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General Comment

Many PCPs, Specialists, Facilities, etc are part of a group contract that is the umbrella over multiple practitioners/providers.

When you use the term "contracts" in a question such as this: "How many PCP contracts were terminated?" there are organizations and people in organizations who read that as they are ONLY being asked to report on the contract & not at the level of the individual PCP, or Specialist, or facility.

To clarify that your intent is to capture the data for each INDIVIDUAL PCP, Specialist, facility etc that is part of the network, please revise the question to read as " How many individual <<PCPs; Specialists; Facilities: (etc) were terminated. (Whether contracted with individually or contracted as part of a group contract.) "

Same with the questions that ask "How many PCP/Specialist/Facility etc contracts were added?" Again noting that many can be included on one group contract. We'd like CMS to clarify that it is indeed looking for data to be produced at the individual provider/practitioner level.

Regarding the questions that begin "How many enrollees were affected by termination of...."? What is the guidance on how to decide which enrollees to use? Should we use JUST the members

that were paneled with that provider, or who were patients seeing that provider? Or should a MAO include all enrollees in the H#?

Can you please clarify exactly how we are to calculate which enrollees to include?

Same with the questions that ask "How many enrollees were affected by addition of new PCPs/Specialist etc" Can you please clarify exactly how we are to calculate which enrollees to include?

For the question "How many facility contracts were terminated?" Does facility mean the same provider types on the HSD facility table? (i.e, PT/OT/ST is on the HSD table facility list so do we bucket them as specialty or facility?)