

DEPARTMENT OF HEALTH &
HUMAN SERVICES Centers for
Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, Maryland 21244-1850



CENTER FOR MEDICARE

TO: All Part D Sponsors, excluding PACE Organizations

FROM: Jennifer R. Shapiro
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SUBJECT: Preparation for 2017 Star Ratings Quality Assurance Reviews on Part D
Coverage Determinations and Redeterminations

DATE: April 29, 2016

Each year, the Centers for Medicare & Medicaid Services (CMS) carefully examines the underlying Star Ratings data so that beneficiaries and stakeholders will have the most accurate performance and quality information about available plans. As such, CMS has begun analyzing contract year (CY) 2015 data for use in the 2017 Star Ratings. This memo provides an overview of the responsibilities of Part D sponsors that are selected for quality assurance (QA) review as a result of being identified as potential appeals auto-forward outliers and the new process for submitting the required documentation.

In particular, the QA reviews will focus on the Star Ratings data collected by the Independent Review Entity (IRE) for the two Part D appeals measures, *Drug Plan Fails to Make Timely Decisions about Appeals*, and *Fairness of Drug Plan's Appeal Decisions, Based on an Independent Reviewer*. In the course of routine oversight and monitoring activities, CMS continues to find evidence of sponsors' non-compliance with key Medicare requirements for appropriate processing of Part D coverage determinations and redeterminations. CMS program audits have consistently identified deficiencies in these important program areas. Consequently, the primary focus of the QA reviews will continue to be on the IRE data used to calculate these measures and will be enhanced this year through incorporation of some of the methodologies employed in CMS program audits. While the QA review incorporates CMS audit findings, in order to complete a comprehensive review of all Part D sponsors, we require sponsors identified as potential data outliers to submit supporting documentation.

In May, CMS will notify select Part D contracts that they have been identified as a potential appeals auto-forward outlier. The email will be sent to the plan sponsor's Medicare Compliance Officer, Medicare Coordinator, and Part D Appeals contacts. Selected contracts will receive the Word and Excel templates referenced in Attachments A and B, respectively, in order to submit the following two sets of information:

1) ***Documentation to support the contract's appropriate processing of specific IRE appeal cases (see Attachment A)***

CMS will provide an Excel spreadsheet that includes each IRE appeal number, the coverage determination/redetermination request date, the coverage determination/redetermination decision date, and the appeal priority. These data are intended to help sponsors identify and provide the documentation necessary for our review of these cases.

For each IRE case, sponsors will submit two documents: (1) a single, completed Word document and (2) a single PDF containing supporting documentation. Sponsors may include in the PDF additional information such as screen shots of the sponsors' internal appeals systems. All files will be submitted in one zip file for each contract (note, there is a 250 MB size limit for each zip file; multiple zip files may be submitted). If a sponsor needs to submit revised or additional files for a specific case after an initial submission has been made, only those revised files should be uploaded.

2) ***Snapshot of the contract's January 2015 expedited and standard redeterminations (see Attachment B)***

Similar to data collected for CMS program audits, selected contracts will upload an Excel file summarizing redeterminations from January 2015, regardless of whether the request was determined to be favorable, partially favorable, or adverse. The Excel file **should not** be included in the zip file that contains the contract's documentation for IRE cases. The zip file of IRE case documentation (#1 above) and the Excel file of standard redeterminations (SRD)/expedited redeterminations (ERD) information (this item #2) should be uploaded as separate files.

Beginning this year, the requested documentation must be submitted via the secure Upload Files feature of Acumen's Monitoring Parts C & D Reporting Website (<https://partd.programinfo.us/CDReporting/default.aspx>). Please note, the secure website is only accessible to authorized users, with each sponsor utilizing a secure space on the website that is separate from all other sponsors. In accordance with the HPMS memorandum released on May 7, 2015 titled "Contract Year (CY) Monitoring Parts C & D Reporting Website Access and Process Revisions," contracts active in 2015 already have

access to the Monitoring Parts C & D Reporting Website. The contract's Medicare Compliance Officer is the sole individual who can authorize access to this website.

As noted above, there is a 250 MB size limit for files uploaded to the Monitoring Parts C & D Reporting Website. As such, if your contract's IRE appeal cases exceed 250 MB when consolidated into one zip file, please separate your documents into smaller zip files to meet the upload size requirement.

All documents uploaded to the Monitoring Parts C & D Reporting Website for IRE appeal cases and SRD/ERD information must abide by the correct file naming conventions. Additional information on file naming conventions can be located in Attachments A and B of this memorandum. As a reminder, IRE appeals documents (i.e., PDF and Word documents) must be consolidated into zip files before uploading to the Monitoring Parts C & D Reporting Website. However, SRD/ERD documents can be submitted as either the single XLSX file or within its own zip file.

Sponsors will have approximately three weeks to submit the requested information to CMS. The submission deadline will be provided in the notification email. Sponsors should contact CMS if they are unable to meet the requested deadline. Following our reviews, additional information may be requested.

For assistance uploading documentation to the Monitoring Parts C & D Reporting Website, please contact Acumen at CDReporting@acumenllc.com. For all other questions or concerns related to this QA review, please contact CMS at PartCDQA@cms.hhs.gov.

As a reminder, please do not send confidential information via email, such as personally identifiable information (PII) or protected health information (PHI).

Thank you for your continued support of the Star Ratings.

ATTACHMENT A:

IRE Case Reviews:

Submit a zip file that contains the following files for each IRE case identified:

- A single Word document with the below table completed.
- A single PDF containing the member's request and any supporting information submitted or provided verbally, (including clear notation if it is an exception request); the plan's case notes (with key information highlighted such as the number of outreaches to the prescriber); and the denial notices.

Use this naming convention for both files (i.e., the single PDF file and single Word file) submitted for each IRE appeal case: ContractID_last4digitsIREcase#

- Example PDF/documents = H1234_9876.pdf and H1234_9876.docx

Then, zip all IRE case documentation into one zip file. Use this naming convention for the zip file containing all IRE appeal case documents: ContractID_IRE_MMDDYYYY

- Example zip file = H1234_IRE_04012016.zip
- Note each zip file cannot exceed 250 MB; multiple zip files may be submitted and sequentially named.

Example two zip files = H1234_IRE_04012016_1
 H1234_IRE_04012016_2

The Upload Files feature of the Monitoring Parts C & D Reporting Website is a secure portal to transfer the required sensitive information. As such, please do not password protect your documents or zip files.

If you need to submit revised or additional files for a specific case after your initial submission, you may resubmit your required documentation via the Upload Files page of the Monitoring Parts C & D Reporting Website, using the same naming convention; you should only resubmit new or corrected documentation.

Contract ID		Enter Contract ID
Contract name		Enter Contract name
IRE Case #		Enter IRE case
Section I. Coverage Determination Request		
1.	Date/time of request (<i>mm/dd/yyyy; HH:mm tt</i>)	Enter Date & Time
2.	Request for reimbursement? (<i>y/n</i>)	Choose an item
3.	Standard or expedited? (<i>1=standard, 2=expedited</i>)	Choose an item
4.	Exception request? (<i>y/n</i>)	Choose an item
5.	Date/time of plan decision (<i>mm/dd/yyyy; HH:mm tt</i>)	Enter Date & Time

6.	Date of enrollee/appointed rep notification (Time is required if verbal notification was provided) (<i>mm/dd/yyyy; HH:mm tt</i>)	Enter Date & Time
7.	Was case processed timely? (<i>y/n</i>)	Choose an item
8.	Reason case was not processed timely (Required if response to question 7 is No. Enter 'N/A' if response to question 7 is Yes.)	Max 400 characters
9.	Date/time forwarded to IRE if decision was untimely Required if response to question 7 is No. Enter 'N/A' if response to question 7 is Yes. (<i>mm/dd/yyyy; HH:mm tt</i>)	Enter Date & Time
10.	Was timeframe tolled? (<i>y/n</i>)	Choose an item
<p>If the response to question 10 is yes, answers to questions 11-14 are required. If the response to question 10 is No, please skip to Section II.</p>		
11.	Reason for tolling	Max 400 characters
12.	Date/time of plan's first request for prescriber's supporting statement (<i>mm/dd/yyyy; HH:mm tt</i>)	Enter Date & Time
13.	If timeframe tolled, was the prescriber's supporting statement received?	Choose an item
14.	If timeframe tolled, date/time supporting statement was received (<i>mm/dd/yyyy; HH:mm tt</i>)	Enter Date & Time
Section II. Redetermination Request (if applicable)		
15.	Date of request (<i>mm/dd/yyyy; HH:mm tt</i>)	Enter Date
16.	Request for reimbursement? (<i>y/n</i>)	Choose an item
17.	Standard or expedited? (<i>1=standard, 2=expedited</i>)	Choose an item
18.	Exception request? (<i>y/n</i>)	Choose an item
19.	Date of plan decision (<i>mm/dd/yyyy</i>)	Enter Date
20.	Date of enrollee/appointed rep notification (<i>mm/dd/yyyy</i>)	Enter Date
21.	Was case processed timely? (<i>y/n</i>)	Choose an item
22.	Reason case was not processed timely. Required if response to question 21 is No. Enter 'N/A' if response to question 21 is Yes.	Max 400 characters
23.	Date/time forwarded to IRE if decision was untimely. Required if response to question 21 is No. Enter 'N/A' if response to question 21 is Yes. (<i>mm/dd/yyyy; HH:mm tt</i>)	Enter Date & Time

ATTACHMENT B:

Standard and Expedited Redeterminations in Q1 2015:

- Submit an Excel file containing data for standard/expedited redetermination requests for January 2015, based on the date the redetermination decision was rendered. Do not include requests that were later withdrawn or dismissed.
- Report a unique case identifier for each redetermination case for tracking purposes. This identifier may be a numeric ID and should be able to distinguish each case in your appeals system/records. This unique identifier should not contain protected health information (PII) including but not limited to beneficiary name, Social Security Number or HICN.

Use this naming convention for the Excel file that contains SRD/ERD information:

ContractID_Redet_Jan2015

- Example Excel file name = H1234_Redet_Jan2015.xlsx

If you wish to submit your SRD/ERD Excel file within a zip file, use the same file naming convention for both the zip file and the Excel file (i.e., ContractID_Redet_Jan2015.zip).

The Excel file containing SRD/ERD information should **not** be included in the zip file that contains your contract's IRE appeal cases. The IRE appeal cases should be uploaded separately from SRD/ERD information.

The Upload Files feature of the Monitoring Parts C & D Reporting Website is a secure portal to transfer the required sensitive information. As such, please do not password protect your documents or zip files.

Contract ID		Enter Contract ID
Contract name		Enter Contract name
Tab 1. Standard Redetermination (SRD)		
1.	Unique identifier	Enter unique identifier
2.	IRE case number (if applicable)	Enter IRE case number
3.	Date the standard redetermination request was received (mm/dd/yyyy)	Enter Date

4.	Request Disposition <ul style="list-style-type: none"> • fully favorable • partially favorable • adverse • auto-forwarded • N/A if <ul style="list-style-type: none"> ○ the request was never resolved/processed ○ plan late but not IRE auto-forwarded 	Choose an item
5.	Date of plan decision (<i>mm/dd/yyyy</i>)	Enter Date
6.	Date verbal/written notification provided to the member/appointed representative (<i>mm/dd/yyyy</i>)	Enter Date
7.	If a decision was not made within 7 days, but not auto-forwarded to the IRE, provide an explanation of why it was not.	Max 400 characters
If the response to question 4 request disposition is auto-forwarded, provide responses to questions 8-9.		
8.	Date and time forwarded to IRE (<i>mm/dd/yyyy; HH:mm tt</i>)	Enter Date & Time
9.	Date the written notification provided to member/appointed representative that the request has been forwarded to IRE (<i>mm/dd/yyyy</i>)	Enter Date
Tab 2. Expedited Redeterminations (ERD)		
1.	Unique identifier	Enter unique identifier
2.	IRE case number (if applicable)	Enter IRE case number
3.	Date the expedited redetermination request was received (<i>mm/dd/yyyy</i>)	Enter Date
4.	Was request initially made under the standard timeframe but processed by the plan under the expedited timeframe? (y/n)	Choose an item
5.	Date upgraded to an expedited request if the request was initially made under the standard timeframe. Answer if response to question 4 is Yes. (<i>mm/dd/yyyy</i>)	Enter Date

6.	Request Disposition <ul style="list-style-type: none"> • fully favorable • partially favorable • adverse • IRE auto-forward • N/A if <ul style="list-style-type: none"> ○ the request was never resolved/processed ○ plan late but not IRE auto-forwarded 	Choose an item
7.	Date of plan decision (<i>mm/dd/yyyy</i>)	Enter Date
8.	Date verbal/written notification provided to the member/appointed representative (<i>mm/dd/yyyy</i>)	Enter Date
9.	If a decision was not made within 3 days, but not auto-forwarded to the IRE, provide an explanation of why it was not.	Max 400 characters
If the response to question 6, request disposition is auto-forwarded, provide responses to questions 10-11.		
10.	Date and time forwarded to IRE (<i>mm/dd/yyyy; HH:mm tt</i>)	Enter Date & Time
11.	Date the written notification provided to member/appointed representative that the request has been forwarded to IRE (<i>mm/dd/yyyy</i>)	Enter Date