverage" whereas the SERVICE LEVEL DATA COLLECTION FOR INITIAL DETERMINATIONS AND APPEALS document has the element called "Were internal plan coverage criteria applied?" with the word "coverage." - The Technical Specifications document has an element called "If element V is yes, provide OD number for associated prior approval request" with "OD" as an acronym whereas the SERVICE LEVEL DATA COLLECTION FOR INITIAL DETERMINATIONS AND APPEALS document has the element called "If element V is yes, provide the organization determination number for associated prior approval request" with "organization determination" spelled out. **Centene recommends that CMS use consistent naming throughout the collection package**.
Technical Specifications C. REPORTING SECTIONS I. INITIAL DETERMINATIONS Subsection #I.B.	Reporting Element H (Diagnosis Codes): In a payment request for a Part B drug administered/received in a retail pharmacy setting the diagnosis code is often unknown since diagnosis codes are not an NCPDP required data element. As such, **Centene requests that CMS clarify how Element H (Diagnosis Codes) should be reported when a diagnosis is unknown**.
Technical Specifications C. REPORTING SECTIONS I. INITIAL DETERMINATIONS Subsection #I.B.	Data Element Name for Element K (Date of Service) and Element L (Date of Service) are both labeled "Date of Service," but Element K is asking for the START date and Element L is asking for the END date. **Centene requests that the Data Element Name for these be changed to add clarity to the Data Element Name (e.g., Element K (Date of Service Start) and Element L (Date of Service End))**.
Technical Specifications C. REPORTING SECTIONS I. INITIAL DETERMINATIONS Subsection #I.B.	Reporting Element M (Provider NPI): **Centene requests that CMS clarify whether this should be a pharmacy's NPI when the payment request is for a Part B drug administered/received in a retail pharmacy setting**.

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Technical Specifications C. REPORTING SECTIONS I. INITIAL DETERMINATIONS Subsection #I.B.	Subsection #I.B., Element U (Reviewer qualifications) does not contain the same leading language as Subsection #I.A., Element R (Reviewer Qualifications). "If the MA organization expected to issue a partially or fully adverse medical necessity decision based on the initial review of the request, provide the reviewer's qualifications (this includes requests that were ultimately approved, partially approved, or denied)." Without this leading language, the document reads as if Subsection #I.B., Element U (Reviewer qualifications) is required for all decisions. As such, **Centene recommends that CMS use consistent language throughout the collection package**.
Technical Specifications C. REPORTING SECTIONS I. INITIAL DETERMINATIONS Subsection #I.B.	For Element F (Date of Decision), the Data Element Description states to "Enter the date of the determination. Submit in CCYY/MM/DD format (e.g., 2020/01/01). This is the date the determination was entered in the system and may be the same as the date claim was paid." In the section below labeled "Report," the document states to report "Completed organization determinations and reconsiderations (i.e., all required notification has occurred) during the reporting period." **Centene recommends that CMS revise one of these statements to clarify whether plans should report cases where the notification occurred in the applicable quarter or if the plans should report cases where the determination was entered in the system in the applicable quarter**. The quarter could be different between when the determination was entered in the system and when the notification occurred.
Technical Specifications C. REPORTING SECTIONS II. RECONSIDERATIONS Subsection #II.A.	**Centene requests that CMS clarify if for Element M (Decision Rationale), the variable 04 should be noted as "(not applicable to this subsection)" as it is in I. INITIAL DETERMINATIONS, Subsection #I.A., Element P (Decision Rationale)**.
Technical Specifications C. REPORTING SECTIONS II. RECONSIDERATIONS Subsection #II.A.	For Element L (Dismissal Rationale (if applicable)), a new variable is added for the reconsiderations "03 - Untimely request." **Centene recommends that this be renumbered to 06 and the rest be renumbered accordingly so the rest of the variables align with the numbering used in the initial determinations**. For example, 03 should be "Enrollee died while the request was pending" for both reconsiderations and initial determinations.
Technical Specifications C. REPORTING SECTIONS II. RECONSIDERATIONS Subsection #II.A.	Element F (Date Request Received) and Element G (Date of Decision) come prior to Element H (Processing Priority) and Element I (Was the expedited processing request downgraded?), whereas in I. INITIAL DETERMINATIONS, Subsection #I.A., Element M (Date Request Received) and Element N (Date of Decision) come after Element K (Processing Priority) and Element L (Was the expedited processing request downgraded?). **Centene recommends that CMS reorder the elements for consistency across all areas**.

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Technical Specifications C. REPORTING SECTIONS II. RECONSIDERATIONS Subsection #II.A.	The element names do not match across the Technical Specifications document and the SERVICE LEVEL DATA COLLECTION FOR INITIAL DETERMINATIONS AND APPEALS document: • The Technical Specifications document has an element called "Associated Organization Determination (OD) Number" with the "(OD)" whereas the SERVICE LEVEL DATA COLLECTION FOR INITIAL DETERMINATIONS AND APPEALS document has the element called "Associated Organization Determination Number" without the "(OD)." **Centene recommends CMS use consistent naming throughout the collection package**. • The Technical Specifications document has an element called "Was the expedited processing request downgraded?" whereas the SERVICE LEVEL DATA COLLECTION FOR INITIAL DETERMINATIONS AND APPEALS document has the element called "Was expedited processing requested?" **Centene recommends that CMS consider using "Was the expedited processing request downgraded?" throughout the collection package since the language is clearer**. • The Technical Specifications document has an element called "Date of Decision" whereas the SERVICE LEVEL DATA COLLECTION FOR INITIAL DETERMINATIONS AND APPEALS document has the element called "Date of Decision Notification." **Centene recommends that CMS consider using "Date of Decision Notification" throughout the collection package since the language is clearer**.
Technical Specifications C. REPORTING SECTIONS II. RECONSIDERATIONS Subsection #II.B.	Element G (Date of Decision): the Data Element Description includes the language "For claims payment enter the data of payment in CCYY/MM/DD format." This same language is not included on I. INITIAL DETERMINATIONS, Subsection #I.B. and is not necessary since this whole subsection is specific to claims payment reconsiderations. **Centene recommends that CMS remove this language for consistency with I. INITIAL DETERMINATIONS, Subsection #I.B**. Additionally, **we recommend that CMS correct an inadvertent error in the sentence, specifically the word "data" is used when it should be "date."**
Technical Specifications C. REPORTING SECTIONS II. RECONSIDERATIONS Subsection #II.B.	For Element K (Dismissal Rationale (if applicable)) a new variable is added for the reconsiderations "03 - Untimely request." **Centene recommends that CMS renumber this to 06 and then renumber the rest accordingly so the rest of the variables align with the numbering used in the initial determinations**. 03 should be "Enrollee died while the request was pending" for both reconsiderations and initial determinations.

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Technical Specifications C. REPORTING SECTIONS II. RECONSIDERATIONS Subsection #II.B.	The element names do not match across the Technical Specifications document and the SERVICE LEVEL DATA COLLECTION FOR INITIAL DETERMINATIONS AND APPEALS document: • The Technical Specifications document has an element called "Date of Decision" whereas the SERVICE LEVEL DATA COLLECTION FOR INITIAL DETERMINATIONS AND APPEALS document has the element called "Date of Decision Notification." **Centene recommends that CMS consider using "Date of Decision Notification" throughout the collection package since the language is clearer**. • The Technical Specifications document has an element called "Associated Organization Determination (OD) Number" with the "(OD)" whereas the SERVICE LEVEL DATA COLLECTION FOR INITIAL DETERMINATIONS AND APPEALS document has the element called "Associated Organization Determination Number" without the "(OD)." • The Technical Specifications document has an element called "Date Claim was Paid (if applicable)" with the "(if applicable)" whereas the SERVICE LEVEL DATA COLLECTION FOR INITIAL DETERMINATIONS AND APPEALS document has the element called "Date Claim was Paid" without the "(if applicable)." • The Technical Specifications document has an element called "Is this an appeal of an OD dismissal?" with "OD" as an acronym whereas the SERVICE LEVEL DATA COLLECTION FOR INITIAL DETERMINATIONS AND APPEALS document has the element called "Is this an appeal of an organization determination dismissal?" with "organization determination" spelled out. • The Technical Specifications document has an element called "Was the initial OD request denied for lack of medical necessity?" with "OD" as an acronym whereas the SERVICE LEVEL DATA COLLECTION FOR INITIAL DETERMINATIONS AND APPEALS document has the element called "Was the initial organization determination request denied for lack of medical necessity?" with "organization determination" spelled out. **Centene recommends that CMS use consistent naming throughout the collection package.**