

| Comments on Data Validation Standards for Data Validation Occurring in 2018 | | | | |
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| Document Title | Page Number | Section Title | Specific Text from Document that is being commented upon | Comment |
| Appendix B: Data Validation Standards | General | General | General | <p>Itasca Medical Care has noticed that the Data Validation Standards usually contain language and calculations that clarify the reporting requirements, while the Reporting Requirements and Technical Specifications documents were unclear. The Data Validation Standards often remove the uncertainty when reviewed in accordance with the Reporting Requirements and Technical Specifications. Itasca Medical Care would like to recommend that CMS consider releasing the Data Validation Standards at the same time as the draft or final versions of the Reporting Requirements and the Technical Specifications. We believe that if CMS provided the complete set of expectations at one time this would enable better understanding of the requirements as well as possibly preventing misinterpretations of the information.</p> |

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| Appendix B: Data Validation Standards | Page 16 - MTMP Page 19 - Grievances Page 23 - Coverage Determination s & Redeterminations Page 32 - Improving Drug Utilization Review | Reporting Section Criteria for the report sections/pages indicated. | <p>MTMP: cc. If the organization received a CMS outlier/data integrity notice validate whether or not an internal procedure change was warranted or resubmission through HPMS.</p> <p>Grievance: o. If the organization received a CMS outlier/data integrity notice validate whether or not an internal procedure change was warranted or resubmission through HPMS.</p> <p>CD&R: o. If the organization received a CMS outlier/data integrity notice validate whether or not an internal procedure change was warranted or resubmission through HPMS.</p> <p>IDUR: d. If the organization received a CMS outlier/data integrity notice based on their soft/hard/provider/pharmacy formulary-level cumulative opioid morphine equivalent dose (MED) threshold, validate whether or not an internal procedure change was warranted or resubmission through HPMS.</p> | <p>Itasca Medical Care believes that it is common practice for plans to provide the DV contractors with the Organizational Assessment Instrument (OAI) packages on or around March 1. Generally, the outlier/data integrity reporting is not released until the end of March or early April and plans usually have up to 7 days to respond to the results. We are worried that DV contractors will pressure plans to receive the OAI packages, inclusive of the responses to the questions regarding the outlier/data integrity reports, in early March, prior to the availability of these reports. Plans would be unable to comply with these requests because these results would not be available. Itasca Medical Care is requesting that CMS provide some direction as to the expected timing of the release of the OAI to the DV contractors, with consideration to the timing of the release of the outlier/data integrity reporting outcome. We suggest that CMS provide direction that the OAI should not be released to the DV contractors until after the outlier/data integrity reports have been released and the plans have had necessary time to react to the results. We recommend that this timing be two weeks (fourteen calendar days) after the outlier/data integrity report is available, guaranteeing that the plan has adequate time to respond to results of the report. For example, if the outlier/data integrity report is available on March 28, the OAI package would be released to the DV contractor on April 11. With this direction, if the outlier/data integrity reports become obtainable earlier or later than in the past, this timing would be flexible enough that it wouldn't need future amendment.</p> |

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| Appendix E: Organizational Assessment Instruction | Page 9 | 4.3 - Supplemental Questions Regarding Reporting Processes | "Did your organization receive an outlier/data integrity notification for any of the reporting sections that are currently undergoing data validation review (as identified in Table 5) for the contract(s) included in this OAI? If so, the organization is required to retrieve such notices via the Download Files page of the Monitoring Parts C and D Reporting Website received for the reporting section and any corrective actions taken to address the issue." | Same comment/recommendation as above: Itasca Medical Care believes that it is common practice for plans to provide the DV contractors with the Organizational Assessment Instrument (OAI) packages on or around March 1. Generally, the outlier/data integrity reporting is not released until the end of March or early April and plans usually have up to 7 days to respond to the results. We are worried that DV contractors will pressure plans to receive the OAI packages, inclusive of the responses to the questions regarding the outlier/data integrity reports, in early March, prior to the availability of these reports. Plans would be unable to comply with these requests because these results would not be available. Itasca Medical Care is requesting that CMS provide some direction as to the expected timing of the release of the OAI to the DV contractors, with consideration to the timing of the release of the outlier/data integrity reporting outcome. We suggest that CMS provide direction that the OAI should not be released to the DV contractors until after the outlier/data integrity reports have been released and the plans have had necessary time to react to the results. We recommend that this timing be two weeks (fourteen calendar days) after the outlier/data integrity report is available, guaranteeing that the plan has adequate time to respond to results of the report. For example, if the outlier/data integrity report is available on March 28, the OAI package would be released to the DV contractor on April 11. With this direction, if the outlier/data integrity reports become obtainable earlier or later than in the past, this timing would be flexible enough that it wouldn't need future amendment. |