

2017 Proposed Part C Reporting Requirements Questions/Comments

SNP MC Report

1. Our Organization has SNP and Non-SNP plans within the same contract number. We have only one contract number. When the requirements state that the enrollee must be enrolled continuously in the same health plan (90 or 365 days), does that mean in the same Organization or within any SNP that is within the same organization? For example, our enrollee is enrolled continuously in a SNP plan for less than 90 days, but moved to a non-SNP Plan within our same Parent Organization and continued his enrollment for more than 90 days (same organization, non-SNP plan). Should we consider this enrollee as continuously enrolled in the same Plan for more than 90 days?
2. In relation the Question #1, let's say a beneficiary was initially enrolled in a NON-SNP Plan within our organization. That same beneficiary changed to a SNP Plan within the same organization. Should the initial HRA be conducted within the first 90 days of the enrollment date into the SNP Plan?
3. Element 13.1 exclusion states the following: "Enrollees with a documented initial HRA under that plan in the previous measurement year." However, the Inclusions section states the contrary "The initial HRA is expected to be completed within 90 days (before or after) of the effective date of enrollment." The example provided states that if an initial HRA is performed on 11/23/15 for an enrollee with an effective date of 1/1/16, that enrollee would be counted as an initial HRA in 2016. Clearly, the HRA was completed in 2015 and not 2016. Therefore, should that HRA be excluded as stated in the Exclusions column? Or is that an error?
4. Element 13.2 exclusion states the following: "Enrollees for whom the last HRA was completed less than 365 days prior." Does this mean that the reassessment must be completed on day 365?

Organization Determination and Reconsideration Report

Element 6.28 – 'Was the case processed under the expedited timeframe', does this refer to the original determination or the reopened case?

Element 6.32 – What does 'Fraud or Similar Fault' and 'Other' mean?

Element 6.33 – What is expected to be included under 'Additional Information'?

Element 6.10 and 6.20 – When should an organization determination and reconsideration be dismissed for lack of AOR?

Are Waiver of Liability forms required for organization determinations?

If an organization or reconsideration determination is made untimely, should the case automatically be reported as adverse?

Grievances Part C

Comment: My concern regarding the inclusion of the grievance dismissals in the Reporting Requirements is that CMS may publish it as part of the Display Measures and the publication of these data may be misleading to beneficiaries since they are not aware of the processes behind the dismissal (the behind the scene). For example, if CMS were to publish our dismissal data or any other plan's data, beneficiaries may think that plans are dismissing their arguments and that they are not being addressed as supposed.

1. Reporting due date states 2/6/17, shouldn't it be 2018?

2. The Part D Technical Specifications state the following: If a grievance is resolved within the reporting period for a member that has disenrolled from a plan and enrolled in a new plan, then the member's new plan should report the grievance regardless of where the grievance originated if they actually resolve the grievance.

Our interpretation of this that for Part D the grievance will be reported under the plan in which the beneficiary is enrolled when the grievance was closed. This specification is not included in the Part C Reporting Requirements and we are requesting clarification. We would like specifications as to the definition of plan change. Is it a change in PBP within the same organization (ex. Contract S4477, PBP 002 to Contract S4477, PBP 001) or a change between different organizations. If it's a change between organizations, if a grievance originated in Organization A and during the investigation the beneficiary moved to Organization B. Should Organization A transfer the Grievance to Organization B and not report the grievance, therefore Organization B would report it. Or, should Organization A continue to resolve the grievance and report it. Or do both Organizations (A and B) report it.

2. Are dismissed grievances counted in the Total Grievances (Element 5.1)?

3. What is the timeframe to dismiss a grievance for lack of an Appointment of Representative (AOR) form? Chapter 13 is not specific.

4. The proposed CY2017 Part C Reporting Requirements Technical Specifications states the following:

- Plans should validate that the total number of grievances is equal to the sum of the total number of grievances for each category excluding expedited grievances.
- Plans should validate that the total number of timely notifications is equal to the sum of the total number of timely notifications for each category excluding expedited grievances.

It does not specify that Plans must report expedited grievances in 2 elements: First, in the total number of expedited grievances. Second, in the appropriate grievance category. For example, if an enrollee files an expedited grievance because the plan denied their request for an expedited organization determination, that grievance should be reported both as an "Expedited Grievance" and also as a "Organization Determination and Reconsideration process" grievance.