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

From: Shannon Schuster
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Date: December 12, 2017

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)).

Medicare Part C and Part D Data Validation (42 CFR 422.516(g) and 423.514(g))
Comments Submitted by
UnitedHealthcare
12/12/17

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)).

Medicare Part C and Part D Reporting Requirements Data Validation Procedure Manual Appendix B

CMS Outlier/Data Integrity Notices *(Part C Grievances, Part C Organization Determinations/ Reconsiderations, Part C SNP Care Management, Part D MTM Programs, Part D Grievances, Part D Coverage Determinations and Redeterminations, Part D Improving Drug Utilization Review Controls Reporting Sections Criteria)*

United has concerns regarding CMS' new standard for 2018. CMS states "If the organization received a CMS outlier/data integrity notice validate whether or not an internal procedure change was warranted or resubmission through HPMS." However, we are unsure why this would be considered a finding if the plan had completed the correction. We also seek clarification on whether there would only be a finding if a correction is required and plan does not make the change.

Recommendation:
United recommends that this should not be a finding if the data correction (resubmission) occurs prior to the CMS prescribed deadline. Further, if the data correction does not occur, then the Sponsoring Organization would receive a finding.

Missing New 2017 Reopening Data Elements *(Part C Organization Determinations/Reconsiderations Reporting Section Criteria)*

United has identified a gap in Reporting Section Criteria 22 for Part C Organization Determinations/Reconsiderations as compared to the 2017 Part C Technical Specifications. It appears that the following elements were excluded from the data validation standards:

- 6.28 Was the case processed under the expedited timeframe (N/Y)
- 6.29 Case Type (Service or Claim)
- 6.30 Status of treating provider (Contract, Non-contract)
- 6.33 Additional Information (Optional)

Recommendation:
United recommends that CMS update section 22 to align with the 2017 Part C Technical Specifications. Section 22 would be updated with the following:

Organization accurately reports the following information for each reopened case.

a. Contract Number
b. Plan ID
c. Case ID
d. Case level (Organization Determination or Reconsideration)
e. Date of original disposition
f. Original disposition (Fully Favorable; Partially Favorable or Adverse)

g. Was the case processed under the expedited timeframe? (Y/N)
h. Case type (Service or Claim)
i. Status of treating provider (Contract, Non-contract)
j. Date case was reopened
k. Reason(s) for reopening (Clerical Error, Other Error, New and Material Evidence, Fraud or Similar Fault, or Other)
l. Additional Information (Optional)
m. Date of reopening disposition (revised decision)
n. Reopening disposition (Fully Favorable; Partially Favorable, Adverse or Pending)

[Data Elements 6.22 - 6.35]

Part D Medication Therapy Management Program (MTMP) *(Reporting Section Criteria)*

The 2018 Data Validation Standards state, "...excludes members who disenroll and then re-enroll in the same contract, if the gap of MTM enrollment is equal to 60 days or less." However, the 2017 Part D Technical Specifications removed the 60 day gap requirement verbiage and now states, *"…Regardless of the duration* of the gap in MTM program enrollment, report the initial date of MTM program enrollment, no date of MTM program opt out, and all other applicable elements for activity across all MTM program enrollment periods within the reporting period." (emphasis added)

Recommendation:
United seeks clarification on which requirement should be applied. We recommend that CMS update the 2018 Data Validation Standards to mirror the reporting requirement outlined in the 2017 Part D Technical Specifications to reflect "regardless of duration" instead of the "60 days or less".

Improving Drug Utilization Review Controls *(Reporting Section Criteria Sections 4-9)*

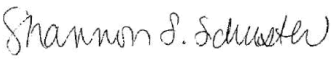
United does not believe that the data elements outlined in the Reporting Section Criteria for sections 4-9 align with the latest (2017) Part D Reporting Requirement or Technical Specifications. Only data elements A-P exist per the latest Part D Reporting requirements, rather than data elements A-S as referenced in the Data Validation Standards document.

Recommendation:
United recommends that CMS correct the Data Validation Standards document to remove any references to the following data elements from sections 4-9 and align with the data element numbering reflected in the 2017 Part D Reporting Requirements and Technical Specifications:

- E. If yes to element A, the minimum number of days meeting or exceeding the MED threshold criterion used.
- N. If yes to element J, the minimum number of days meeting or exceeding the MED threshold criterion used.
- S. Of the total reported in element O, the number of claims resolved and paid at the POS (either through a favorable decision through the coverage determination or appeals process, or other mechanism).

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

Respectfully,



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