ATTACHMENT II-B
Part C Organization Determinations, Appeals and Grievances (ODAG)
Sample Case File Minimum Documentation Required

Purpose: To advise plan of the minimum documentation required for each of the sample cases requested by CMS to conduct audit activities.

Instructions: The plan must include all documentation detailed below for each sample case. The plan may include additional documentation not specifically requested for the purpose of providing additional detail or clarity. Such additional documentation may include, but is not limited to, a narrative summary of the case. Where appropriate, plan's case documentation should be provided via screen prints/screen shots from the plan's organizational determination / reconsiderations / grievances / claims adjudication system(s), as well as CSR / call system notes. The plan should mark each element on the screen print or provide a sample case as a legend.

I. Effectuation Timeliness – Organization Determinations and Appeals

Minimum documentation to include:

1. **For requests for organization determinations (pre-service or payment) or reconsiderations:**
    a. Initial request:
        i. If request was received via fax/mail/email, copy of original request including date/time stamp of receipt.
        ii. If request was received via phone, copy of CSR notes and/or documentation of call including date/time stamp of call and call details.
    b. Description of the service/benefit requested from the provider/physician or the enrollee.
    c. Where applicable, copy of all notices, letters, call logs, or other documentation showing when the plan requested additional information from the provider/physician including date/time stamp of the request. If the request was made via phone call, copy of call log detailing what was communicated to the physician/provider.
    d. Where applicable, copy of all supplemental information submitted by the physician/provider:

i. If information was received via fax/mail/email, copy of documentation provided including date/time stamp of receipt.
ii. If information was received via phone, copy of CSR notes and/or documentation of call including date/time of call.

e. Documentation of effectuation including approval in organization determinations/ reconsiderations system(s) and evidence of effectuation in plan's claims adjudication system, clearly showing date and time override was entered.
f. Documentation showing approval notification to the enrollee and/or their representative and physician/provider, as applicable.
    i. Copy of the written decision letter and documentation of date/time letter was printed and mailed.
    ii. If oral notification was given, copy of CSR notes and/or documentation of call including date/time of call.

2. For cases overturned by IRE/ALJ/MAC:

a. Copy of overturn notice from IRE/ALJ/MAC including date/time stamp of receipt by plan.
b. Documentation of effectuation including approval in organization determinations/ reconsiderations system(s) and evidence of effectuation in plan's claims adjudication system, clearly showing date and time override was entered.
c. Copy of effectuation compliance notice to IRE including date/time sent.
d. Documentation showing approval notification to the enrollee and/or their representative and physician/provider, as applicable.
    i. Copy of the written decision letter and documentation of date/time letter was printed and mailed.
    ii. If oral notification was given, copy of CSR notes and/or documentation of call including date/time of call.

II. Appropriateness of Clinical Decision-Making & Compliance with ODA Processing Requirements

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Minimum documentation to include:

1. **For requests for organization determinations (pre-service or payment) or reconsiderations:**
    a. Initial request:
        i. If request was received via fax/mail/email, copy of original request including date/time stamp of receipt.
        ii. If request was received via phone, copy of CSR notes and/or documentation of call including date/time of call.
    b. Where applicable, copy of all notices, letters, call logs, or other documentation showing when the plan requested additional information from the provider/physician, including date/time stamp of the request. If request was made via phone call, copy of call log detailing what was communicated to provider/physician.
    c. Copy of all supplemental information submitted by provider/physician:
        i. If information was received via fax/mail/email, copy of documentation provided including date/time stamp.
        ii. If information was received via phone, copy of CSR notes and/or documentation of call including date/time of call.
    d. Documentation of case review steps including name and title of final reviewer; rationale for denial; any reference to CMS Guidance, Federal Regulations, plan clinical criteria, peer reviewed literature (where allowed), and plan documents (e.g., EOC, SB); or any other documentation used when considering the request.
    e. Documentation showing denial notification to the enrollee and/or their representative and provider/physician, if applicable:
        i. Copy of written decision letter and documentation of date/time letter was printed and mailed.
        ii. If oral notification was given, copy of CSR notes and/or documentation of call including date/time of call.
    f. If case was untimely, include the following:
        i. Narrative explaining reason case was not processed timely.

ii. Narrative explaining how case was discovered as untimely.
iii. Screen print showing date/time case was forwarded to the IRE.
iv. Documentation showing when the enrollee was notified their case had been forwarded to the IRE for review including copy of notification letter and screen print showing the date/time letter was printed and mailed.

2. For cases overturned by IRE:

a. Copy of overturn notice from IRE including date/time stamp of receipt by plan.
b. Documentation of effectuation including approval in organization determinations/ reconsideration system(s) and evidence of effectuation in plan claims system clearly showing date and time override was entered.\
c. Copy of effectuation compliance notice to IRE including date/time sent.
d. Documentation showing approval notification to the enrollee and/or their representative and physician/provider, as applicable.
    i. Copy of the written decision letter and documentation of date/time letter was printed and mailed.
    ii. If oral notification was given, copy of CSR notes and/or documentation of call including date/time of call.

III. Grievances

Minimum documentation to include:

1. Initial complaint:

a. If complaint was received via fax/mail/email, copy of original complaint including date/time stamp of receipt.
b. If request was received via phone, copy of CSR notes and/or documentation of call including date/time of call and call details.

2. Where applicable, copy of all notices, letters, call logs, or other documentation showing when the plan acknowledged receipt of the grievance to the enrollee, and/or requested additional information from the enrollee and/or their representative, including the date

and time of the acknowledgement. If request was made via phone call, copy of CSR notes and/or documentation of call, as well as what was communicated to the enrollee.

3. Copy of all supplemental information submitted by enrollee and/or their representative:
    a. If information was received via fax/mail/email, copy of documentation provided including date/time stamp.
    b. If information was received via phone, copy of CSR notes and/or documentation of call including date/time of call.
4. Documentation showing the steps the plan took to resolve the issue and a description of the final resolution. Documentation showing the steps the plan took to resolve the issue may include, but is not limited to, appropriate correspondence with other departments within the organization; referral to the plan's fraud, waste, and abuse department; and outreach to providers.
5. Documentation showing resolution notification to the enrollee and/or their representative:
    a. Copy of the written decision letter sent and documentation of date/time letter was printed and mailed.
    b. If oral notification was given, copy of CSR notes and/or documentation of call including date/time stamp.

IV. Dismissals

Minimum documentation to include:

1. Initial request:
    a. If request was received via fax/mail/email, copy of original request including date/time stamp of receipt.
    b. If request was received via phone, copy of CSR notes and/or documentation of call including date/time stamp of call and call details.
2. Where applicable, copy of all notices, letters, call logs, or other documentation showing when the plan requested additional information from the provider/physician or purported representative including the date/time stamp of the request. If the request was made via phone call, copy of call log detailing what was communicated to the physician/provider or purported representative.

3. Where applicable, copy of all supplemental information submitted by the physician/provider or purported representative:
    a. If information was received via fax/mail/email, copy of documentation provided including date/time stamp of receipt.
    b. If information was received via phone, copy of CSR notes and/or documentation of call including date/time of call.
4. Where applicable, all documentation to support the plan's decision to dismiss the request and documentation showing when the recommendation for dismissal was sent to the IRE.
5. Copy of the IRE's notice to the enrollee.