

PUBLIC SUBMISSION

As of: 12/22/17 8:58 AM
Received: December 11, 2017
Status: Draft
Tracking No. 1k1-90ah-fncx
Comments Due: December 12, 2017
Submission Type: Web

Docket: CMS-2017-0136

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

Comment On: CMS-2017-0136-0001

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

Document: CMS-2017-0136-DRAFT-0008

MN

Submitter Information

Name: Rebecca Fuller

Address:

Alexandria, MN, 56308

Email: rebecca.fuller@primewest.org

General Comment

CMS-10305; OMB Control number: 0938-1115

PrimeWest Health has concerns with how CMS is defining members who are "unable to be reached," which is in Appendix B DV standards, pg 12 #9b and pg 13 #12d. Requiring 3 phone attempts and a follow-up letter works when we have an accurate phone number for a member, but we have a large number of members who have not provided a good phone number. While we attempt to locate a good phone number for all members, if the phone number is incorrect the first time we call, we are unlikely to make two more phone calls to that same non-working number. Additionally, for some members, we do not have any phone number to make even one attempt. With the current specifications and standards, these members would not fall into any of the measured areas (having an assessment, refusing, or unable to reach) and would affect our scores negatively. We respectfully ask CMS to let us know a way to categorize these types of members.