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

From: Shannon Schuster
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Date: May 28, 2019

Re: *Medicare Part C and Part D Data Validation*

Attached are comments regarding the Medicare Part C and Part D Data Validation.

Medicare Part C and Part D Data Validation

Comments Submitted by
UnitedHealthcare
5/28/19

UnitedHealthcare (United) appreciates the opportunity to provide input to CMS regarding the Medicare Part C and Part D Data Validation (DVA).

Organization Determination/Reconsiderations
Section 16: Organization accurately reports the following information for each reopened case.

The Elements listed in Section 16 do not capture all the required reopening data elements. United respectfully asks that the Elements listed in Section 16 be updated to reflect the data elements listed on the reopening file record layout for consistency For example:

For each case that was reopened, the following information will be uploaded in a data file:

a. Contract Number
b. Plan ID *(needs to be added to Section 16)*
c. Case ID *(needs to be added to Section 16)*
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) *(needs to be added to Section 16)*
h. Case type (Service or Claim) *(needs to be added to Section 16)*
i. Status of treating provider (Contract, Non-contract) *(needs to be added to Section 16)*
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) *(needs to be added to Section 16)*
m. Date of reopening disposition (revised decision)*
n. Reopening disposition (Fully Favorable; Partially Favorable, Adverse or Pending)

Medication Therapy Management Programs
Section 5.r and s

Section 5.r and 5.s state:

> r. If a CMR was received (Data Element P = Yes), there is a reported delivery date(s) (Data Element R ≠ missing).
> s. If a CMR was not received (Data Element P = No), there are no reported delivery date(s) (Data Element R = missing).

Records may flag as outliers if Element P = N, and Element R is populated. The DVA Standards document does not account for post-CMR return mail.

Part D Technical Specifications
II Medication Therapy Management (MTM) Program

"E. Notes - additional clarifications to a reporting section" states:

> 15. For reporting annual CMR with written summary in CMS standardized format, the beneficiary must receive the CMR written summary. Therefore, returned mail does not count as a received CMR (element P).
>
> 16. If a CMR written summary in CMS standardized format is sent and returned, the date that the written summary was sent should still be reported (element R).

If the CMS standardized format (post-CMR member letter) is returned mail, then plans would report as follows:

> Element P = N
> Element Q = blank
> Element R = post-CMR member letter delivery date

Therefore, United requests that CMS update the Appendix B: Data Validation Standards to align with the 2019 Part D Technical Specifications to mitigate any confusion by plans.

Coverage Determinations and Redeterminations
Section 5.b

Section 5.b. includes the total counts of exception types, as well as the totals for each decision type (e.g., Data element 1.G-1.R), which if summed up would exceed element 1.A.

United recommends that this section be updated to exclude the exception type totals (e.g., Data elements 1.G, 1.K, 1.O) to align with Section 5a.

Section 7.f

Section 7.f indicates that request for withdrawn or dismissed are included in the total counts for each exception type (e.g., Data elements 1.G, 1.K, 1.O). However, it does not align with Section 2.16 of the Part D Technical Specifications.

Section 7.f on Pg. 24:

> f. Includes requests for exceptions that are withdrawn or dismissed. Verify that all standard exceptions that are withdrawn or dismissed are included. Verify that all expedited exceptions that are withdrawn or dismissed are included.
> g. Excludes requests for exceptions regarding drugs assigned to an excluded drug category.
> h. Excludes members who have utilization management requirements waived based on an exception decision made in a previous plan year or reporting period.
>
> [Data Element 1.G, 1.K, 1.O]

Part D Technical Specifications Section 2.16 on Pg. 47:

> 16. Withdrawn and dismissed coverage determinations are not included in total, withdrawn and dismissed coverage determinations has its own total category.

United requests that Section 7.f be updated to align with Section 2.16 of the Part D Technical Specifications of the standards where stated “withdrawn” (Data Element 1.B) and “dismissed” (Data Element 1.C) are not included in totals and have their own total categories.

Part D Grievances, Appendix B, Data Validation Standards

The Part D Technical Specifications dated 3/6/2019 do not align with the 2020 Data Validation Standard Appendix B 6.a. In the Data Validation standards document on page 19, 6.a, it states, “Includes all grievances that were completed (i.e. organization has notified member of its decision) during the reporting period, regardless of when the grievance was received”. The revised the Technical Specification released 3/6/2019 document page 37 it states “Grievances are reported based on the grievance decision date”.

United seeks clarification from CMS on whether the reporting Technical Specifications will be updated to align with the Data Validation standards.

United recommends CMS to align the CMS Technical Specification to the Data Validation Standards and Part C reporting, as this will allow for aligned reporting.

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

Respectfully,

Shannon S. Schuster

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UnitedHealthcare