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Subject: CMS Form Number CMS-10261

1. MMO noticed that the data elements on the Organization Determinations & Reconsiderations section [data entry and file upload] will be "changed from Numbers to Letters - to be consistent with Part D Reporting." The comment we have is:

The same letters are repeated within the four data entry sections A-G, A-L, A-G, and A-L. It will be difficult to distinguish fields when referencing this layout. Can CMS label these as they do in other universes - A through Z, and if needed AA, AB, AC, etc.?

2. Table 4 is used to report organization determinations classified as Direct Member Reimbursements (DMR). By definition a DMR claim is one in which the enrollee has paid a healthcare related expense for which they are seeking reimbursement under the provisions of the health care coverage. The lack of a standard reliable way to identify a DMR claim using information available on a HCFA 1500 claim form requires a manual review of all claims from the universe of claims that are potential DMR claims, i.e. non-electronic and paid to the enrollee. Can consideration be given to changing the criteria for Table 4 to include all claims paid to an enrollee regardless of whether reimbursement is being sought? It would make the reporting effort more straightforward and eliminate the manual intervention required today. The revised approach would still capture all the DMR claims as they are defined today. The only difference would be it would capture any additional claim paid to an enrollee which was not submitted for the purpose of seeking reimbursement.
3. The 2019 reporting requirements request totals for claims and services submitted by enrollee vs provider. There is no data element on the HCFA 1500 claim form which allows for the classification of the submitter as the enrollee or provider. We do not currently track the claim submitter by classification of any kind. As currently designed the process to meet this requirement would be manual and therefore place an undue burden on our plan. A manual process would also be subject to error. In this regard we respectfully request CMS reconsider the requirement to classify claims and services by submitter.