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Part C Medicare Advantage Reporting Requirements and Supporting Regulations in 42 CFR 422.516(a) (CMS-10261)

Comment On: CMS-2016-0074-0001

Part C Medicare Advantage Reporting Requirements and Supporting Regulations in 42 CFR 422.516(a) (CMS-10261)

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MO

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General Comment

Document Reference: Proposed 2017 Medicare Part C Reporting Requirements (CMS-10261; OMB control number: 0938-1054)

1. Part C Section 5: Grievances

New report inclusion: Dismissals

Comment: Examples given refer to Dismissals based on no AOR, It would be helpful if additional examples to explain what CMS considers a Dismissed grievance to better distinguish from member withdrawn grievances.

2. Part C Section 6: ODR - Clarification: An organization determination is a plan's response to a request for coverage (payment or provision) of an item or service - including auto-adjudicated claims, service authorizations which include prior-authorization (authorization that is issued prior to the services being rendered), concurrent authorization (authorization that is issued at the time the service is being rendered) and post-authorization (authorization that is issued after the services has already been provided), and requests to continue previously authorized ongoing courses of treatment. It includes requests from both contract and non-contract providers.

Report: Completed Organization determinations...

Do not report: Concurrent reviews...

Comment: It would be helpful if more clarification was provided demonstrating the differences between what CMS considers "Concurrent Authorization & requests to continue previously authorized ongoing

courses of treatment" vs. "Concurrent Reviews."

3.Part C Section 6: ODR - Report Inclusion: All Part B drug claims processed and paid by the plan's PBM are reported as organization determinations or reconsiderations.

Comment: CMS Specifically states Paid (favorable/partially favorable) claims. Should denied (rejected/unpaid) claims be excluded from this report?