



# FINAL MAPD PROGRAM AUDIT PROTOCOL TRAINING

AUGUST 17TH, 24TH, 26TH, 2021 • 2:00-4:00 PM EDT



## Part C Organization Determinations, Appeals, and Grievances (ODAG)

August 17, 2021

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**Division of Audit Operations, Medicare Parts C & D Oversight & Enforcement Group, CMS**

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# Polling Question 1

Let us know who is listening:

- A. Medicare Advantage/Prescription Drug Plan
- B. Independent Auditor
- C. Pharmacy Benefit Manager
- D. CMS Central/Regional Office
- E. Other



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# ODAG Program Audit Protocol Overview

- Program Audit Protocol
  - Audit Elements Tested
  - Method of Evaluation
    - New Measures
- Program Audit Data Request
  - Review Technical Specifications





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# ODAG Program Audit Protocol



- Specifications and tools are for auditing/monitoring activities, not interpreting policy
- Not all data points are used to determine compliance



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# ODAG Audit Elements Tested

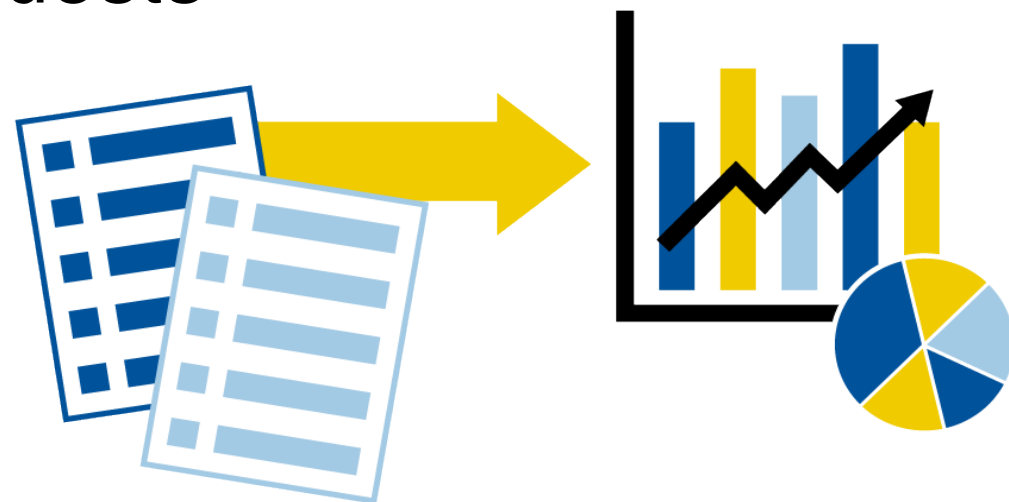
- Timeliness
- Processing of Coverage Requests
- Classification of Requests





# Universe Integrity Testing

- 60 cases
  - 10 cases from each universe, Tables 1 – 6\*
- Verify accuracy of data within universe submissions
- Confirm effectuation of approved requests



\*Organizations offering DSNP who have not been identified as an AIP do not complete Table 6: AIP



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# Timeliness Audit Element (1 of 8)

## Pre-service Organization Determination Notification

Part C Service (Standard)	Part C Service (Expedited)	Part B Drug (Standard)	Part B Drug (Expedited)
<ul style="list-style-type: none"> <li>• 14 days</li> <li>• 28 days with extension</li> </ul>	<ul style="list-style-type: none"> <li>• 72 hours</li> <li>• 17 days with extension</li> </ul>	<ul style="list-style-type: none"> <li>• 72 hours</li> </ul>	<ul style="list-style-type: none"> <li>• 24 hours</li> </ul>



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# Timeliness Audit Element (2 of 8)

## Pre-service Reconsideration Notification

### Part C (Standard/Expedited)

#### Approvals

- Provided to Enrollee/Representative
- 30 or 44 days with extension/72 hours or 17 days with extension

#### Denials

- Forwarded to IRE
- Within 24 hours of affirmation of decision
- 18 days/96 hours if timeframe missed

### Part B Drug (Standard/Expedited)

#### Approvals

- Provided to Enrollee/Representative
- 7 days/72 hours

#### Denials

- Forwarded to IRE
- Within 24 hours of affirmation of decision
- 96 hours if timeframe missed





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# Timeliness Audit Element (3 of 8)

- Payment Organization Determinations
  - Member submitted claims
  - Non-Contract Provider submitted claims
  - Paid or Denied within 60 days
  - Notification of denial was provided to the provider or the enrollee





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# Timeliness Audit Element (4 of 8)

## Payment Reconsiderations

### MA

- 60 days
- Overturned claim paid to provider or enrollee
- Upheld decision forwarded to IRE

### DSNP-AIP

- 30 days
- Overturned claim paid to provider or enrollee
- Upheld decisions forwarded to IRE



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# Timeliness Audit Element (5 of 8)

### Independent Review Entity (IRE) Overturn Effectuations

Part C Service/Item (Standard)	Part C Service/Item (Expedited)	Part B Drug (Standard)	Part B Drug (Expedited)
<ul style="list-style-type: none"> <li>• 14 days</li> </ul>	<ul style="list-style-type: none"> <li>• 72 hours</li> </ul>	<ul style="list-style-type: none"> <li>• 72 hours</li> </ul>	<ul style="list-style-type: none"> <li>• 24 hours</li> </ul>

- All post service (payment) overturns: 30 days



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# Timeliness Audit Element (6 of 8)

## Administrative Law Judge (ALJ) and Medicare Administrative Contractor (MAC) Overturn Effectuations

### Part C Service/Item (Standard & Expedited)

- Pre-service – 60 days
- Post-service – 60 days

### Part B Drug

- Standard – 72 hours
- Expedited – 24 hours



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# Timeliness Audit Element (7 of 8)

Grievances	
Standard	Expedited
<ul style="list-style-type: none"><li>• 30 days</li><li>• 44 days with extension</li></ul>	<ul style="list-style-type: none"><li>• 24 hours</li></ul>



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# Timeliness Audit Element (8 of 8)

## Dual Eligible Special Needs Plan – Applicable Integrated Plan

Adverse Integrated Organization Determination*	Integrated Reconsiderations (Standard)	Integrated Reconsiderations (Expedited)
<ul style="list-style-type: none"> <li>• Provided notice 10 days prior to effective decision date</li> </ul>	<ul style="list-style-type: none"> <li>• 30 days</li> <li>• 44 days with extension</li> </ul>	<ul style="list-style-type: none"> <li>• 72 hours</li> <li>• 17 days with extension</li> </ul>

\*Decision to terminate, suspend, or reduce previously approved service



# Processing of Coverage Requests

## (1 of 5)

- 30 Denied Samples
  - DSNP-AIPs: 5 additional samples from Table 6 (AIP)
  - Represents various medical services
  - Provided 1 hour prior to start of review
- If enrollee identified a representative: determine if notification was sent to enrollee's representative
- If provider requested: review to ensure the enrollee was notified, as well as the provider, of determination





# Processing of Coverage Requests

## (2 of 5)

- Ensure physician or other appropriate health care professional reviewed determination
- For reconsiderations, ensure person(s) not involved in making the determination conducts reconsideration
- Review clinical decisions
  - National Coverage Determinations (NCD)
  - Local Coverage Determinations (LCD)
  - Follow internal coverage policies
- Ensure Sponsor has adequate process to make appropriate clinical decisions





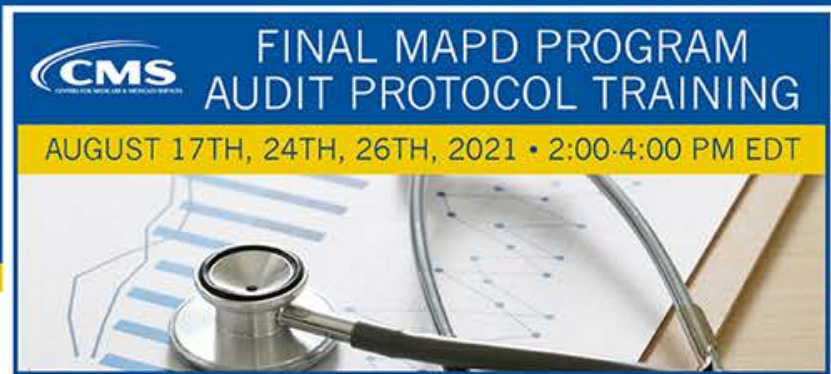
# Processing of Coverage Requests

## (3 of 5)



- Integrated Denial Notice (IDN) Review
  - Notice sent to appropriate party/parties
  - Identifies service or drug requested
  - Explain why medical services/items or Part B drug denied
  - Include appeal rights (standard/expedited)
  - Include any other notice requirements specified by CMS
- Ensure extensions were appropriate





# Processing of Coverage Requests

## (4 of 5)

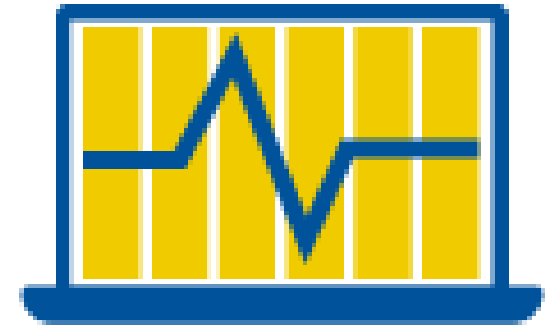
- If Sponsor denies request for expedited determination, CMS reviews determination and the following:
  - Provide enrollee prompt oral notice of denial
  - Within 3 calendar days, deliver a written letter that:
    - Explains MA organization will process the request using the 14-day/30-day timeframe for standard determinations/reconsiderations
    - Informs enrollee of right to file an expedited grievance if he or she disagrees with the MA organization's decision not to expedite
    - Provides instructions about the grievance process and its timeframes

# Processing of Coverage Requests

## (5 of 5)



- Part B Drug Step Therapy
  - 365-day look back period
- DSNP-AIPs
  - 5 samples will be reviewed to ensure:
    - Continuation of Benefits
    - Appropriate decision not to provide continuation benefits
    - Appropriate duration of continued or reinstated benefits





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# Classification of Requests – Dismissed



- Select up to 10 Cases
  - Review to determine if request:
    - Was appropriately dismissed
    - Should have been treated as a coverage request or grievance



# Classification of Requests – Grievances

- Select up to 20 Cases – verbal and written
  - Targeting quality of care, involve multiple issues, do not appear in organization determination and reconsideration universes, misclassified requests
  - Determine if proper notification provided
  - If Sponsor extended deadline, review for documentation stating how delay is in the interest of enrollee
    - Review for written notification to enrollee of delay reason(s)
  - Representative requested: determine if notification was sent to enrollee's representative



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## Program Audit Data Request



# Program Audit Data Request

- Submit universe tables 1 – 5
- Dual Eligible Special Needs Plans - Applicable Integrated Plan (DSNP-AIP) submit universe table 6
- Descriptions/clarifications for each submission and data field are outlined in the individual universe record layouts
- Characters required in all requested fields, unless otherwise specified and data must be limited to request specified in each record layout
- Submissions due within 15 business days of audit engagement letter
- Submissions that do not strictly adhere to the record layout specifications will be rejected





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# Scope of Universe Request

## MA/MAPD Enrollment

<b>&lt; 50,000</b>	<b>≥50,000 but &lt;250,000</b>	<b>≥250,000 but &lt;500,000</b>	<b>≥500,000</b>
Submit 12-week period preceding audit engagement letter date	Submit 8-week period preceding audit engagement letter date	Submit 4-week period preceding audit engagement letter date	Submit 2-week period preceding audit engagement letter date





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# Record Layouts

## Record Layouts

<b>Universe Table 1</b>	Standard and Expedited Pre-service Organization Determinations (OD)
<b>Universe Table 2</b>	Standard and Expedited Pre-service Reconsiderations (RECON)
<b>Universe Table 3</b>	Payment Organization Determinations and Reconsiderations (PYMT_C)
<b>Universe Table 4</b>	Part C Effectuations of Overturned Decisions by IRE, ALJ, or MAC (EFF_C)
<b>Universe Table 5</b>	Part C Standard and Expedited Grievances (GRV_C)
<b>Universe Table 6</b>	Dual Eligible Special Needs Plan – Applicable Integrated Plan Reductions, Suspensions, and Terminations (AIP)



# Record Layout Instructions

- All time fields – same time zone
- Populate fields depending on how plan processed request
- Request for services/items/drugs that do not require prior-authorization
- Dismissed requests
  - Included in OD, RECON, PYMT\_C, GRV\_C, and AIP record layouts
  - Exclude dismissed requests that were withdrawn
- Exclude Reopened cases
- Exclude Value Added Items and Services
- Retrospective Reviews
- Include all requests for Part B drugs





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# Field Descriptions – Enrollee ID

ENROLLEE ID	AUTHORIZATION OR CLAIM NUMBER	DATE THE REQUEST WAS RECEIVED	TIME THE REQUEST WAS RECEIVED	PART B DRUG REQUEST?
<ul style="list-style-type: none"> <li>Medicare Beneficiary Identifier</li> </ul>	<ul style="list-style-type: none"> <li>Enter the associated authorization or claim number for this request</li> <li>If authorization or claim number is unavailable, enter the internal tracking or case number</li> <li>No authorization, claim, other tracking number available: enter none</li> </ul>	<ul style="list-style-type: none"> <li>Date standard or expedited request received</li> <li>For reconsideration and payment requests, if information establishing good cause was obtained after 60-day timeframe, enter date information received by organization</li> </ul>	<ul style="list-style-type: none"> <li>Enter Time request received</li> <li>Expedited requests, Part B drug requests</li> <li>Standard and dismissed: enter none</li> <li>For reconsideration requests, if information establishing good cause was obtained after 60-day timeframe, enter time information received by organization</li> </ul>	<ul style="list-style-type: none"> <li>Enter Y if Part B drug is primary</li> </ul>

# Field Descriptions – Authorization or Claim Number



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# Field Descriptions – Date the Request was Received

ENROLLEE ID	AUTHORIZATION OR CLAIM NUMBER	DATE THE REQUEST WAS RECEIVED	TIME THE REQUEST WAS RECEIVED	PART B DRUG REQUEST?
<ul style="list-style-type: none"> <li>Medicare Beneficiary Identifier</li> </ul>	<ul style="list-style-type: none"> <li>Enter the associated authorization or claim number for this request</li> <li>If authorization or claim number is unavailable, enter the internal tracking or case number</li> <li>No authorization, claim, other tracking number available: enter none</li> </ul>	<ul style="list-style-type: none"> <li>Date standard or expedited request received</li> <li>For reconsideration and payment requests, if information establishing good cause was obtained after 60-day timeframe, enter date information received by organization</li> </ul>	<ul style="list-style-type: none"> <li>Enter Time request received</li> <li>Expedited requests, Part B drug requests</li> <li>Standard and dismissed: enter none</li> <li>For reconsideration requests, if information establishing good cause was obtained after 60-day timeframe, enter time information received by organization</li> </ul>	<ul style="list-style-type: none"> <li>Enter Y if Part B drug is primary</li> </ul>



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# Field Descriptions – Time the Request was Received

ENROLLEE ID	AUTHORIZATION OR CLAIM NUMBER	DATE THE REQUEST WAS RECEIVED	TIME THE REQUEST WAS RECEIVED	PART B DRUG REQUEST?
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# Field Descriptions – Part B Drug Request



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# Field Descriptions – AOR/Equivalent Notice Receipt Date



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AOR/EQUIVALENT NOTICE RECEIPT DATE	AOR/EQUIVALENT NOTICE RECEIPT TIME	REQUEST DETERMINATION	DATE OF DETERMINATION	TIME OF DETERMINATION
<ul style="list-style-type: none"> <li>• Enter the date the Appointment of Representative (AOR) form or equivalent written notice was received by the Sponsoring organization.</li> <li>• Enter None if no AOR or equivalent written notice was received or required.</li> </ul>	<ul style="list-style-type: none"> <li>• Time of Appointment of Representative (AOR) form/written notice receipt by Sponsoring organization</li> <li>• May precede date of request</li> <li>• No AOR or written notice received/required: enter <i>none</i></li> <li>• Standard and dismissed requests: enter <i>none</i></li> </ul>	<ul style="list-style-type: none"> <li>• Approved</li> <li>• Denied</li> <li>• Dismissed</li> </ul>	<ul style="list-style-type: none"> <li>• Enter the date of the determination.</li> <li>• For dismissed requests, enter the date the Sponsoring organization dismissed the request</li> </ul>	<ul style="list-style-type: none"> <li>• Enter the time of determination               <ul style="list-style-type: none"> <li>○ All expedited requests</li> <li>○ Standard Part B Organization Determination requests</li> </ul> </li> <li>• Enter None for standard service requests and standard Part B reconsiderations</li> </ul>



# Field Descriptions – AOR/Equivalent Notice Receipt Time



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# Field Descriptions – Date Oral Notification Provided to Enrollee

### DATE ORAL NOTIFICATION PROVIDED TO ENROLLEE

- Enter date oral notification provided to enrollee
- Enter None if no oral notification was provided.

### TIME ORAL NOTIFICATION PROVIDED TO ENROLLEE

- Enter the time oral notification was provided to enrollee
  - All expedited requests
  - Standard Part B Organization Determination requests
- Enter None if no oral notification was provided

### DATE WRITTEN NOTIFICATION PROVIDED TO ENROLLEE

- Enter date written notification provided to enrollee
- Enter None if no written notification was provided.
- Dismissed cases
  - Date written notification of dismissal provided to enrollee
- Do not enter a date a letter is generated or printed

### TIME WRITTEN NOTIFICATION PROVIDED TO ENROLLEE

- Enter time written notification provided to enrollee
  - All expedited requests
  - Standard Part B Organization Determination requests
- Enter None if no written notification was provided and for dismissed requests



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# Field Descriptions – Time Oral Notification Provided to Enrollee

### DATE ORAL NOTIFICATION PROVIDED TO ENROLLEE

- Enter date oral notification provided to enrollee
- Enter None if no oral notification was provided.

### TIME ORAL NOTIFICATION PROVIDED TO ENROLLEE

- Enter the time oral notification was provided to enrollee
  - All expedited requests
  - Standard Part B Organization Determination requests
- Enter None if no oral notification was provided

### DATE WRITTEN NOTIFICATION PROVIDED TO ENROLLEE

- Enter date written notification provided to enrollee
- Enter None if no written notification was provided.
- Dismissed cases
  - Date written notification of dismissal provided to enrollee
- Do not enter a date a letter is generated or printed

### TIME WRITTEN NOTIFICATION PROVIDED TO ENROLLEE

- Enter time written notification provided to enrollee
  - All expedited requests
  - Standard Part B Organization Determination requests
- Enter None if no written notification was provided and for dismissed requests

# Field Descriptions – Date Written Notification Provided to Enrollee



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### DATE ORAL NOTIFICATION PROVIDED TO ENROLLEE

- Enter date oral notification provided to enrollee
- Enter None if no oral notification was provided.

### TIME ORAL NOTIFICATION PROVIDED TO ENROLLEE

- Enter the time oral notification was provided to enrollee
  - All expedited requests
  - Standard Part B Organization Determination requests
- Enter None if no oral notification was provided

### DATE WRITTEN NOTIFICATION PROVIDED TO ENROLLEE

- Enter date written notification provided to enrollee
- Enter None if no written notification was provided.
- Dismissed cases
  - Date written notification of dismissal provided to enrollee
- Do not enter a date a letter is generated or printed

### TIME WRITTEN NOTIFICATION PROVIDED TO ENROLLEE

- Enter time written notification provided to enrollee
  - All expedited requests
  - Standard Part B Organization Determination requests
- Enter None if no written notification was provided and for dismissed requests



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# Field Descriptions – Time Written Notification Provided to Enrollee

DATE ORAL NOTIFICATION PROVIDED TO ENROLLEE	TIME ORAL NOTIFICATION PROVIDED TO ENROLLEE	DATE WRITTEN NOTIFICATION PROVIDED TO ENROLLEE	TIME WRITTEN NOTIFICATION PROVIDED TO ENROLLEE
<ul style="list-style-type: none"> <li>• Enter date oral notification provided to enrollee</li> <li>• Enter None if no oral notification was provided.</li> </ul>	<ul style="list-style-type: none"> <li>• Enter the time oral notification was provided to enrollee               <ul style="list-style-type: none"> <li>○ All expedited requests</li> <li>○ Standard Part B Organization Determination requests</li> </ul> </li> <li>• Enter None if no oral notification was provided</li> </ul>	<ul style="list-style-type: none"> <li>• Enter date written notification provided to enrollee</li> <li>• Enter None if no written notification was provided.</li> <li>• Dismissed cases               <ul style="list-style-type: none"> <li>○ Date written notification of dismissal provided to enrollee</li> </ul> </li> <li>• Do not enter a date a letter is generated or printed</li> </ul>	<ul style="list-style-type: none"> <li>• Enter time written notification provided to enrollee               <ul style="list-style-type: none"> <li>○ All expedited requests</li> <li>○ Standard Part B Organization Determination requests</li> </ul> </li> <li>• Enter None if no written notification was provided and for dismissed requests</li> </ul>





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# Field Descriptions – Date Reconsidered Determination Effectuated in System

DATE RECONSIDERED DETERMINATION EFFECTUATED IN SYSTEM	TIME RECONSIDERED DETERMINATION EFFECTUATED IN SYSTEM	DATE FORWARDED TO IRE	TIME FORWARDED TO IRE	ISSUE DESCRIPTION AND TYPE OF SERVICE
<ul style="list-style-type: none"> <li>• Enter date reconsidered determination effectuated in the system</li> <li>• Enter None if the determination was denied or dismissed</li> </ul>	<ul style="list-style-type: none"> <li>• Enter time reconsidered determination was effectuated in the system               <ul style="list-style-type: none"> <li>◦ All expedited requests</li> </ul> </li> <li>• Enter None for standard cases, dismissed cases, or if the request was denied</li> </ul>	<ul style="list-style-type: none"> <li>• Enter date request was forwarded to the IRE</li> <li>• Enrollee notified of approved reconsideration: enter <i>none</i></li> <li>• Request was not forwarded to the IRE: enter <i>none</i></li> </ul>	<ul style="list-style-type: none"> <li>• Enter time request was forwarded to the IRE               <ul style="list-style-type: none"> <li>◦ All expedited requests</li> </ul> </li> <li>• Enter None if:               <ul style="list-style-type: none"> <li>◦ Enrollee notified of approved reconsideration</li> <li>◦ Not forwarded to IRE</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Brief description of service/item requested</li> <li>• Why service/item was requested (if known)</li> <li>• Denials               <ul style="list-style-type: none"> <li>◦ Why the pre-service request was denied</li> </ul> </li> <li>• Dismissed requests               <ul style="list-style-type: none"> <li>◦ Reason for dismissal</li> </ul> </li> </ul>

# Field Descriptions – Time Reconsidered Determination Effectuated in System



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DATE RECONSIDERED DETERMINATION EFFECTUATED IN SYSTEM	TIME RECONSIDERED DETERMINATION EFFECTUATED IN SYSTEM	DATE FORWARDED TO IRE	TIME FORWARDED TO IRE	ISSUE DESCRIPTION AND TYPE OF SERVICE
<ul style="list-style-type: none"> <li>• Enter date reconsidered determination effectuated in the system</li> <li>• Enter None if the determination was denied or dismissed</li> </ul>	<ul style="list-style-type: none"> <li>• Enter time reconsidered determination was effectuated in the system               <ul style="list-style-type: none"> <li>◦ All expedited requests</li> </ul> </li> <li>• Enter None for standard cases, dismissed cases, or if the request was denied</li> </ul>	<ul style="list-style-type: none"> <li>• Enter date request was forwarded to the IRE</li> <li>• Enrollee notified of approved reconsideration: enter <i>none</i></li> <li>• Request was not forwarded to the IRE: enter <i>none</i></li> </ul>	<ul style="list-style-type: none"> <li>• Enter time request was forwarded to the IRE               <ul style="list-style-type: none"> <li>◦ All expedited requests</li> </ul> </li> <li>• Enter None if:               <ul style="list-style-type: none"> <li>◦ Enrollee notified of approved reconsideration</li> <li>◦ Not forwarded to IRE</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Brief description of service/item requested</li> <li>• Why service/item was requested (if known)</li> <li>• Denials               <ul style="list-style-type: none"> <li>◦ Why the pre-service request was denied</li> </ul> </li> <li>• Dismissed requests               <ul style="list-style-type: none"> <li>◦ Reason for dismissal</li> </ul> </li> </ul>



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# Field Descriptions – Date Forwarded to IRE

DATE RECONSIDERED DETERMINATION EFFECTUATED IN SYSTEM	TIME RECONSIDERED DETERMINATION EFFECTUATED IN SYSTEM	DATE FORWARDED TO IRE	TIME FORWARDED TO IRE	ISSUE DESCRIPTION AND TYPE OF SERVICE
<ul style="list-style-type: none"> <li>• Enter date reconsidered determination effectuated in the system</li> <li>• Enter None if the determination was denied or dismissed</li> </ul>	<ul style="list-style-type: none"> <li>• Enter time reconsidered determination was effectuated in the system               <ul style="list-style-type: none"> <li>◦ All expedited requests</li> </ul> </li> <li>• Enter None for standard cases, dismissed cases, or if the request was denied</li> </ul>	<ul style="list-style-type: none"> <li>• Enter date request was forwarded to the IRE</li> <li>• Enrollee notified of approved reconsideration: enter <i>none</i></li> <li>• Request was not forwarded to the IRE: enter <i>none</i></li> </ul>	<ul style="list-style-type: none"> <li>• Enter time request was forwarded to the IRE               <ul style="list-style-type: none"> <li>◦ All expedited requests</li> </ul> </li> <li>• Enter None if:               <ul style="list-style-type: none"> <li>◦ Enrollee notified of approved reconsideration</li> <li>◦ Not forwarded to IRE</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Brief description of service/item requested</li> <li>• Why service/item was requested (if known)</li> <li>• Denials               <ul style="list-style-type: none"> <li>◦ Why the pre-service request was denied</li> </ul> </li> <li>• Dismissed requests               <ul style="list-style-type: none"> <li>◦ Reason for dismissal</li> </ul> </li> </ul>



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# Field Descriptions – Time Forwarded to IRE

DATE RECONSIDERED DETERMINATION EFFECTUATED IN SYSTEM	TIME RECONSIDERED DETERMINATION EFFECTUATED IN SYSTEM	DATE FORWARDED TO IRE	TIME FORWARDED TO IRE	ISSUE DESCRIPTION AND TYPE OF SERVICE
<ul style="list-style-type: none"> <li>• Enter date reconsidered determination effectuated in the system</li> <li>• Enter None if the determination was denied or dismissed</li> </ul>	<ul style="list-style-type: none"> <li>• Enter time reconsidered determination was effectuated in the system               <ul style="list-style-type: none"> <li>◦ All expedited requests</li> </ul> </li> <li>• Enter None for standard cases, dismissed cases, or if the request was denied</li> </ul>	<ul style="list-style-type: none"> <li>• Enter date request was forwarded to the IRE</li> <li>• Enrollee notified of approved reconsideration: enter <i>none</i></li> <li>• Request was not forwarded to the IRE: enter <i>none</i></li> </ul>	<ul style="list-style-type: none"> <li>• Enter time request was forwarded to the IRE               <ul style="list-style-type: none"> <li>◦ All expedited requests</li> </ul> </li> <li>• Enter None if:               <ul style="list-style-type: none"> <li>◦ Enrollee notified of approved reconsideration</li> <li>◦ Not forwarded to IRE</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Brief description of service/item requested</li> <li>• Why service/item was requested (if known)</li> <li>• Denials               <ul style="list-style-type: none"> <li>◦ Why the pre-service request was denied</li> </ul> </li> <li>• Dismissed requests               <ul style="list-style-type: none"> <li>◦ Reason for dismissal</li> </ul> </li> </ul>



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# Field Descriptions – Issue Description and Type of Service

DATE RECONSIDERED DETERMINATION EFFECTUATED IN SYSTEM	TIME RECONSIDERED DETERMINATION EFFECTUATED IN SYSTEM	DATE FORWARDED TO IRE	TIME FORWARDED TO IRE	ISSUE DESCRIPTION AND TYPE OF SERVICE
<ul style="list-style-type: none"> <li>• Date reconsidered determination effectuated in the system</li> <li>• Decision upheld: enter <i>none</i></li> </ul>	<ul style="list-style-type: none"> <li>• Enter time reconsidered determination was effectuated in the system               <ul style="list-style-type: none"> <li>◦ All expedited requests</li> </ul> </li> <li>• Enter None for standard cases, dismissed cases, or if the request was denied</li> </ul>	<ul style="list-style-type: none"> <li>• Enter date request was forwarded to the IRE</li> <li>• Enrollee notified of approved reconsideration: enter <i>none</i></li> <li>• Request was not forwarded to the IRE: enter <i>none</i></li> </ul>	<ul style="list-style-type: none"> <li>• Enter time request was forwarded to the IRE               <ul style="list-style-type: none"> <li>◦ All expedited requests</li> </ul> </li> <li>• Enter None if:               <ul style="list-style-type: none"> <li>◦ Enrollee notified of approved reconsideration</li> <li>◦ Not forwarded to IRE</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Brief description of service/item requested</li> <li>• Why service/item was requested (if known)</li> <li>• Denials               <ul style="list-style-type: none"> <li>◦ Why the pre-service request was denied</li> </ul> </li> <li>• Dismissed requests               <ul style="list-style-type: none"> <li>◦ Reason for dismissal</li> </ul> </li> </ul>

# Field Descriptions – Was an expedited request made but processed as standard?



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WAS AN EXPEDITED REQUEST MADE BUT PROCESSED AS STANDARD?	WAS THE REQUEST DENIED FOR LACK OF MEDICAL NECESSITY?	WAS THE INITIAL ORGANIZATION DETERMINATION REQUEST DENIED FOR LACK OF MEDICAL NECESSITY?	DATE CLAIM/RECONSIDERATION WAS PAID
<ul style="list-style-type: none"> <li>• Requests made under expedited timeframe but transferred to standard timeframe; enter <i>Y</i></li> <li>• All other requests: enter <i>none</i></li> </ul>	<ul style="list-style-type: none"> <li>• Request denied for lack of medical necessity: enter <i>Y</i></li> <li>• Approved or Dismissed: enter <i>none</i></li> </ul>	<ul style="list-style-type: none"> <li>• Aligned with CDAG protocol</li> <li>• Initial organization determination request denied for lack of medical necessity: enter <i>Y</i></li> <li>• For Universe Table 3, if request was processed as Recon (per column L): enter <i>Y</i></li> <li>• Request processed as OD: enter <i>N</i></li> </ul>	<ul style="list-style-type: none"> <li>• PYMT_C RL only</li> <li>• Date/claim/reconsideration was paid</li> <li>• Payment not provided: enter <i>none</i></li> <li>• Request was denied: enter <i>none</i></li> <li>• Request was dismissed: enter <i>none</i></li> </ul>



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# Field Descriptions – Was the request denied for lack of medical necessity?

WAS AN EXPEDITED REQUEST MADE BUT PROCESSED AS STANDARD?	WAS THE REQUEST DENIED FOR LACK OF MEDICAL NECESSITY?	WAS THE INITIAL ORGANIZATION DETERMINATION REQUEST DENIED FOR LACK OF MEDICAL NECESSITY?	DATE CLAIM/RECONSIDERATION WAS PAID
<ul style="list-style-type: none"> <li>• Requests made under expedited timeframe but transferred to standard timeframe; enter <i>Y</i></li> <li>• All other requests: enter <i>none</i></li> </ul>	<ul style="list-style-type: none"> <li>• Request denied for lack of medical necessity: enter <i>Y</i></li> <li>• Approved or Dismissed: enter <i>none</i></li> </ul>	<ul style="list-style-type: none"> <li>• Aligned with CDAG protocol</li> <li>• Initial organization determination request denied for lack of medical necessity: enter <i>Y</i></li> <li>• For Universe Table 3, if request was processed as Recon (per column L): enter <i>Y</i></li> <li>• Request processed as OD: enter <i>N</i></li> </ul>	<ul style="list-style-type: none"> <li>• PYMT_C RL only</li> <li>• Date/claim/reconsideration was paid</li> <li>• Payment not provided: enter <i>none</i></li> <li>• Request was denied: enter <i>none</i></li> <li>• Request was dismissed: enter <i>none</i></li> </ul>

# Field Descriptions – Was the initial organization determination request denied for lack of medical necessity?



WAS AN EXPEDITED REQUEST MADE BUT PROCESSED AS STANDARD?	WAS THE REQUEST DENIED FOR LACK OF MEDICAL NECESSITY?	WAS THE INITIAL ORGANIZATION DETERMINATION REQUEST DENIED FOR LACK OF MEDICAL NECESSITY?	DATE CLAIM/RECONSIDERATION WAS PAID
<ul style="list-style-type: none"> <li>• Requests made under expedited timeframe but transferred to standard timeframe; enter <i>Y</i></li> <li>• All other requests: enter <i>none</i></li> </ul>	<ul style="list-style-type: none"> <li>• Request denied for lack of medical necessity: enter <i>Y</i></li> <li>• Approved or Dismissed: enter <i>none</i></li> </ul>	<ul style="list-style-type: none"> <li>• Aligned with CDAG protocol</li> <li>• Initial organization determination request denied for lack of medical necessity: enter <i>Y</i></li> <li>• For Universe Table 3, if request was processed as Recon (per column L): enter <i>Y</i></li> <li>• Request processed as OD: enter <i>N</i></li> </ul>	<ul style="list-style-type: none"> <li>• PYMT_C RL only</li> <li>• Date/claim/reconsideration was paid</li> <li>• Payment not provided: enter <i>none</i></li> <li>• Request was denied: enter <i>none</i></li> <li>• Request was dismissed: enter <i>none</i></li> </ul>





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# Field Descriptions – Date Claim/Reconsideration was Paid

WAS AN EXPEDITED REQUEST MADE BUT PROCESSED AS STANDARD?	WAS THE REQUEST DENIED FOR LACK OF MEDICAL NECESSITY?	WAS THE INITIAL ORGANIZATION DETERMINATION REQUEST DENIED FOR LACK OF MEDICAL NECESSITY?	DATE CLAIM/RECONSIDERATION WAS PAID
<ul style="list-style-type: none"> <li>• Requests made under expedited timeframe but transferred to standard timeframe; enter <i>Y</i></li> <li>• All other requests: enter <i>none</i></li> </ul>	<ul style="list-style-type: none"> <li>• Request denied for lack of medical necessity: enter <i>Y</i></li> <li>• Approved or Dismissed: enter <i>none</i></li> </ul>	<ul style="list-style-type: none"> <li>• Aligned with CDAG protocol</li> <li>• Initial organization determination request denied for lack of medical necessity: enter <i>Y</i></li> <li>• For Universe Table 3, if request was processed as Recon (per column L): enter <i>Y</i></li> <li>• Request processed as OD: enter <i>N</i></li> </ul>	<ul style="list-style-type: none"> <li>• PYMT_C RL only</li> <li>• Date/claim/reconsideration was paid</li> <li>• Payment not provided: enter <i>none</i></li> <li>• Request was denied: enter <i>none</i></li> <li>• Request was dismissed: enter <i>none</i></li> </ul>



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# Field Descriptions – Date Written Notification Provided to Provider

DATE WRITTEN NOTIFICATION PROVIDED TO PROVIDER	WAS IT A CLEAN CLAIM?	FIRST TIER, DOWNSTREAM, AND RELATED ENTITY	TYPE OF RECONSIDERATION CASE	DATE THE OVERTURNED DECISION WAS EFFECTUATED
<ul style="list-style-type: none"> <li>• Approved Requests               <ul style="list-style-type: none"> <li>○ May be same date as date claim/reconsideration was paid</li> <li>○ Remittance Advice, Explanation of Payment</li> </ul> </li> <li>• Denied Requests               <ul style="list-style-type: none"> <li>○ Date plan notified provider of denied claim/reconsideration</li> </ul> </li> <li>• Enrollee submitted request: enter <i>none</i></li> </ul>	<ul style="list-style-type: none"> <li>• Clean claim: enter <i>Y</i></li> <li>• Unclean claim: enter <i>N</i></li> <li>• Payment reconsiderations: enter <i>none</i></li> </ul>	<ul style="list-style-type: none"> <li>• Name of the FDR who:               <ul style="list-style-type: none"> <li>○ Processed request</li> <li>○ Needed to conduct a portion of the review during an audit</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Type of reconsideration case submitted to IRE/ALJ/MAC               <ul style="list-style-type: none"> <li>○ Standard</li> <li>○ Expedited</li> <li>○ Payment</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Date overturned decision effectuated in the system</li> <li>• Decision not effectuated: enter <i>none</i></li> </ul>

# Field Descriptions – Was it a clean claim?



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DATE WRITTEN NOTIFICATION PROVIDED TO PROVIDER	WAS IT A CLEAN CLAIM?	FIRST TIER, DOWNSTREAM, AND RELATED ENTITY	TYPE OF RECONSIDERATION CASE	DATE THE OVERTURNED DECISION WAS EFFECTUATED
<ul style="list-style-type: none"> <li>• Approved Requests               <ul style="list-style-type: none"> <li>○ May be same date as date claim/reconsideration was paid</li> <li>○ Remittance Advice, Explanation of Payment</li> </ul> </li> <li>• Denied Requests               <ul style="list-style-type: none"> <li>○ Date plan notified provider of denied claim/reconsideration</li> </ul> </li> <li>• Enrollee submitted request: enter <i>none</i></li> </ul>	<ul style="list-style-type: none"> <li>• Clean claim: enter <i>Y</i></li> <li>• Unclean claim: enter <i>N</i></li> <li>• Payment reconsiderations: enter <i>none</i></li> </ul>	<ul style="list-style-type: none"> <li>• Name of the FDR who:               <ul style="list-style-type: none"> <li>○ Processed request</li> <li>○ Needed to conduct a portion of the review during an audit</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Type of reconsideration case submitted to IRE/ALJ/MAC               <ul style="list-style-type: none"> <li>○ Standard</li> <li>○ Expedited</li> <li>○ Payment</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Date overturned decision effectuated in the system</li> <li>• Decision not effectuated: enter <i>none</i></li> </ul>



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# Field Descriptions – First Tier, Downstream, and Related Entity

DATE WRITTEN NOTIFICATION PROVIDED TO PROVIDER	WAS IT A CLEAN CLAIM?	FIRST TIER, DOWNSTREAM, AND RELATED ENTITY	TYPE OF RECONSIDERATION CASE	DATE THE OVERTURNED DECISION WAS EFFECTUATED
<ul style="list-style-type: none"> <li>• Approved Requests               <ul style="list-style-type: none"> <li>○ May be same date as date claim/reconsideration was paid</li> <li>○ Remittance Advice, Explanation of Payment</li> </ul> </li> <li>• Denied Requests               <ul style="list-style-type: none"> <li>○ Date plan notified provider of denied claim/reconsideration</li> </ul> </li> <li>• Enrollee submitted request: enter <i>none</i></li> </ul>	<ul style="list-style-type: none"> <li>• Clean claim: enter <i>Y</i></li> <li>• Unclean claim: enter <i>N</i></li> <li>• Payment reconsiderations: enter <i>none</i></li> </ul>	<ul style="list-style-type: none"> <li>• Name of the FDR who:               <ul style="list-style-type: none"> <li>○ Processed request</li> <li>○ Needed to conduct a portion of the review during an audit</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Type of reconsideration case submitted to IRE/ALJ/MAC               <ul style="list-style-type: none"> <li>○ Standard</li> <li>○ Expedited</li> <li>○ Payment</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Date overturned decision effectuated in the system</li> <li>• Decision not effectuated: enter <i>none</i></li> </ul>



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# Field Descriptions – Type of Reconsideration Case

DATE WRITTEN NOTIFICATION PROVIDED TO PROVIDER	WAS IT A CLEAN CLAIM?	FIRST TIER, DOWNSTREAM, AND RELATED ENTITY	TYPE OF RECONSIDERATION CASE	DATE THE OVERTURNED DECISION WAS EFFECTUATED
<ul style="list-style-type: none"> <li>• Approved Requests               <ul style="list-style-type: none"> <li>○ May be same date as date claim/reconsideration was paid</li> <li>○ Remittance Advice, Explanation of Payment</li> </ul> </li> <li>• Denied Requests               <ul style="list-style-type: none"> <li>○ Date plan notified provider of denied claim/reconsideration</li> </ul> </li> <li>• Enrollee submitted request: enter <i>none</i></li> </ul>	<ul style="list-style-type: none"> <li>• Clean claim: enter <i>Y</i></li> <li>• Unclean claim: enter <i>N</i></li> <li>• Payment reconsiderations: enter <i>none</i></li> </ul>	<ul style="list-style-type: none"> <li>• Name of the FDR who:               <ul style="list-style-type: none"> <li>○ Processed request</li> <li>○ Needed to conduct a portion of the review during an audit</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Type of reconsideration case submitted to IRE/ALJ/MAC               <ul style="list-style-type: none"> <li>○ Standard</li> <li>○ Expedited</li> <li>○ Payment</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Date overturned decision effectuated in the system</li> <li>• Decision not effectuated: enter <i>none</i></li> </ul>



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# Field Descriptions – Date the Overturned Decision was Received

DATE WRITTEN NOTIFICATION PROVIDED TO PROVIDER	WAS IT A CLEAN CLAIM?	FIRST TIER, DOWNSTREAM, AND RELATED ENTITY	TYPE OF RECONSIDERATION CASE	DATE THE OVERTURNED DECISION WAS EFFECTUATED
<ul style="list-style-type: none"> <li>• Approved Requests               <ul style="list-style-type: none"> <li>○ May be same date as date claim/reconsideration was paid</li> <li>○ Remittance Advice, Explanation of Payment</li> </ul> </li> <li>• Denied Requests               <ul style="list-style-type: none"> <li>○ Date plan notified provider of denied claim/reconsideration</li> </ul> </li> <li>• Enrollee submitted request: enter <i>none</i></li> </ul>	<ul style="list-style-type: none"> <li>• Clean claim: enter <i>Y</i></li> <li>• Unclean claim: enter <i>N</i></li> <li>• Payment reconsiderations: enter <i>none</i></li> </ul>	<ul style="list-style-type: none"> <li>• Name of the FDR who:               <ul style="list-style-type: none"> <li>○ Processed request</li> <li>○ Needed to conduct a portion of the review during an audit</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Type of reconsideration case submitted to IRE/ALJ/MAC               <ul style="list-style-type: none"> <li>○ Standard</li> <li>○ Expedited</li> <li>○ Payment</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Date overturned decision effectuated in the system</li> <li>• Decision not effectuated: enter <i>none</i></li> </ul>

# Field Descriptions – Time Overturned Decision or Payment Effectuated in the System



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### TIME OVERTURNED DECISION OR PAYMENT EFFECTUATED IN THE SYSTEM

- Time overturned decision effectuated in the system
  - Expedited requests
  - Part B Drug requests
- Decision not effectuated: enter *none*

### DATE THE GRIEVANCE WAS RECEIVED

- Date grievance received
  - Standard grievances
  - Expedited grievances

### TIME THE GRIEVANCE WAS RECEIVED

- Enter time expedited grievance was received
- Enter none for standard grievances

### CATEGORY OF THE ISSUE

- Category of grievance
  - Assigned by Sponsoring organization
  - Based on Sponsor's internal labeling system



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# Field Descriptions – Date the Grievance was Received

### TIME OVERTURNED DECISION OR PAYMENT EFFECTUATED IN THE SYSTEM

- Time overturned decision effectuated in the system
  - Expedited requests
  - Part B Drug requests
- Decision not effectuated: enter *none*

### DATE THE GRIEVANCE WAS RECEIVED

- Date grievance received
  - Standard grievances
  - Expedited grievances

### TIME THE GRIEVANCE WAS RECEIVED

- Enter time expedited grievance was received
- Enter none for standard grievances

### CATEGORY OF THE ISSUE

- Category of grievance
  - Assigned by Sponsoring organization
  - Based on Sponsor's internal labeling system





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# Field Descriptions – Time the Grievance was Received

### TIME OVERTURNED DECISION OR PAYMENT EFFECTUATED IN THE SYSTEM

- Time overturned decision effectuated in the system
  - Expedited requests
  - Part B Drug requests
- Decision not effectuated: enter *none*

### DATE THE GRIEVANCE WAS RECEIVED

- Date grievance received
  - Standard grievances
  - Expedited grievances

### TIME THE GRIEVANCE WAS RECEIVED

- Enter time expedited grievance was received
- Enter none for standard grievances

### CATEGORY OF THE ISSUE

- Category of grievance
  - Assigned by Sponsoring organization
  - Based on Sponsor's internal labeling system



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# Field Descriptions – Category of the Issue

TIME OVERTURNED DECISION OR PAYMENT EFFECTUATED IN THE SYSTEM	DATE THE GRIEVANCE WAS RECEIVED	TIME THE GRIEVANCE WAS RECEIVED	CATEGORY OF THE ISSUE
<ul style="list-style-type: none"> <li>• Time overturned decision effectuated in the system               <ul style="list-style-type: none"> <li>○ Expedited requests</li> <li>○ Part B Drug requests</li> </ul> </li> <li>• Decision not effectuated: enter <i>none</i></li> </ul>	<ul style="list-style-type: none"> <li>• Date grievance received               <ul style="list-style-type: none"> <li>○ Standard grievances</li> <li>○ Expedited grievances</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Enter time expedited grievance was received</li> <li>• Enter none for standard grievances</li> </ul>	<ul style="list-style-type: none"> <li>• Category of grievance               <ul style="list-style-type: none"> <li>○ Assigned by Sponsoring organization</li> <li>○ Based on Sponsor's internal labeling system</li> </ul> </li> </ul>

# Field Descriptions – Date DSNP-AIP Notified Enrollee of its Decision to Reduce, Suspend or Terminate Services



## DATE DSNP-AIP NOTIFIED ENROLLEE OF ITS DECISION TO REDUCE, SUSPEND OR TERMINATE SERVICES

- Date the DSNP-AIP notified the enrollee of the reduction, suspension, or termination

## EFFECTIVE DATE OF REDUCTION, SUSPENSION, OR TERMINATION OF SERVICES

- Enter the date the DSNP-AIP indicated services will reduce, suspend, or terminate

## WAS THE DECISION APPEALED?

- Yes: enter *Y*
- No: enter *N*
- If 'N' is entered, populate all remaining fields with None.

## DID THE ENROLLEE REQUEST CONTINUATION OF BENEFITS?

- Yes (*Y*)/No (*N*) indicator of whether enrollee requested continuation of benefits
- Enter None if someone other than the enrollee requested continuation of benefits or if the decision was not appealed as indicated by N in column ID J

# Field Descriptions – Effective Date of Reduction, Suspension, or Termination of Services



DATE DSNP-AIP NOTIFIED ENROLLEE OF ITS DECISION TO REDUCE, SUSPEND OR TERMINATE SERVICES	EFFECTIVE DATE OF REDUCTION, SUSPENSION, OR TERMINATION OF SERVICES	WAS THE DECISION APPEALED?	DID THE ENROLLEE REQUEST CONTINUATION OF BENEFITS?
<ul style="list-style-type: none"> <li>Date the DSNP-AIP notified the enrollee of the reduction, suspension, or termination</li> </ul>	<ul style="list-style-type: none"> <li>Enter the date the DSNP-AIP indicated services will reduce, suspend, or terminate</li> </ul>	<ul style="list-style-type: none"> <li>Yes: enter <i>Y</i></li> <li>No: enter <i>N</i></li> <li>If 'N' is entered, populate all remaining fields with None.</li> </ul>	<ul style="list-style-type: none"> <li>Yes (<i>Y</i>)/No (<i>N</i>) indicator of whether enrollee requested continuation of benefits</li> <li>Enter None if someone other than the enrollee requested continuation of benefits or if the decision was not appealed as indicated by N in column ID J</li> </ul>



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# Field Descriptions – Was the decision appealed?

### DATE DSNP-AIP NOTIFIED ENROLLEE OF ITS DECISION TO REDUCE, SUSPEND OR TERMINATE SERVICES

- Date the DSNP-AIP notified the enrollee of the reduction, suspension, or termination

### EFFECTIVE DATE OF REDUCTION, SUSPENSION, OR TERMINATION OF SERVICES

- Enter the date the DSNP-AIP indicated services will reduce, suspend, or terminate

### WAS THE DECISION APPEALED?

- Yes: enter *Y*
- No: enter *N*
- If 'N' is entered, populate all remaining fields with None.

### DID THE ENROLLEE REQUEST CONTINUATION OF BENEFITS?

- Yes (*Y*)/No (*N*) indicator of whether enrollee requested continuation of benefits
- Enter None if someone other than the enrollee requested continuation of benefits or if the decision was not appealed as indicated by N in column ID J

# Field Descriptions – Did the enrollee request continuation of benefits?



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### DATE DSNP-AIP NOTIFIED ENROLLEE OF ITS DECISION TO REDUCE, SUSPEND OR TERMINATE SERVICES

- Date the DSNP-AIP notified the enrollee of the reduction, suspension, or termination

### EFFECTIVE DATE OF REDUCTION, SUSPENSION, OR TERMINATION OF SERVICES

- Enter the date the DSNP-AIP indicated services will reduce, suspend, or terminate

### WAS THE DECISION APPEALED?

- Yes: enter *Y*
- No: enter *N*
- If 'N' is entered, populate all remaining fields with None.

### DID THE ENROLLEE REQUEST CONTINUATION OF BENEFITS?

- Yes (*Y*)/No (*N*) indicator of whether enrollee requested continuation of benefits
- Enter None if someone other than the enrollee requested continuation of benefits or if the decision was not appealed as indicated by N in column ID J

# Field Descriptions – Were the benefits under appeal provided to the enrollee during the plan level appeal process?



WERE THE BENEFITS UNDER APPEAL PROVIDED TO THE ENROLLEE DURING THE PLAN LEVEL APPEAL PROCESS?	DATE RECONSIDERED DETERMINATION EFFECTUATED IN THE DSNP-AIP SYSTEM	IF REQUEST DENIED, DATE SERVICES WERE TERMINATED, REDUCED, SUSPENDED
<ul style="list-style-type: none"> <li>• Yes (<b>Y</b>)/No (<b>N</b>) indicator of whether the benefits under appeal were provided to the enrollee during the reconsideration process</li> <li>• No request for continuation of benefits was made: enter <b>none</b></li> <li>• Decision was not appealed as indicated by N in column ID J: enter <b>none</b></li> </ul>	<ul style="list-style-type: none"> <li>• Date reconsidered determination effectuated in the DSNP-AIP 's system</li> <li>• Decision was not appealed as indicated by N in column ID J: enter <b>none</b></li> </ul>	<ul style="list-style-type: none"> <li>• Date the services were terminated, reduced, suspended</li> <li>• Decision was not appealed as indicated by N in column ID J: enter <b>none</b></li> </ul>

# Field Descriptions – Date Reconsidered Determination Effectuated in the DSNP-AIP System



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### WERE THE BENEFITS UNDER APPEAL PROVIDED TO THE ENROLLEE DURING THE PLAN LEVEL APPEAL PROCESS?

- Yes (**Y**)/No (**N**) indicator of whether the benefits under appeal were provided to the enrollee during the reconsideration process
- No request for continuation of benefits was made: enter **none**
- Decision was not appealed as indicated by N in column ID J: enter **none**

### DATE RECONSIDERED DETERMINATION EFFECTUATED IN THE DSNP-AIP SYSTEM

- Date reconsidered determination effectuated in the DSNP-AIP 's system
- Decision was not appealed as indicated by N in column ID J: enter **none**

### IF REQUEST DENIED, DATE SERVICES WERE TERMINATED, REDUCED, SUSPENDED

- Date the services were terminated, reduced, suspended
- Decision was not appealed as indicated by N in column ID J: enter **none**



# Field Descriptions – If request denied, date services were terminated, reduced, suspended



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### WERE THE BENEFITS UNDER APPEAL PROVIDED TO THE ENROLLEE DURING THE PLAN LEVEL APPEAL PROCESS?

- Yes (**Y**)/No (**N**) indicator of whether the benefits under appeal were provided to the enrollee during the reconsideration process
- No request for continuation of benefits was made: enter **none**
- Decision was not appealed as indicated by N in column ID J: enter **none**

### DATE RECONSIDERED DETERMINATION EFFECTUATED IN THE DSNP-AIP SYSTEM

- Date reconsidered determination effectuated in the DSNP-AIP 's system
- Decision was not appealed as indicated by N in column ID J: enter **none**

### IF REQUEST DENIED, DATE SERVICES WERE TERMINATED, REDUCED, SUSPENDED

- Date the services were terminated, reduced, suspended
- Decision was not appealed as indicated by N in column ID J: enter **none**



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# Impact Analysis Submissions

- When noncompliance is identified, audit Sponsors must submit each requested impact analysis
- Information collected will mirror existing ODAG universe record layouts





# Questions?

- Questions related to the program audit process can be sent to the program audit mailbox at [part\\_c\\_part\\_d\\_audit@cms.hhs.gov](mailto:part_c_part_d_audit@cms.hhs.gov).

