From: Williams, Gila K.
To: FN-OMB-OIRA-Submission
Subject: Comments to the CMS Proposed Revised Part C Reporting Requirements
Date: Thursday, April 28, 2011 11:20:43 AM

Good Morning,

CMS provided an additional opportunity for Medicare plans to comment on the proposed revisions to the CY 2012 Part C Reporting Requirements. Independence Blue Cross (H3952, H3909 and H3156) has the following comments/questions and would appreciate you taking them into consideration while finalizing the proposed requirements.

Grievances
CMS plans to now track the "number of grievances which the Sponsor provided timely notification of its decision". (Supporting Statement - Page 3)

Fraud was exempted from this requirement because "This type of grievance does not have a timeframe for notification like other grievances do, and therefore does not make sense to report on this. Reporting total number of fraud grievances should be sufficient. " (Summary of Revisions - Page 5)

It has long been our position that Privacy matters should not have the same response deadlines as grievances due to the unpredictable nature of the complaints/violations and the amount of time needed to complete an investigation. In addition, we already have the HITECH Act that dictates our notification timeframes. It is our position that, as with the fraud investigations, privacy matters should be exempt from the timely notification reporting.

Organization Determinations/Reconsiderations
CMS Part C Appeal Specifications require the Part C appeals (reconsideration) data to be broken out by contracting and non-contracting providers to eliminate the non-participating providers from element 6.6.

If a member writes in to appeal two claims for example, and those two claims are two different providers: One is participating, the other is not, how should this appeal be counted and what element should it be reported?

Please contact me if you have any questions.

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