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Puerto Rico

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General Comment

Greetings,

On behalf of MMM Healthcare, LLC (H4003, H4004 & H7522) we are submitting comments below with respect to the proposed Medicare Part C Reporting Requirements received on March 27, 2018.

During our review, we identified the following elements that we will appreciate further guidance regarding the Organization Determinations and Reconsiderations Report:

New elements for Organization Determinations (A-L) and for Reconsiderations (A-L)- we are requesting clarification regarding the definition of contracted provider. For claims, Does the term contracted provider means the billing provider or the provider that rendered the service? For authorization requests, Does it referred to the requesting provider or the provider that will render the service?

In addition , we understand that additional clarification must be included to address the scenario when a contracted provider is cancelled, and was active with the Plan only for a short term (e.g. 2 months) during the reporting period.

Thanks in advance,