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To: Centers for Medicare and Medicaid Services
Submitted electronically via: www.regulations.gov

From: Shannon Schuster
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Date: August 29, 2016

Re: *Medicare Part C and Part D Data Validation (42 CFR 422.516(g) and 423.514(g))*

Attached are comments regarding the Medicare Part C and Part D Data Validation (42 CFR 422.516(g) and 423.514(g)) (CMS-10305).

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

Comments Submitted by UnitedHealthcare 8/29/16

UnitedHealthcare (United) is pleased to provide the Centers for Medicare & Medicaid Services (CMS) comments regarding the Medicare Part C and Part D Data Validation (42 CFR 422.516(g) and 423.514(g)).

Supporting Statement

Five-Point Likert-Type Scale

CMS states that the Findings Data Collection Form (FDCF) is revised and to be used for the 2017 and 2018 data validation (DV) collection periods by changing the scoring of six standards from a binary scale to a five-point Likert-type scale. United seeks clarification from CMS regarding whether this proposed revision is applicable to only the 2017 and 2018 DV collection periods, or if it also applies to the 2016 DV collection period. If the proposed five-point Likert-type scale is not adopted for the 2016 period, United would ask for further clarification on whether the current scoring methodology will be applicable to the 2016 DV collection period instead. Additionally, we would encourage CMS to consider applying the five-point Likert-type scale at the standard and sub-standard levels to all reporting sections and data elements. Should CMS make this change, we understand that the current 100% accuracy threshold for the individual grievance categorization sub-standard measure to receive a 5-star rating would change to a 95% threshold. If that is not the case, then we request additional clarification regarding the weighting/scoring at the standard level, reporting section level, and the contract level for the following scenarios under the five-point Likert-type scale: Display Measures and measures used for Star Ratings. We strongly encourage CMS to consider adopting the five-point Likert-type scale starting with the 2016 DV collection period, which would correspond to the DV audit occurring in 2017.

Appendix 1: Data Validation Standards

Organization Determinations

The DV standard appears to limit the reporting of service authorization to pre-services cases only. For example:

CMS requires plans to report organization determinations and reconsiderations requests submitted to the plan. For purposes of Reporting Section 6: 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, prior authorization requests, and requests to continue previously authorized ongoing courses of treatment. It includes requests from both contract and non-contract providers.

CMS also states, "In contrast to claims (payment decisions), service authorizations include all service-related decisions, including pre-authorizations, concurrent authorizations and post-authorizations." We encourage CMS to update the documents for consistency between both the DV standards and the Part C reporting technical specifications.

Additionally, the DV standards for data element 6.10: Number of Requests for Organization Determinations - Dismissals, reference following the Reconsideration Dismissal Procedure rather than guidance for processing for Organization Determinations - Dismissals. We encourage CMS to replace the Reconsideration Dismissal Procedure in the Appendix 1 with the guidance for processing for Organization Determinations - Dismissals.

Reopened Case

The DV standards appear to limit the reporting reason(s) for reopening to Clerical Error, New and Material Evidence, or Other. We respectfully ask CMS to clarify whether Fraud and Similar Fault will continue to be a reason for reopening in the 2016 measurement period. We encourage CMS to update the DV standards to include Fraud and Similar Fault, which aligns with Chapter 13 and the reopening reporting template.

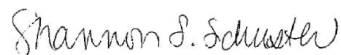
Sponsor Oversight of Agents

Following the suspension of reporting Sponsor Oversight of Agents in 2017, we request clarification whether CMS plans to remove it from the DV occurring in 2017. Removing Sponsor Oversight of Agents from the DV occurring in 2017 might reduce costs incurred for the DV occurring in 2017 as well as any costs associated with any pre-assessment activity for this reporting section.

Finally, there are many references to a toolkit throughout the Coverage Determinations and Reconsiderations. Specifically, Appendix L states "Toolkit for universes for sponsor data validation should be used by the reviewer when validating plan data. The toolkit provides a guide on which data elements to identify from SO data, to validate data submitted in HPMS for this reporting section." We respectfully request that CMS release a copy of the toolkit specifications and QC steps to allow plans the opportunity to review.

If you have any questions on these comments, please feel free to contact me at 920-661-6217.

Respectfully,



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