

PUBLIC SUBMISSION

As of: 8/31/16 10:52 AM Received: August 26, 2016 Status: Draft Tracking No. 1k0-8rjt-kzdr Comments Due: August 29, 2016 Submission Type: API
--

Docket: CMS-2016-0114

(CMS-10305) Medicare Part C and Part D Data Validation (42 CFR 422.516(g) and 423.514(g))

Comment On: CMS-2016-0114-0001

(CMS-10305) Medicare Part C and Part D Data Validation (42 CFR 422.516(g) and 423.514(g))

Document: CMS-2016-0114-DRAFT-0007

CA

Submitter Information

Name: Teresa Adkins

Address:

Rancho Cucamonga, CA, 91730

Email: Teresa.L.Adkins@kp.org

Organization: Kaiser Permanente

General Comment

E13.1: Number of New Enrollees

A) DVA E13.1-a doesn't specify a minimum duration of enrollment for a member to count as a new enrollee while the technical specifications, April 22 version, state the member must be enrolled continuously for more than 90 days after the effective date of enrollment to qualify as a new enrollee.

B) DVA E13.1-c states that a member is new if s/he dis-enrolled and re-enrolled and an initial HRA was not performed prior to dis-enrollment. This means that if an initial HRA was performed prior to dis-enrollment, the member would not be new. This standard conflicts with 06/24/2016 response from CMS (referenced above) where they indicate the following interpretation of the 06/20/2016 Clarification of Data Elements 13.1 and 13.2 communication (refer to Example 1) is correct. CMS's response is the blue text--and indicates that plans are to look at each enrollment separately. In the below example, CMS confirmed that a member who received an initial assessment and then disenrolled, re-enrolled, and received another initial assessment would in fact be counted as a new member twice. This guidance clearly conflicts with the DVA standards for element 13.1.

Example 1: Member enrolls on 2/1/2016, initial HRA completed on 3/15/2016 and member disenrolls 6/1/2016. Same member re-enrolls on 8/1/2016 and initial assessment is completed on 10/1/2016 and member remains enrolled through year end. Based on revised guidance, we would count the member and the HRAs twice: 2 under E13.1 and 2 under E13.3. That is correct

C) DVA E13.1-c contradicts DVA E13.1-d. As stated above, E13.1-c implies a member is not new if an initial HRA was performed prior to dis-enrollment. DVA E13.1-d requires continuous enrollment for an HRA completed in a previous year to indicate the member is not new. This adds a layer of complexity beyond the discrepancies between the DVA standards and the Technical Specifications.

E13.2: Number of Enrollees Eligible for an Annual Reassessment HRA

DVA E13.2-d does not include any reference to the 365 day reassessment interval. This implies the member is counted as eligible for a reassessment by the close of the measurement year even if day 365 is not reached--this does not make sense as plans have the full 365 days to complete a re-assessment. We raised this same issue with CMS about the technical specifications, April 22 version, and CMS indicated they would issue a clarification. It is critical that the DVA standards are updated to reflect any subsequent clarifications released by CMS.

E13.3: Number of Initial HRAs Performed on New Enrollees

DVA E13.3-b states only HRAs performed between 1/1 and 12/31 of the measurement year count which conflicts with the technical specifications which state that if the initial HRA is performed in the 90 days prior to the effective enrollment date, it is included in the reporting year in which the effective enrollment date falls. Refer to the notes section of the technical specifications to see the