

<b>ER17 Sample Element</b>	<b><u>Working Aged Survey</u></b> <b>The MAO must conduct an annual working aged survey. It must submit one Excel file for members who were working aged in the annual survey and another file for those members who did not respond to the survey. The name and HIC# for each member must be included in this file.</b>	
	<b><u>MOE ER17</u></b> <b>Complete the sample review of WS-ER7. Determine if the result in column 4 meets the compliance standard.</b>	

<p><b>OP10</b> Sample Element</p>	<p><b><u>Termination of Provider Services: Notice of Termination of SNF, HHA, or CORF Services (Timeliness)</u></b></p> <p>The MAO must provide notice through the provider (SNF, HHA, or CORF) to enrollee of its decision to terminate provider services no later than two days before the proposed end of the services.</p> <p>42 CFR 422.624</p>	
	<p><b><u>MOE OP10</u></b></p> <p>Complete sample review for WS-04 and WS-05. Determine if the result from Column 6 of WS-OP5 meets the compliance standard.</p>	
<p><b>OP11</b> Sample Element</p>	<p><b><u>Terminate of Provider Services: Notice of Termination of SNF, HHA, or CORF Services (Notice Content)</u></b></p> <p>The MAO's notice of termination of SNF, HHA, or CORF services must use the standard notice of noncoverage including the date that the coverage of services ends; the date the enrollee's financial liability for continued services begins; a description of the enrollee's right to a fast-track appeal via the QIO; and alternative appeal mechanisms if the enrollee fails to meet the deadline for a fast-track appeal.</p> <p>42 CFR 422.624</p>	
	<p><b><u>MOE OP11</u></b></p> <p>Complete sample review for WS-04 and WS-05. Determine if the result from Column 7 of WS-OP5 meets the compliance standard.</p>	
<p><b>OP12</b> Sample Element</p>	<p><b><u>Detailed Explanation of Non-Coverage of Provider Services (Timeliness)</u></b></p> <p>The MAO (upon notification by the QIO that an enrollee has filed a request for a fast-track appeal) must send a detailed notice to the enrollee by the close of business of the day the QIO notification is received.</p> <p>42 CFR 422.626(e)</p>	
	<p><b><u>MOE OP12</u></b></p> <p>Complete sample review for WS-OP5. Determine if result from column 10 meets the compliance standard.</p>	
<p><b>OP13</b> Sample Element</p>	<p><b><u>Detailed Notice of Non-Coverage of Provider Services (Notice Content)</u></b></p> <p>The MAO must include in the Detailed Notice of Non-Coverage of Provider Services an explanation as to why the provider services are no longer reasonable or necessary, or are no longer covered; the applicable Medicare rule, instruction or policy including citations, and how the enrollee may obtain copies of such documents; and other facts or information relevant to the non-coverage decision.</p>	

	<b>42 CFR 422.626(e)</b>	
	<b><u>MOE OP13</u></b> Complete sample review for WS-OP5. Determine if column 11 meets the compliance standard.	
<b>OP14 Sample Element</b>	<b><u>Effectuation of QIO Decision Reversals</u></b> <b>If a QIO reverses an MAO organization determination decision to terminate SNF, HHA, or CORF services, the MAO must effectuate the decision in a timely and appropriate manner.</b>  <b>42 CFR 422.626(e)(5)</b>	
	<b><u>MOE OP14</u></b> Complete sample review for WS-OP5. Determine if column 14 meets the compliance standard.	
<b>OP15 Ongoing Element</b>	<b><u>Notice of Non-Coverage of Inpatient Hospital Care</u></b> <b>The MAO must provide notice to the enrollee of its decision (or that of the delegated provider) of non-coverage of further hospital care no later than the day before hospital coverage ends when the enrollee disagrees with the discharge or non-coverage decision. Prior to issuance of this notice the MAO secures concurrence from the physician responsible for the patient's care in the hospital. The MAO's notice of non-coverage of further inpatient hospital care must include the reason why further inpatient hospital care is no longer needed; the date and time of the enrollee's liability for continued inpatient care; and the enrollee's appeal rights.</b>  <b>42 CFR 422.620</b>	
	<b><u>MOE OP15</u></b> Review notices used to notify beneficiaries to ensure CMS requirements are included.	

## Worksheet Template

**Worksheet Name:** WSER1

**Worksheet Title:** Application and Enrollment

### Requirement:

To determine if enrollment applications were processed and beneficiaries were enrolled per CMS standards.

Note: The M+CO is responsible for ensuring compliance with CMS requirements even if the function is performed by a delegated entity.

Note: The format of an application may be a paper document or an alternative format approved by CMS (e.g., electronic EGHP elections). When the application is not in a paper form, the term "completed" will be used rather than the term "signed."

### Universe:

All action code 61/reply codes 11, 16, 17, 22, and 23 inputs entered by the M+CO, during the review period, and accepted by CMS, and all action code 61/reply codes 11, 16, 17, 22, and 23 (EGHP enrollments) entered by the MAO where the effective date is one month prior to the payment month or later. *Note: This captures current month EGHP enrollments incorrectly submitted as retroactive enrollments (code 61s).*

### Sample Size:

Randomly select 30 cases.

### Note:

### Worksheet Items:

#### Item: Misclassified

Can be Blank

*Help: Select this check box if the record is misclassified and should not be included in the review of this worksheet. Note: the record can also be identified as misclassified on the Worksheet Summary screen.*

**Item: 1. Member Name (CMS):**

Imported (Green Column)

*Help: The member's name - derived from CMS data in the sample program.*

**Item: 2. HIC # (CMS):**

Imported (Green Column)

*Help: The member's Health Insurance (Medicare) number - derived from CMS data in the sample program. (Even if the M+CO uses a different member-identifier, it should be able to find the requested documents based on cross referral to the Medicare number.)*

**Item: 3. Monthly Report Date (CMS):**

Imported (Green Column)

*Help: The month and year name of the Transaction Reply Report in which the transaction concerned was reported to the MAO. For example, a Monthly Report Date of 03/2004 reflects transactions that were processed by CMS during the month of February 2004. derived from CMS data in the sample program.*

**Item: 4. Effective Enrollment Date (CMS Reply):**

Imported (Green Column)

Can be Blank

*Help: The effective date of enrollment based on CMS processing during the monthly run - derived from CMS data in the sample program.*

**Item: 5. Was the Application Complete?**

Options:

Yes

No

Unknown

*Help: Was the application complete when it was received by the M+CO? Y = Application was complete. N = Application was incomplete. Note: If not available, select "Unknown."*

**Item: 6. Did M+CO Request Information to Complete the Application?**

Options:

Yes

No

Unknown

*Help: Item 6 will be completed only if application is incomplete.*

*Did the M+CO either contact the beneficiary and request the needed information (documentation of contact required) or send a request for information notice to the beneficiary? Y = M+CO requested information from the beneficiary to complete the enrollment application. N = There is no evidence (documentation) that the M+CO requested the information needed to complete the enrollment application. (Note: If the M+CO sends a notice to the beneficiary, the request for information notice should have been pre-approved by the RO.*

*If this is not the case, please refer to the Chapter 3, Marketing section, elements for further action. Enter "Y," if the M+CO sent a notice that should have solicited the appropriate information from the beneficiary even if it was not pre-approved by the RO.) Note: If not available, select "Unknown."*

**Item: 7. Date Request for Further Information Was Made:**

Can be Marked as Unknown

*Help: Item 7 will be completed only if application is incomplete.*

*Enter the date that the request for further information from the beneficiary was made. Note: If a request for further information was never made, enter "Unknown".*

**Item: 8. Was Information Needed to Complete Application Received Within 45 Days?**

Options:

Yes

No

Unknown

*Help: Item 8 will be completed only if application is incomplete.*

*Y = Beneficiary information was received by the M+CO within 45 calendar days after the request for additional information was made. N = Beneficiary information was not received by the M+CO within 45 calendar days after the request for additional information was made or no request for additional information was ever made. Note: If not available, select "Unknown."*

**Item: 9. Date Complete Application Received (Stamp):**

Can be Marked as Unknown

*Help: Enter the date that the complete application was received by the M+CO. Generally, this will be the date it was date-stamped in the mailroom. Note: If no application available or no date stamped on the application, select "Unknown."*

**Item: 10. Application Signed/Completed Appropriately? (ER01)**

Transfer to Element: ER01

Options:

Yes

No

Unknown

*Help: Verify that the appropriate person has signed/completed the application. If someone signs/completes the application on behalf of the beneficiary, ensure that the individual has authority under State law to do so and that the M+CO has documentation in its files to establish that such authority has been granted. Y = Signed/Completed by beneficiary or by other appropriate person (based on State law) with documentation in the file. N = Not signed/completed by beneficiary or appropriate person (based on State law) or documentation does not appear in file. Note: If not available, select "Unknown."*

**Item: 11. Application Dated & Processed Correctly? (ER02)**

Transfer to Element: ER02

Options:

Yes

No  
Unknown

*Help: Y = Application was date stamped and processed correctly. N = Application was not date stamped nor processed correctly. Note: If not available, select "Unknown."*

**Item: 12. Date of Enrollment per M+CO Records:**

Can be Marked as Unknown

*Help: The date of effective enrollment per M+CO electronic records (e.g., screen prints of eligibility screens). The reviewer should record the date that customer service, the claims department and providers checking eligibility would receive. Note: If not available, select "Unknown." If Unknown, the system will assume the enrollment request was improperly acted upon.*

**Item: 13. Dates in Items 4 & 12 the Same?**

Calculated  
Can be Blank  
Options:

Yes  
No

*Help: Is the enrollment date in item 4 (CMS enrollment date) the same as the enrollment date in item 12 (M+CO enrollment date)? If they are not the same, then the M+CO has generally failed to properly act on the enrollment request and/or improperly notified the beneficiary and/or CMS. Y = Enrollment dates in items 4 and 12 are the same. N = Enrollment dates in items 4 and 12 are not the same. Note: The system will automatically compute this item and the information in this item can help determine if item 15 is "Y" or "N."*

**Item: 14. Type of Enrollment AEP, ICEP, OEP, SEP:**

Options:  
AEP  
ICEP  
OEP  
SEP  
Unknown

*Help: The reviewer must determine the type of enrollment. (See April 25, 2001 letter from Marla Kilbourne entitled Systems Implementation of the Balanced Budget Act of 1997 Beneficiary Election Provisions - Revised - ACTION. Note that there are 4 enrollment periods that the reviewer will need to identify for enrollment purposes. They are: AEP - Annual Election Period - Code "A"; ICEP - Initial Coverage Election Period - Code "I"; OEP - Open Enrollment Period - Code "O"; SEP - Special Election Period - Code "S.") If not available, select "Unknown."*

**Item: 15. Date of Enrollment Correct? (ER03)**

Transfer to Element: ER03

Options:  
Yes  
No  
Unknown

*Help: Did the M+CO correctly determine the correct effective date of enrollment based on CMS rules? Y = Date correctly determined. N = Date incorrectly determined. Note: The reviewer should examine the information provided in item 13. Note: If not available, select "Unknown."*

**Item: 16. Date Acknowledgement Notice Sent:**

Can be Marked as Unknown

*Help: Enter the date the acknowledgement notice was sent to the beneficiary. Note: If not available, select "Unknown." If Unknown, the system will assume the acknowledgement notice was late.*

**Item: 17. Acknowledgement Notice Timely? (ER05)**

Transfer to Element: ER05

Calculated

Can be Blank

Options:

Yes

No

*Help: Y = Acknowledgement notice sent to the beneficiary within timeframes specified by CMS. N = Acknowledgement notice not sent to the beneficiary within timeframes specified by CMS. Note: The system will automatically compute this item.*

**Item: 18. Acknowledgement Notice Accurate? (ER06)**

Transfer to Element: ER06

Options:

Yes

No

Unknown

*Help: Y = Acknowledgement notice accurate and contained correct effective date of enrollment. N = Acknowledgement notice not accurate. Note: If not available, select "Unknown."*

**Item: 19. Date Final Notice Sent:**

Can be Marked as Unknown

*Help: Enter the date the final notice was sent. Note: If not available, select "Unknown." If Unknown, the system will assume the final notice was sent late.*

**Item: 20. GROUCH Report Available Date:**

Calculated

Allow User Override

*Help: The date the GROUCH Report was made available. This item will be populated with the applicable date published on [www.cms.hhs.gov/healthplans/systems/monthlysched.asp](http://www.cms.hhs.gov/healthplans/systems/monthlysched.asp). Note: The system will automatically input this item. If the date inputted is not correct, the user may override it.*

*If user overrides the Grouch date and would like it input automatically, the user must delete the user inputted Grouch date before changing the monthly report date.*

**Item: 21. Final Notice Timely?**



Calculated  
Can be Blank  
Options:

Yes  
No

*Help: Was the final notice of enrollment sent within timeframes specified by CMS? Y = Final notice sent within timeframes specified by CMS. N = Final notice not sent within timeframes specified by CMS. Note: The system will automatically compute this item.*

**Item: 22. Final Notice Accurate?**

Options:

Yes  
No  
Unknown

*Help: Y = Final notice accurate. N = Final notice not accurate. Note: If not available, select "Unknown."*

**Item: 23. Comments:**

Can be Blank

*Help: Self-explanatory.*

## Worksheet Template

**Worksheet Name:** WSER4

**Worksheet Title:** EGHP Enrollments (Code 60)

### Requirement:

To determine if EGHP (Code 60) applications were processed per CMS standards.

Note: The M+CO is responsible for ensuring compliance with CMS requirements even if the function is performed by a delegated entity.

Note: The format of an application may be a paper document or an alternative format approved by CMS (e.g., electronic EGHP elections). When the application is not in a paper form, the term "completed" will be used rather than the term "signed."

### Universe:

All action code 60/reply codes 11, 16, 17, 22, and 23 (EGHP-enrollment) **where the source is the MAO and the effective date is two months prior to the payment month or earlier and there is retroactivity paid by CMS for inputs entered by the M+CO and/or delegated entity over the review period.**

### Sample Size:

Randomly select 15 cases.

### Note:

### Worksheet Items:

**Item: Misclassified**

Can be Blank

*Help: Select this check box if the record is misclassified and should not be included in the review of this worksheet. Note: the record can also be identified as misclassified on the Worksheet Summary screen.*

**Item: 1. Member Name (CMS):**

Imported (Green Column)

*Help: The member's name - derived from CMS data in the sample program.*

**Item: 2. HIC # (CMS):**

Imported (Green Column)

*Help: The member's Health Insurance (Medicare) number - derived from CMS data in the sample program. (Even if the M+CO uses a different member-identifier, it should be able to find the requested documents based on cross referral to the Medicare number.)*

**Item: 3. Monthly Report Date (CMS):**

Imported (Green Column)

*Help: The month and year name of the Transaction Reply Report in which the transaction concerned was reported to the MAO. For example, a Monthly Report Date of 03/2004 reflects transactions that were processed by CMS during the month of February 2004 - derived from CMS data in the sample program.*

**Item: 4. Effective Enrollment Date (CMS Reply):**

Imported (Green Column)

Can be Blank

*Help: The effective date of enrollment based on CMS processing during the monthly run - derived from CMS generated universe.*

**Item: 5. Date Beneficiary Signed/Completed Application:**

Can be Marked as Unknown

*Help: Record the date that the beneficiary signed/completed the application. Note that the date the application was signed by the beneficiary may be before the date the M+CO received the application (date stamp). Note: If not available, select "Unknown." If Unknown, the system will assume the effective date was incorrect.*

**Item: 6. Date Complete Application Received:**

Can be Marked as Unknown

*Help: Enter the date that the complete application was received by the M+CO. Generally, this will be the date it was date-stamped in the mailroom. Note: If not available, select "Unknown."*

**Item: 7. Correct Effective Date?**

Options:

Yes

No

Unknown

*Help: Y = The effective date of enrollment is correct based on the date that the beneficiary signed/completed the application. N = The effective date of enrollment is incorrect based on the date that the beneficiary signed the application. Note: The effective date cannot be more than 90 calendar days retrospective or prospective from the date it was received by the health plan, nor can the effective date be prior to the day the beneficiary signed/completed the election. Note: If not available, select "Unknown."*

**Item: 8. Code 60 Use Correct?**

Options:

Yes

No

Unknown

*Help: Y = The code 60 process was used only for EGHP-members. ~~when applications were received and input after the CMS cut off date that would have permitted the M=CO to submit the enrollment to CMS timely.~~ N = The code 60 process was improperly used for beneficiaries who are not members of EGHPs. Note: If not available, select "Unknown."*

**Item: 9. Code 60 Process Proper & Correct? (ER13)**

Transfer to Element: ER13

Calculated

Can be Blank

Options:

Yes

No

*Help: Y = items 7 and 8 both contain a "Y." N = Either of items 7 or 8 contain an "N" or "Unknown." Note: The system will automatically compute this item.*

**Item: 10. Comments:**

Can be Blank

*Help: Self-explanatory.*

## **Worksheet Template**

**Worksheet Name:** WSRC2

**Worksheet Title:** **Unfavorable** Claims Reconsiderations

### **Requirement:**

To determine whether the M+CO complies with regulatory requirements for timeliness and member notice when making fully or partially unfavorable reconsidered determinations on member requests for claims payment. Also, to determine whether the M+CO complies with regulatory requirements for effectuating claims denials reversed by CMS' independent review entity or higher levels of appeal.

Note Applicable Only to M+COs who Contract with Delegated Entities to Perform the Functions Measured by This Worksheet: The M+CO is responsible for ensuring compliance with CMS requirements even if the function is performed by a delegated entity. Therefore, if the functions evaluated by this worksheet are delegated, a separate worksheet must be completed for each delegated entity previously selected by the reviewer (in addition to the worksheet completed for M+CO cases). If the M+CO does not perform any of the functions measured by this worksheet, the reviewer should only complete the worksheet(s) for each previously selected delegated entity.

The number of delegated entity cases reviewed for all delegated entity samples taken together should equal the number found below in the "sample" category. For example, if there are 10 cases in the "sample" category and three delegated entities are chosen for review, the reviewer could pick a sample of three from two delegated entity universes and a sample of four from one delegated entity universe.

### **Universe:**

All claims reconsideration determinations made during the review period that were not fully favorable to the member.

### **Sample Size:**

Randomly select 10 cases.

### **Note:**

Note for Misclassified Cases: If a misclassified case is found in the sample, the reviewer should mark the case as "misclassified" and not fill out any information for the items associated with the misclassified case except for any notes that the reviewer wishes to place into "comments." If it is discovered that the number of misclassified cases exceeds the

acceptable threshold (30% or more cases are misclassified in the sample), the system will mark all of the elements associated with the worksheet “Not Met” and the reviewer should transfer these deficient findings to the appropriate elements in the Review Guide.

**Note:**

*A person not involved in making the denial determination must conduct the reconsideration. If the denial is based on lack of medical necessity, a physician with expertise in the field of medicine appropriate for the service at issue must make the reconsidered determination. If the reviewer identifies any problems in this area, the reviewer should note this in the Comments section and use this information in evaluating the onsite element RE02: Appropriate Person(s) Conduct the Reconsideration.*

**Worksheet Items:**

**Item: Misclassified**

Can be Blank

*Help: Select this check box if the record is misclassified and should not be included in the review of this worksheet. Note: the record can also be identified as misclassified on the Worksheet Summary screen.*

**Item: 1. Member Name or HIC #:**

Imported (Green Column)

*Help: List either one. (Fill in even if the M+CO cannot produce the case file.)*

**Item: 2. Type of Service Denied:**

*Help: Describe what the claim being appealed was for. (Note in comments if there is any pattern established such as denials for a certain type of service which should not be denied.)*

*Note: If not available, enter “Unknown.”*

**Item: 3. Reason for Denial**

*Help: Enter the reason for denial as shown on the Explanation of Benefits or Notice of Denial of Payment. (Note in comments if there is any pattern established such as incorrect denial reason.) If not available, enter “Unknown.”*

**Item: 4. Entity That Made Denial Determination**

Options:

MAO

Delegated Entity

Unknown

*Help: MAO = The MAO issued the denial determination. Delegated Entity = A delegated entity for claims processing issued the denial determination. If not available, select “Unknown.”*

**Item: 5. Date of Initial Denial:**

Can be Marked as Unknown

*Help: Date the claim was first denied. Note: If not available, select "Unknown."*

**Item: 6. Date Reconsideration Request Received:**

Imported (Green Column)

Can be Marked as Unknown.

*Help: Date request initially received. This would be the receipt date stamped on correspondence or form. If not available, select "Unknown." If Unknown, the system will assume the case was processed late. Note: If the request was received outside the 60 calendar day time frame for requesting a reconsideration, note any problems with the MAO's "good cause" determination in the Comments section and use this information in evaluating Element RE01: Acceptance of Standard Reconsideration Requests.*

**Item: 7: M+CO Partial Reversal?**

**Options:**

Yes

No

Unknown

*Help: Y = The M+CO partially reversed its original denial and partially upheld its original denial. N = The M+CO did not partially reverse its original denial. If not available, select "Unknown."*

**Item: 8. Date Sent to IRE (Independent Review Entity):**

Can be Marked as Unknown

*Help: Date the case was sent to the independent review entity. Note: If not available, select "Unknown."*

**Item: 9. Sent Timely?**

Calculated

Can be Blank

**Options:**

Yes

No

*Help: Y = Date sent to independent review entity is within 60 calendar days after the date the reconsideration request was received. N = Date sent to independent review entity is more than 60 calendar days after the date the reconsideration request was received. Note: The system will automatically compute this item.*

**Item: 10. Date Member Notified:**

Can be Marked as Unknown

*Help: Date member notified that the reconsideration is being sent to the independent review entity for a decision. Documentation indicating when the notice was mailed could include a copy of the actual notice mailed or a screen print that clearly identifies the member and indicates that a notice was sent and the date that the notice was sent. Note: If not available, select "Unknown."*

**Item: 11. Notified Timely?**

Calculated

Can be Blank

**Options:**

Yes

No

*Help: Y = the date the member was notified is within 60 calendar days after the date the reconsideration request was received. N = The date the member was notified is more than 60 calendar days after the date the reconsideration request was received. Note: The system will automatically compute this item.*

**Item: 12. M+CO Adverse Decision Reversed by Outside Entity?**

**Options:**

- No
- Yes, by IRE
- Yes, by ALJ or higher
- Dismissed
- Withdrawn**
- Pending
- Unknown

*Help: N = Outside entity did not reverse M+CO's denial decision. Note: If the M+CO partially reversed its denial and the outside entity upheld the M+CO's partial denial, enter "N." Y, by IRE = The M+CO's denial decision was reversed by the IRE. Y, by ALJ or higher = The M+CO's decision was reversed by the ALJ, the DAB, or a higher level of review. Dismissed = The outside entity dismissed the request. Note: Indicate the reason for dismissal in the comments field. **Withdrawn = The outside entity withdrew the request.** Note: Indicate the reason for withdrawal in the comments field. Pending = The reconsideration request is still pending with the IRE. Note: If not available, select "Unknown."*

**Item: 13. Date Decision Received by M+CO:**

Can be Marked as Unknown

*Help: Items 13 - 17 will be completed only if the M+CO's denial decision is reversed by the IRE/ALJ/DAB or if the M+CO partially reversed its denial decision and the IRE/ALJ/DAB upheld the remainder of the M+CO's denial.*

*Date the M+CO receives notice of the entity's decision. Note: If not available, select "Unknown."*

**Item: 14. Date Paid:**

Can be Marked as Unknown

Can be Blank

*Help: Items 13 - 17 will be completed only if the M+CO's denial decision is reversed by the IRE/ALJ/DAB or if the M+CO partially reversed its denial decision and the outside entity upheld the remainder of the M+CO's denial.*

*This could be demonstrated through copies of checks, or through screen prints showing check number, payee, amount, and a description of what payment is being made for. Note: If not available, select "Unknown."*

**Item: 15. Paid Timely?**

Calculated

Can be Blank

Options:

Yes



No

*Help: Items 13 - 17 will be completed only if the M+CO's denial decision is reversed by the IRE/ALJ/DAB or if the M+CO partially reversed its denial decision and the outside entity upheld the remainder of the M+CO's denial.*

*If reversed by the independent review entity or the M+CO partially reversed its decision: Y = the date paid is within 30 calendar days from the date the M+CO receives notice from the IRE. Note: If the M+CO paid part of the claim based on its partial reversal prior to receipt of the notice from the IRE and the IRE upheld the remainder of the M+CO's denial, select "Y." N = The date paid is more than 30 calendar days from the date the M+CO receives notice from the IRE.*

*If reversed by Administrative Law Judge or Departmental Appeals Board: Y = The date paid is within 60 calendar days from the date the M+CO receives notice from the ALJ or DAB that its decision has been reversed. N = The date paid is more than 60 calendar days from the date the M+CO receives notice from the ALJ or DAB that its decision has been reversed. Note: The system will automatically compute this item.*

**Item: 16. IRE Notified?**

Can be Blank

Options:

Yes

No

Unknown

Not Applicable

*Help: Items 13 - 17 will be completed only if the M+CO's denial decision is reversed by the IRE/ALJ/DAB or if the M+CO partially reversed its denial decision and the outside entity upheld the remainder of the M+CO's denial.*

*Y = Evidence in file that the independent review entity was notified that payment was made. N = No evidence in file that the independent review entity was notified that payment was made. Note: If not available, select "Unknown." If M+CO partially reversed its denial decision and the IRE upheld the remainder of the M+CO's denial, enter "Not Applicable."*

**Item: 17. Effectuation Process Timely & Appropriate? (RC03)**

Transfer to Element: RC03

Calculated

Can be Blank

Options:

Yes

No

*Help: Y = Item 15 contains a "Y" and item 16 contains a "Y" or "Not Applicable." N = Item 15 contains an "N" or item 16 contains an "N" or "Unknown." Note: The system will automatically compute this item.*

**Item: 18. Reconsideration Timely? (RC02)**

Transfer to Element: RC02

Calculated

Can be Blank

Options:

Yes

No

*Help: Y = Both of items 9 and 11 contain a "Y." N = Either of items 9 or 11 contains an "N". Note: The system will automatically compute this item.*

**Item: 19. Comments:**

Can be Blank

*Help: Self-explanatory.*

## Worksheet Template

**Worksheet Name:** WSRC1

**Worksheet Title:** **Favorable** Claims Reconsiderations

### **Requirement:**

To determine whether the M+CO complies with regulatory requirements for timeliness and member notice when approving member requests for claims payment on reconsideration.

Note Applicable Only to M+COs who Contract with Delegated Entities to Perform the Functions Measured by This Worksheet: The M+CO is responsible for ensuring compliance with CMS requirements even if the function is performed by a delegated entity. Therefore, if the functions evaluated by this worksheet are delegated, a separate worksheet must be completed for each delegated entity previously selected by the reviewer (in addition to the worksheet completed for M+CO cases). If the M+CO does not perform any of the functions measured by this worksheet, the reviewer should only complete the worksheet(s) for each previously selected delegated entity.

The number of delegated entity cases reviewed for all delegated entity samples taken together should equal the number found below in the "sample" category. For example, if there are 10 cases in the "sample" category and three delegated entities are chosen for review, the reviewer could pick a sample of three from two delegated entity universes and a sample of four from one delegated entity universe.

### **Universe:**

All claims reconsiderations determinations made during the review period that resulted in the M+CO reversing its initial denial.

### **Sample Size:**

Randomly select 10 cases.

### **Note:**

Note for Misclassified Cases: If a misclassified case is found in the sample, the reviewer should mark the case as "misclassified" and not fill out any information for the items associated with the misclassified case except for any notes that the reviewer wishes to place into "comments." If it is discovered that the number of misclassified cases exceeds the acceptable threshold (30% or more cases are misclassified in the sample), the system will mark all of the elements associated with the worksheet "Not Met" and the reviewer should transfer these deficient findings to the appropriate elements in the Review Guide.

**Note:**

*A person not involved in making the denial determination must conduct the reconsideration. If the denial is based on lack of medical necessity, a physician with expertise in the field of medicine appropriate for the service at issue must make the reconsidered determination. If the reviewer identifies any problems in this area, the reviewer should note this in the Comments section and use this information in evaluating the onsite element RE02: Appropriate Person(s) Conduct the Reconsideration.*

**Worksheet Items:**

**Item: Misclassified**

Can be Blank

*Help: Select this check box if the record is misclassified and should not be included in the review of this worksheet. Note: the record can also be identified as misclassified on the Worksheet Summary screen.*

**Item: 1. Member Name or HIC #:**

Imported (Green Column)

*Help: List either one. (Fill in even if the M+CO cannot produce the case file.)*

**Item: 2. Type of Service Denied**

*Help: Describe what the claim being appealed was for. (Note in comments if there is any pattern established such as denials for a certain type of service which should not be denied.) If not available, enter "Unknown."*

**Item: 3. Reason for Denial**

*Help: Enter the reason for denial as shown on the Explanation of Benefits or Notice of Denial of Payment. (Note in comments if there is any pattern established such as incorrect denial reason.) If not available, enter "Unknown."*

**Item: 4. Entity That Made Denial Determination**

Options:

MAO

Delegated Entity

Unknown

*Help: MAO = The MAO issued the denial determination. Delegated Entity = A delegated entity for claims processing issued the denial determination. If not available, select "Unknown."*

**Item: 5. Date of Initial Denial:**

Can be Marked as Unknown

*Help: Date the claim was first denied. Note: If not available, select "Unknown."*

**Item: 6. Date Reconsideration Request Received:**

Can be Marked as Unknown

*Help: Date request initially received. This would be the receipt date stamped on correspondence or form. Note: If not available, select "Unknown." Note: If the request was received outside the 60 calendar day time frame for requesting a reconsideration, note any problems with the MAO's "good cause" determination in the Comments section and use this information in evaluating Element RE01: Acceptance of Standard Reconsideration Requests.*

**Item: 7. Date Paid:**

Can be Marked as Unknown

*Help: This could be demonstrated through copies of checks, or through screen prints showing check number, payee, amount, and a description of what payment is being made for.*

*Note: If not available, select "Unknown."*

**Item: 8. Paid Timely?**

Calculated

Can be Blank

Options:

Yes

No

*Help: Y = The date paid is less than 60 calendar days after the date the reconsideration request was received. N = The date paid is more than 60 calendar days after the date the reconsideration request was received. Note: The system will automatically compute this item.*

**Item: 9. Date Member Notified:**

Imported (Green Column)

Can be Marked as Unknown

*Help: Date member notified that the reconsideration was decided in his or her favor. Documentation indicating when the notice was mailed could include a copy of the actual notice mailed or a screen print that clearly identifies the member and indicates that a notice was sent and the date that the notice was sent. If not available, select "Unknown."*

**Item: 10. Notified Timely?**

Calculated

Can be Blank

Options:

Yes

No

*Help: Y = The date in item 9 is within 60 calendar days after the date the reconsideration request was received. N = The date in item 9 is more than 60 calendar days after the date the reconsideration request was received. Note: The system will automatically compute this item.*

**Item: 11. Reconsideration Timely? (RC01)**

Transfer to Element: RC01

Calculated

Can be Blank

Options:

Yes

No

*Help: Y = Both items 8 and 10 contain a "Y." N = Either items 8 or 10 contains an "N". Note: The system will automatically compute this item.*

**Item: 12. Comments:**

Can be Blank

*Help: Self-explanatory.*

## **Worksheet Template**

**Worksheet Name:** WSRP1

**Worksheet Title:** Favorable Standard Pre-Service Reconsiderations

### **Requirement:**

To determine if the M+CO complies with regulatory requirements for timeliness and member notice when approving reconsidered member requests for service.

Note Applicable Only to M+COs who Contract with Delegated Entities to Perform the Functions Measured by This Worksheet: The M+CO is responsible for ensuring compliance with CMS requirements even if the function is performed by a delegated entity. Therefore, if the functions evaluated by this worksheet are delegated, a separate worksheet must be completed for each delegated entity previously selected by the reviewer (in addition to the worksheet completed for M+CO cases). If the M+CO does not perform any of the functions measured by this worksheet, the reviewer should only complete the worksheet(s) for each previously selected delegated entity.

The number of delegated entity cases reviewed for all delegated entity samples taken together should equal the number found below in the "sample" category. For example, if there are 10 cases in the "sample" category and three delegated entities are chosen for review, the reviewer could pick a sample of three from two delegated entity universes and a sample of four from one delegated entity universe.

### **Universe:**

All standard pre-service reconsideration determinations made during the review period that resulted in the M+CO reversing its initial denial.

### **Sample Size:**

Randomly select 10 cases.

### **Note:**

Note for Misclassified Cases: If a misclassified case is found in the sample, the reviewer should mark the case as "misclassified" and not fill out any information for the items associated with the misclassified case except for any notes that the reviewer wishes to place into "comments." If it is discovered that the number of misclassified cases exceeds the acceptable threshold (30% or more cases are misclassified in the sample), the system will mark all of the elements associated with the worksheet "Not Met" and the reviewer should transfer these deficient findings to the appropriate elements in the Review Guide.

**Note:**

*A person not involved in making the denial determination must conduct the reconsideration. If the denial is based on lack of medical necessity, a physician with expertise in the field of medicine appropriate for the service at issue must make the reconsidered determination. If the reviewer identifies any problems in this area, the reviewer should note this in the Comments section and use this information in evaluating the onsite element RE02: Appropriate Person(s) Conduct the Reconsideration.*

**Worksheet Items:**

**Item: Misclassified**

Can be Blank

*Help: Select this check box if the record is misclassified and should not be included in the review of this worksheet. Note: the record can also be identified as misclassified on the Worksheet Summary screen.*

**Item: 1. Member Name or HIC #:**

Imported (Green Column)

*Help: List either one. (Fill in even if the M+CO cannot produce the case file.)*

**Item: 2. Type of Service Requested:**

*Help: Describe what service the member requested. (Note in comments if there is any pattern established that warrants further investigation.) Note: If not available, enter "Unknown."*

**Item: 3. Reason for Denial**

*Help: Enter the reason for denial as shown on the Notice of Denial of Medical Coverage. (Note in comments if there is any pattern established such as incorrect denial reason.) If not available, enter "Unknown."*

**Item: 4. Entity That Made Denial Determination**

Options:

MAO

Delegated Entity

Unknown

*Help: MAO = The MAO issued the denial determination. Delegated Entity = A delegated entity for pre-service organization determinations issued the denial determination. If not available, select "Unknown."*

**Item: 5. Date of Initial Denial:**

Can be Marked as Unknown

*Help: Date the pre-service denial was initially issued to the member. Note: If not available, select "Unknown."*

**Item: 6. Date Reconsideration Request Received:**

Can be Marked as Unknown



*Help: Date request initially received. This would be the receipt date stamped on correspondence or form. Note: If not available, select "Unknown." Note: If the request was received outside the 60 calendar day time frame for requesting a reconsideration, note any problems with the MAO's "good cause" determination in the Comments section and use this information in evaluating Element RE01: Acceptance of Standard Reconsideration Requests.*

**Item: 7. Was an Extension Taken?**

Options:

- Yes
- No
- Unknown

*Help: Y = An extension was taken. N = An extension was not taken. Note: If not available, select "Unknown."*

**Item: 8. Date Extension Notice Mailed:**

Can be Marked as Unknown

*Help: Items 8-10 will be completed only if extension taken.*

*Enter the date the extension notice was mailed. Documentation indicating when the notice was mailed could include a copy of the actual notice mailed or a screen print which clearly identifies the member and indicates that an extension notice was sent and the date that the notice was sent. Note: If not available and the approval is timely without taking the extension into account, enter the date in column 6 into this column and note that the M+CO did not document the date the extension was mailed in comments. If not available and approval is not timely, select "Unknown."*

**Item: 9. Extension Notice Timely?**

Calculated

Can be Blank

Options:

- Yes
- No

*Help: Items 8-10 will be completed only if extension taken.*

*Y = Date extension notice is mailed is within 30 calendar days after the date the request was received. N = Date extension notice mailed is more than 30 calendar days after the date the request was received. Note: The system will automatically compute this item.*

**Item: 10. Extension Justified?**

Options:

- Yes
- No
- Unknown

*Help: Items 8-10 will be completed only if extension taken.*

*Y = Member requested the extension or the organization justified a need for additional information and the delay was in the interest of the member. N = Member did not request the extension, and the organization did not justify a need for additional information, and the delay was not in the interest of the member. An example of a justified need would be: the*

*M+CO was awaiting receipt of additional medical evidence from non-contracted providers. Note: If not available or not justified but the approval is timely without taking the extension into account, enter "Y" in this column and explain in comments that the extension was not justified. If not available and not timely without taking the extension into account, enter "N." Otherwise if not available, select "Unknown."*

**Item: 11. Date Member Notified:**

Imported (Green Column)

Can be Marked as Unknown

*Help: Enter the date member was notified that the reconsideration was decided in his or her favor. Documentation indicating when the member was notified could include a copy of the actual notice mailed or a screen print that clearly identifies the member and indicates that a notice was sent and the date that the notice was sent. If not available, select "Unknown."*

**Item: 12. Notified Timely?**

Calculated

Can be Blank

Options:

Yes

No

*Help: Y = Notified within 30 calendar days of receiving the reconsideration request (or calendar 44 days if an extension was taken and justified). N = Not notified within 30 calendar days of receiving the reconsideration request (or 44 calendar days if an extension was taken and justified). Note: The system will automatically compute this item.*

**Item: 13. Date Authorized or Provided:**

Can be Marked as Unknown

*Help: Enter the earlier date if the service is both authorized and provided. For services, this could be demonstrated through screen prints that clearly identify the member and show visit dates. For authorizations, this could be demonstrated through screen prints, forms, or letters that clearly identify the member and show authorization numbers, services authorized and effective dates. Note: If not available, select "Unknown."*

**Item: 14. Authorized/Provided Timely?**

Calculated

Can be Blank

Options:

Yes

No

*Help: Y = The date authorized or provided is within 30 calendar days after the date the reconsideration request was received (or 44 calendar days if an extension was taken and justified). N = The date authorized or provided is more than 30 calendar days after the date the reconsideration request was received (or 44 calendar days if an extension was taken and justified). Note: The system will automatically compute this item.*

**Item: 15. Reconsideration Process Timely & Appropriate? (RP01)**

Transfer to Element: RP01

Calculated

Can be Blank

Options:

Yes

No

*Help: Y = Items 9 and 10 contain a "Y" or blank (if Extension was not taken) AND items 12 and 14 contain a "Y." N = Any of items 9, 12 or 14 contain an "N" or item 10 contains an "N" or "Unknown." Note: The system will automatically compute this item.*

**Item: 16. Comments:**

Can be Blank

*Help: Self-explanatory.*

## **Worksheet Template**

**Worksheet Name:** WSRP2

**Worksheet Title:** Unfavorable Standard Pre-Service Reconsiderations

### **Requirement:**

To determine if the M+CO complies with regulatory requirements for timeliness and member notice when making fully or partially unfavorable reconsidered determinations on member requests for service. Also, to determine if the M+CO complies with regulatory requirements for effectuating pre-service denials reversed by CMS' Independent Review Entity or higher levels of appeal.

Note Applicable Only to M+COs who Contract with Delegated Entities to Perform the Functions Measured by This Worksheet: The M+CO is responsible for ensuring compliance with CMS requirements even if the function is performed by a delegated entity. Therefore, if the functions evaluated by this worksheet are delegated, a separate worksheet must be completed for each delegated entity previously selected by the reviewer (in addition to the worksheet completed for M+CO cases). If the M+CO does not perform any of the functions measured by this worksheet, the reviewer should only complete the worksheet(s) for each previously selected delegated entity.

The number of delegated entity cases reviewed for all delegated entity samples taken together should equal the number found below in the "sample" category. For example, if there are 10 cases in the "sample" category and three delegated entities are chosen for review, the reviewer could pick a sample of three from two delegated entity universes and a sample of four from one delegated entity universe.

### **Universe:**

All standard pre-service reconsiderations processed during the review period that were not fully favorable to the member.

### **Sample Size:**

Randomly select 10 cases.

### **Note:**

Note for Misclassified Cases: If a misclassified case is found in the sample, the reviewer should mark the case as "misclassified" and not fill out any information for the items associated with the misclassified case except for any notes that the reviewer wishes to place into "comments." If it is discovered that the number of misclassified cases exceeds the

acceptable threshold (30% or more cases are misclassified in the sample), the system will mark all of the elements associated with the worksheet “Not Met” and the reviewer should transfer these deficient findings to the appropriate elements in the Review Guide.

Note for Date/Time Entry: When entering the date and time on the worksheet, enter it as follows: MM/DD/YYYY HH:MM where HH:MM is conventional time (be sure to select the am/pm option that is applicable).

**Note:**

*A person not involved in making the denial determination must conduct the reconsideration. If the denial is based on lack of medical necessity, a physician with expertise in the field of medicine appropriate for the service at issue must make the reconsidered determination. If the reviewer identifies any problems in this area, the reviewer should note this in the Comments section and use this information in evaluating the onsite element RE02: Appropriate Person(s) Conduct the Reconsideration.*

**Worksheet Items:**

**Item: Misclassified**

Can be Blank

*Help: Select this check box if the record is misclassified and should not be included in the review of this worksheet. Note: the record can also be identified as misclassified on the Worksheet Summary screen.*

**Item: 1. Member Name or HIC #:**

Imported (Green Column)

*Help: List either one. (Fill in even if the M+CO cannot produce the case file.)*

**Item: 2. Type of Service Requested:**

*Help: Describe what service the member requested. (Note in comments if there is any pattern established such as denials for a certain type of service which should not be denied.)*

*Note: If not available, enter “Unknown.”*

**Item: 3. Reason for Denial**

*Help: Enter the reason for denial as shown on the Notice of Denial of Medical Coverage. (Note in comments if there is any pattern established such as incorrect denial reason.) If not available, enter “Unknown.”*

**Item: 4. Entity That Made Denial Determination**

Options:

MAO

Delegated Entity

Unknown

*Help: MAO = The MAO issued the denial determination. Delegated Entity = A delegated entity for pre-service organization determinations issued the denial determination. If not available, select “Unknown.”*

**Item: 5. Date of Initial Denial:**

Can be Marked as Unknown

*Help: Date the pre-service denial was initially issued to the member. Note: If not available, select "Unknown."*

**Item: 6. Date Reconsideration Request Received:**

Imported (Green Column)

Can be Marked as Unknown

*Help: Date request initially received. This would be the receipt date stamped on correspondence or form. Note: If not available, select "Unknown." Note: If the request was received outside the 60 calendar day time frame for requesting a reconsideration, note any problems with the MAO's "good cause" determination in the Comments section and use this information in evaluating Element RE01: Acceptance of Standard Reconsideration Requests.*

**Item: 7. Was an Extension Taken?**

Options:

Yes

No

Unknown

*Help: Y = An extension was taken. N = An extension was not taken. Note: If not available, select "Unknown."*

**Item: 8. Date Extension Notice Mailed:**

Can be Marked as Unknown

*Help: Items 8-10 will be completed only if an extension was taken.*

*Enter the date the extension notice was mailed. Documentation indicating when the notice was mailed could include a copy of the actual notice mailed or a screen print which clearly identifies the member and indicates that an extension notice was sent and the date that the notice was sent. Note: If not available and the denial is timely without taking the extension into account, enter the date in column 6 into this column and note that the M+CO did not document the date the extension was mailed in comments. If not available and denial is not timely, leave blank. Otherwise if not available, select "Unknown."*

**Item: 9. Extension Notice Timely?**

Calculated

Can be Blank

Options:

Yes

No

*Help: Items 8-10 will be completed only if an extension was taken.*

*Y = Date extension notice is mailed is within 30 calendar days after the date the request was received. N = Date extension notice mailed is more than 30 calendar days after the date the request was received. Note: The system will automatically compute this item.*

**Item: 10. Extension Justified?**

Options:

Yes

No  
Unknown

*Help: Items 8-10 will be completed only if an extension was taken.*

*Y = Member requested the extension or the organization justified a need for additional information and the delay was in the interest of the member. N = Member did not request the extension, and the organization did not justify a need for additional information, and the delay was not in the interest of the member. An example of a justified need would be: the M+CO was awaiting receipt of additional medical evidence from non-contracted providers. Note: If not available or not justified but the denial is timely without taking the extension into account, enter "Y" in this column and explain in comments that the extension was not justified. If not available and the denial is not timely without taking the extension into account, enter "N." Otherwise if not available, select "Unknown."*

**Item: 11. M+CO Partial Reversal?**

Options:

Yes  
No  
Unknown

*Help: Y = The M+CO partially reversed its original denial and partially upheld its original denial. N = The M+CO did not partially reverse its original denial. If not available, select "Unknown."*

**Item: 12. Date Sent to IRE:**

Can be Marked as Unknown

*Help: Date the case was sent to the independent review entity. Note: If not available, select "Unknown."*

**Item: 13. Sent Timely?**

Calculated

Can be Blank

Options:

Yes  
No

*Help: Y = Sent within 30 calendar days of receiving the reconsideration request (or 44 calendar days if an extension was taken and justified). N = Not sent within 30 calendar days of receiving the reconsideration request (or 44 calendar days if an extension was taken and justified). Note: The system will automatically compute this item.*

**Item: 14. Date Member Notified Case Sent to IRE:**

Can be Marked as Unknown

*Help: Date member notified that the reconsideration was being sent to the independent review entity for a decision. Documentation indicating when the notice was mailed could include a copy of the actual notice mailed or a screen print that clearly identifies the member and indicates that an extension notice was sent and the date that the notice was sent. Note: If not available, select "Unknown."*

**Item: 15. Notified Timely?**

Calculated

Can be Blank

Options:

Yes

No

*Help: Y = Notified within 30 calendar days of receiving the reconsideration request (or 44 calendar days if an extension was taken and justified). N = Not notified within 30 calendar days of receiving the reconsideration request (or 44 calendar days if an extension was taken and justified). Note: The system will automatically compute this item.*

**Item: 16. M+CO Adverse Decision Reversed by Outside Entity?**

Options:

No

Yes, by IRE

Yes, by ALJ or higher

Dismissed

Withdrawn

Pending

Unknown

*Help: N = Outside entity did not reverse M+CO's denial decision. Note: If the M+CO partially reversed its denial and the outside entity upheld the M+CO's partial denial, enter "N." Y, by IRE = The M+CO's denial decision was reversed by the IRE. Y, by ALJ or higher = The M+CO's decision was reversed by the ALJ, the DAB, or a higher level of review. Dismissed = The outside entity dismissed the request. Note: Indicate the reason for dismissal in the comments field. Withdrawn = The outside entity withdrew the request. Note: Indicate the reason for withdrawal in the comments field. Pending = The reconsideration request is still pending with the IRE. Note: If not available, select "Unknown."*

*(Note to programmer: If Item 11 = No and Item 16 = No or Pending, gray out items 17-22.*

**Item: 17. Date & Time Decision Received by M+CO:**

Can be Marked as Unknown

Can be Blank

*Help: Items 17-22 will be completed only if the M+CO's denial decision is reversed by the IRE/ALJ/DAB or if the M+CO partially reversed its denial decision and the IRE/ALJ/DAB upheld the remainder of the M+CO's denial.*

*Date and time the M+CO receives notice of the entity's decision.. Note: If only the date is entered, the system will default the time to 12 p.m. on that day. Note: If not available, select "Unknown." .*

**Item: 18. Date & Time Authorized:**

Can be Marked as Unknown

Can be Blank

*Help: Items 17-22 will be completed only if the M+CO's denial decision is reversed by the IRE/ALJ/DAB or if the M+CO partially reversed its denial decision and the IRE/ALJ/DAB upheld the remainder of the M+CO's denial.*



*Date/Time Authorized. This could be demonstrated through screen prints, forms, or letters that clearly identify the member and show authorization numbers, services authorized and effective dates. Note: If only the date is entered, the system will default the time to 12 p.m. on that day. Note: If not available, select "Unknown."*

**Item: 19. Date Provided:**

Can be Marked as Unknown

Can be Blank

*Help: 17-22 will be completed only if the M+CO's denial decision is reversed by the IRE/ALJ/DAB or if the M+CO partially reversed its denial decision and the IRE/ALJ/DAB upheld the remainder of the M+CO's denial.*

*Date Provided. This could be demonstrated through screen prints that clearly identify the member and show visit dates. Note: If not available, select "Unknown."*

**Item: 20. Authorized / Provided Timely?**

Calculated

Can be Blank

Options:

Yes

No

*Help: 17-22 will be completed only if the M+CO's denial decision is reversed by the IRE/ALJ/DAB or if the M+CO partially reversed its denial decision and the IRE/ALJ/DAB upheld the remainder of the M+CO's denial.*

*If reversed by the independent review entity or the M+CO partially reversed its decision: Y = The date and time authorized is within 72 hours from the date and time the M+CO receives notice from the independent review entity OR the date provided is within 14 calendar days from the date the M+CO receives such notice. Note: If the M+CO authorized part of the request based on its partial reversal prior to receipt of the notice from the IRE and the IRE upheld the remainder of the M+CO's denial, select "Y." N = The date and time authorized is more than 72 hours from the date and time the M+CO receives notice from the independent review entity AND the date provided is more than 14 calendar days from the date the M+CO receives such notice.*

*If reversed by Administrative Law Judge or Departmental Appeals Board: Y = Date authorized or provided is within 60 calendar days from the date the M+CO receives notice from the ALJ or DAB that its decision has been reversed. N = Date authorized or provided is more than 60 calendar days from the date the M+CO receives notice from the ALJ or DAB that its decision has been reversed. Note: The system will automatically compute this item.*

**Item: 21. Independent Review Entity Notified?**

Can be Blank

Options:

Yes

No

Unknown

Not Applicable

*Help: 17-22 will be completed only if the M+CO's denial decision is reversed by the IRE/ALJ/DAB or if the M+CO partially reversed its denial decision and the IRE/ALJ/DAB upheld the remainder of the M+CO's denial.*

*Y = Evidence in file that the independent review entity was notified that the authorization or service was provided. N = No evidence in file that the independent review entity was notified that the authorization or service was provided. Note: If not available, select "Unknown." If M+CO partially reversed its denial decision and the IRE upheld the remainder of the M+CO's denial, enter "Not Applicable."*

**Item: 22. Effectuation Compliant? (RP03)**

Transfer to Element: RP03

Calculated

Can be Blank

Options:

Yes

No

*Help: 17-22 will be completed only if the M+CO's denial decision is reversed by the IRE/ALJ/DAB or if the M+CO partially reversed its denial decision and the IRE/ALJ/DAB upheld the remainder of the M+CO's denial.*

*Y = Item 20 contains a "Y" and item 21 contains a "Y" or Not Applicable. N = Either item 20 contains an "N" or item 21 contains an "N" or "Unknown." Note: The system will automatically compute this item.*

**Item: 23. Reconsideration Process Timely & Appropriate? (RP02)**

Transfer to Element: RP02

Calculated

Can be Blank

Options:

Yes

No

*Help: Y = Items 9 and 10 contain a "Y" or blank (when an Extension was not taken) AND items 13 and 15 contain a "Y." N = Any of items 9, 13 or 15 contains an "N" or item 10 contains an "N" or "Unknown.". Note: The system will automatically compute this item.*

**Item: 24. Comments:**

Can be Blank

*Help: Self-explanatory.*

## **Worksheet Template**

**Worksheet Name:** WSRP3

**Worksheet Title:** Requests for Expedited Reconsiderations

### **Requirement:**

To determine if the M+CO complies with regulatory requirements for timeliness and member notice when processing member requests for expedited reconsiderations. Also, to determine if the M+CO complies with regulatory requirements for effectuating pre-service denial reversals by CMS' Independent Review Entity or higher levels of appeal when the request for reconsideration was expedited.

Note Applicable Only to M+COs who Contract with Delegated Entities to Perform the Functions Measured by This Worksheet: The M+CO is responsible for ensuring compliance with CMS requirements even if the function is performed by a delegated entity. Therefore, if the functions evaluated by this worksheet are delegated, a separate worksheet must be completed for each delegated entity previously selected by the reviewer (in addition to the worksheet completed for M+CO cases). If the M+CO does not perform any of the functions measured by this worksheet, the reviewer should only complete the worksheet(s) for each previously selected delegated entity.

The number of delegated entity cases reviewed for all delegated entity samples taken together should equal the number found below in the "sample" category. For example, if there are 10 cases in the "sample" category and three delegated entities are chosen for review, the reviewer could pick a sample of three from two delegated entity universes and a sample of four from one delegated entity universe.

### **Universe:**

All requests for expedited pre-service reconsiderations received during the review period, whether or not they were expedited.

### **Sample Size:**

Randomly select 10 cases.

### **Note:**

Note for Misclassified Cases: If a misclassified case is found in the sample, the reviewer should mark the case as "misclassified" and not fill out any information for the items associated with the misclassified case except for any notes that the reviewer wishes to place into "comments." If it is discovered that the number of misclassified cases exceeds the

acceptable threshold (30% or more cases are misclassified in the sample), the system will mark all of the elements associated with the worksheet “Not Met” and the reviewer should transfer these deficient findings to the appropriate elements in the Review Guide.

Note for Date/Time Entry: When entering the date and time on the worksheet, enter it as follows: MM/DD/YYYY HH:MM where HH:MM is conventional time (be sure to select the am/pm option that is applicable).

**Note:**

*A person not involved in making the denial determination must conduct the reconsideration. If the denial is based on lack of medical necessity, a physician with expertise in the field of medicine appropriate for the service at issue must make the reconsidered determination. If the reviewer identifies any problems in this area, the reviewer should note this in the Comments section and use this information in evaluating the onsite element RE02: Appropriate Person(s) Conduct the Reconsideration.*

**Worksheet Items:**

**Item: Misclassified**

Can be Blank

*Help: Select this check box if the record is misclassified and should not be included in the review of this worksheet. Note: the record can also be identified as misclassified on the Worksheet Summary screen.*

**Item: 1. Member Name or HIC #:**

Imported (Green Column)

*Help: List either one. (Fill in even if the M+CO cannot produce the case file.)*

**Item: 2. Type of Service Requested:**

Can be Blank

*Help: Describe what service the member is requesting. (Note in comments if there is any pattern established such as denials for a certain type of service which should not be denied.)*

*Note: If not available, enter “Unknown.”*

**Item: 3. Reason for Denial**

*Help: Enter the reason for denial as shown on the Notice of Denial of Medical Coverage. (Note in comments if there is any pattern established such as incorrect denial reason.) If not available, enter “Unknown.”*

**Item: 4. Entity That Made Denial Determination**

Options:

MAO

Delegated Entity

Unknown

*Help: MAO = The MAO issued the denial determination. Delegated Entity = A delegated entity for pre-service organization determinations issued the denial determination. If not available, select “Unknown.”*

**Item: 5. Date of Initial Denial:**

Can be Marked as Unknown

*Help: Date the service denial was initially issued to the member. Note: If not available, select "Unknown."*

**Item: 6. Date & Time Expedited Reconsideration Request Received:**

Imported (Green Column)

Can be Marked as Unknown

*Help: Date and time expedited request initially received. If a member has been notified that a particular department has the responsibility to receive expedited requests, and the request has not been made to that department, the receipt date would be the date that the appropriate department actually receives the request. For a written request this would be the first receipt date stamped on correspondence or on a form signed by the member or their authorized representative. For a verbal request, an example of how this could be documented would be screen prints of call notes/phone logs showing the date and time received. Note: The date will generally be entered from CMS's sampling program. The reviewer will need to input the time, if available. Note: If only the date is entered, the system will default the time to 12 p.m. on that day. Note: If date not available, select "Unknown.". Note: If the request was received outside the 60 calendar day time frame for requesting a reconsideration, note any problems with the MAO's "good cause" determination in the Comments section and use this information in evaluating Element RE01: Acceptance of Standard Reconsideration Requests.*

**Item: 7. M+CO Decides to Expedite Request?**

Options:

Yes

No

Unknown

*Help: Y = M+CO decides to expedite. N = M+CO decides not to expedite. Note: If not available, select "Unknown."*

**Item: 8. Date & Time Member Notified Verbally:**

Can be Marked as Unknown

*Help: Items 8-12 will be completed only if not expedited.*

*Date/Time Member Notified Verbally. Documentation indicating when the member was notified could be screen prints of call notes/phone logs showing the date and time enrollee notified verbally. Note: If only the date is entered, the system will default the time to 12 p.m. on that day. Note: If not available, select "Unknown."*

**Item: 9. Date Member Notified in Writing:**

Can be Marked as Unknown

*Help: Items 8-12 will be completed only if not expedited.*

*Documentation indicating when the notice was mailed could include a copy of the actual notice mailed or a screen print which clearly identifies the member and indicates that the notice was sent and the date that the notice was sent. Note: If not available, select "Unknown."*

**Item: 10. Notified Timely?**

Calculated

Can be Blank

Options:

Yes  
No

*Help: Items 8-12 will be completed only if not expedited.*

*Y = Time the member notified verbally is within 72 hours of the time the request was received, or the date that the member was notified in writing is within 3 calendar days after the date the member is notified verbally. N = Time the member notified verbally is more than 72 hours after the time the request was received, or the date that the member was notified in writing is more than 3 calendar days after the date the member is notified verbally. Note: The system will automatically compute this item.*

**Item: 11. Decision Not to Expedite Correct?**

Options:

Yes  
No  
Unknown

*Help: Items 8-12 will be completed only if not expedited.*

*Y = Expedited request was not made or supported by a physician, or waiting the standard timeframes could not seriously jeopardize the life or health of the member or the member's ability to regain maximum function. N = Expedited request was made or supported by a physician, or waiting the standard time frames could seriously jeopardize the life or health of the member or the member's ability to regain maximum function. Note: Some M+COs have written criteria specifying situations in which requests for reconsiderations should be expedited, such as when a SNF stay is to be discontinued. The reviewer should determine whether the M+CO has written criteria, and, if so, whether they are being followed. Note: If not available, select "Unknown."*

**Item: 12. Transferred to Standard Process?**

Options:

Yes  
No  
Unknown

*Help: Items 8-12 will be completed only if not expedited.*

*Y = M+CO demonstrates that the case was forwarded to the standard reconsideration process. N = M+CO fails to demonstrate that case was forwarded to the standard reconsideration process. Note: If not available, select "Unknown."*

**Item: 13. Was an Extension Taken?**

Options:

Yes  
No  
Unknown

*Help: Y = An extension was taken. N = An extension was not taken. Note: If not available, select "Unknown."*

**Item: 14. Date & Time Extension Notice Mailed:**

Can be Marked as Unknown

*Help: Complete items 14-16 only if extension taken.*

*Enter the date and time the extension notice was mailed. Documentation indicating when the notice was mailed could include a copy of the actual notice mailed or a screen print which clearly identifies the member and indicates that an extension notice was sent and the date and time that the notice was sent. Note: If only the date is entered, the system will default the time to 12 p.m. on that day. Note: If not available, select "Unknown."*

**Item: 15. Extension Notice Timely?**

Calculated

Can be Blank

Options:

Yes

No

*Help: Complete items 14-16 only if extension taken.*

*Y = Date and time extension notice mailed is within 72 hours after the date and time the request was received. N = Date and time extension notice mailed is more than 72 hours after the date and time the request was received. Note: The system will automatically compute this item.*

**Item: 16. Extension Justified?**

Options:

Yes

No

Unknown

*Help: Complete items 14-16 only if extension taken.*

*Y = Member did request the extension, or the organization did justify a need for additional information, or the delay was in the interest of the member. N = Member did not request the extension, and the organization did not justify a need for additional information, and the delay was not in the interest of the member. An example of a justified need would be: the M+CO was awaiting receipt of additional medical evidence from non-contracted providers. Note: If not available, enter "N."*

**Item: 17. Determination Fully Favorable to Member?**

Options:

Yes

No

Unknown

*Help: Items 17-20 will be completed only if expedited.*

*Y = The determination was fully favorable to the member. N = The determination was not fully favorable to the member. Note: If not available, select "Unknown."*

**Item: 18. Date & Time Member Notified Verbally:**

Can be Marked as Unknown

*Help: Items 17-20 will be completed only if expedited.*

*Documentation indicating when the member was notified could be screen prints of call notes/phone logs showing the date and time the member was notified verbally of the reconsideration decision. Note: If only the date is entered, the system will default the time to 12 p.m. on that day. Note: If date not available, select "Unknown."*

**Item: 19. Date & Time Member Notified in Writing:**

Can be Marked as Unknown

*Help: Items 17-20 will be completed only if expedited.*

*Documentation indicating when the notice was mailed could include a copy of the actual notice mailed or a screen print which clearly identifies the member and indicates that a notice was sent and the date and time that the notice was sent. Note: If only the date is entered, the system will default the time to 12 p.m. on that day. Note: If not available, select "Unknown."*

**Item: 20. Decision Notice Timely?**

Calculated

Can be Blank

Options:

Yes

No

*Help: Items 17-20 will be completed only if expedited.*

*Y = Date and time the member notified in writing is less than 72 hours after the date and time the request was received (or 17 calendar days if an extension was taken and justified) OR if the member was notified verbally, the date and time that the member is notified verbally is less than 72 hours after the date and time the request was received (or 17 calendar days if an extension is taken) and the date the member is notified in writing is less than 3 calendar days after the date the member is notified verbally. N = Date and time the member notified in writing is more than 72 hours after the date and time the request was received (or 17 calendar days if an extension was taken and justified), OR if the member was notified verbally, the date and time that the member is notified verbally is more than 72 hours after the date and time the request was received (or 17 calendar days if an extension is taken) and the date the member is notified in writing is more than 3 calendar days after the date the member is notified verbally. The system will automatically compute this item.*

**Item: 21. Date & Time Authorized or Provided:**

Can be Marked as Unknown

*Help: Items 21-22 will be completed only if service request was approved.*

*Enter the earlier date and time if the service is both authorized and provided. For services, this could be demonstrated through screen prints that clearly identify the member and show visit dates. For authorizations, this could be demonstrated through screen prints, forms, or letters that clearly identify the member and show authorization numbers, services authorized and effective dates. Note: If only the date is entered, the system will default the time to 12 p.m. on that day. Note: If not available, select "Unknown."*

**Item: 22. Authorized / Provided Timely?**

Calculated

Can be Blank

Options:

Yes



No

*Help: Items 21-22 will be completed only if service request was approved.*

*Y = The date and time authorized or provided is within 72 hours (or 17 calendar days if an extension was taken and justified) after the date and time the reconsideration request was received. N = The date and time authorized or provided is more than 72 hours (or 17 calendar days if an extension was taken and justified) after the date and time the reconsideration request was received. Note: The system will automatically compute this item.*

**Item: 23. M+CO Partial Reversal?**

Options:

Yes

No

Unknown

*Help: Y = The M+CO partially reversed its original denial and partially upheld its original denial. N = The M+CO did not partially reverse its original denial. If not available, select "Unknown."*

**Item: 24. Date & Time Sent to IRE:**

Can be Marked as Unknown

Can be Blank

*Help: Items 23-24 will be completed only if M+CO upheld initial denial or partially reversed and partially upheld initial denial..*

*Date and time the case was sent to the Independent Review Entity. Note: If only the date is entered, the system will default the time to 12 p.m. on that day. Note: If not available, select "Unknown."*

**Item: 25. Sent Timely?**

Calculated

Can be Blank

Options:

Yes

No

*Help: Items 23-24 will be completed only if M+CO upheld initial denial or partially reversed and partially upheld initial denial.*

*Y = Date and time sent is within 24 hours after the decision. N = Date and time sent is more than 24 hours after the decision. Note: The system will automatically compute this item.*

**Item: 26. M+CO Adverse Decision Reversed by Outside Entity?**

Options:

No

Yes, by IRE

Yes, by ALJ or higher

Dismissed

**Withdrawn**  
**Pending**  
**Unknown**

*Help: Item 26 will be completed only if the M+CO sent the case to the IRE.*

*Help: N = Outside entity did not reverse M+CO's denial decision. Note: If the M+CO partially reversed its denial and the outside entity upheld the M+CO's partial denial, enter "N." Y, by IRE = The M+CO's denial decision was reversed by the IRE. Y, by ALJ or higher = The M+CO's decision was reversed by the ALJ, the DAB, or a higher level of review. Dismissed = The outside entity dismissed the request. Note: Indicate the reason for dismissal in the comments field. **Withdrawn = The outside entity withdrew the request.** **Note: Indicate the reason for withdrawal in the comments field.** Pending = The reconsideration request is still pending with the IRE. Note: If not available, select "Unknown."*

*(Note to Programmer: If item 23 = N and item 26 = N or Pending, gray out items 27-31.*

**Item: 27. Date & Time Decision Received by M+CO:**

Can be Marked as Unknown

Can be Blank

*Help: Items 27-31 will be completed only if the M+CO's denial decision is reversed by the IRE/ALJ/DAB or if the M+CO partially reversed its denial decision and the IRE/ALJ/DAB upheld the remainder of the M+CO's denial.*

*Help: Date and time the M+CO receives notice from the entity.. Note: If only the date is entered, the system will default the time to 12 p.m. on that day. Note: If date not available, select "Unknown."*

**Item: 28. Date & Time Authorized or Provided:**

Can be Marked as Unknown

Can be Blank

*Help: Items 27-31 will be completed only if the M+CO's denial decision is reversed by the IRE/ALJ/DAB or if the M+CO partially reversed its denial decision and the IRE/ALJ/DAB upheld the remainder of the M+CO's denial.*

*Help: Enter the earlier date and time if the service is both authorized and provided. If service provided, this could be demonstrated through screen prints that clearly identify the member and show visit dates. If authorized, this could be demonstrated through screen prints, forms, or letters that clearly identify the member and show authorization numbers, services authorized and effective dates. Note: If only the date is entered, the system will default the time to 12 p.m. on that date. Note: If date not available, select "Unknown."*

**Item: 29. Authorized / Provided Timely?**

Calculated

Can be Blank

Options:

Yes

No

*Help: Items 27-31 will be completed only if the M+CO's denial decision is reversed by the IRE/ALJ/DAB or if the M+CO partially reversed its denial decision and the IRE/ALJ/DAB upheld the remainder of the M+CO's denial.*

*Help: If reversed by the independent review entity or the M+CO partially reversed its decision: Y = The date and time authorized or provided is within 72 hours from the date and time the M+CO receives notice from the independent review entity. Note: If the M+CO authorized part of the request based on its partial reversal prior to receipt of the notice from the IRE and the IRE upheld the remainder of the M+CO's denial, select "Y." N = The date and time authorized or provided is more than 72 hours from the date and time the M+CO receives notice from the independent review entity. If reversed by Administrative Law Judge or Departmental Appeals Board: Y = The authorization or service is provided within 60 calendar days from the date the M+CO receives notice from the ALJ or DAB that its decision has been reversed. N = The authorization or service is not provided within 60 calendar days from the date the M+CO receives notice from the ALJ or DAB that its decision has been reversed. The system will automatically compute this item.*

**Item: 30. IRE Notified?**

Can be Blank

Options:

Yes

No

Unknown

Not Applicable

*Help: Items 27-31 will be completed only if the M+CO's denial decision is reversed by the IRE/ALJ/DAB or if the M+CO partially reversed its denial decision and the IRE/ALJ/DAB upheld the remainder of the M+CO's denial.*

*Help: Y = The file contains evidence that the independent review entity was notified that the authorization or service was provided. N = No evidence in file that the independent review entity was notified that the authorization or service was provided. Note: If not available, select "Unknown." If M+CO partially reversed its denial decision and the IRE upheld the remainder of the M+CO's denial, enter "Not Applicable."*

**Item: 31. Effectuation Compliant? (RP07)**

Transfer to Element: RP07

Calculated

Can be Blank

Options:

Yes

No

*Help: Items 27-31 will be completed only if the M+CO's denial decision is reversed by the IRE/ALJ/DAB or if the M+CO partially reversed its denial decision and the IRE/ALJ/DAB upheld the remainder of the M+CO's denial.*

*Help: Y = Item 29 contains a "Y" and item 30 contains a "Y" or Not Applicable . N = Item 29 contains an "N" or item 30 contains an "N" or "Unknown." Note: The system will automatically compute this item.*

**Item: 32. Reconsideration Process Timely & Appropriate? (RP05)**

Transfer to Element: RP05

Calculated

Can be Blank

Options:

Yes

No

*Help: Y = If not expedited: Items 10, 11 & 12 contains "Y." OR If expedited: Items 15 & 16 contain a "Y" or a blank (if extension not taken) and item 20 contains a "Y," and item 22 contains a "Y" or a blank (if service request was not approved) and item 25 contains a "Y" or blank (if M+CO did not uphold initial denial).*

*N = If not expedited: Item 10 contains an "N" or items 11 or 12 contain an "N" or "Unknown." OR If expedited: Items 15, 20, 22 or 25 contain an "N" or item 16 contains an "N" or "Unknown."*

*The system will automatically compute this item.*

**Item: 33. Comments:**

Can be Blank

*Help: Self-explanatory.*