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TO: All Medicare Advantage Organizations, 1876 Cost Plans, and Employer Union Direct Contracts

FROM: Cynthia Tudor, Ph.D., Director, Medicare Drug Benefit and C & D Data Group
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RE: Part C Reporting Requirements—Organization Determinations and Reconsiderations

DATE: August 4, 2010

As noted in the Part C Technical Specifications released on June 3, 2010, CMS was completing an evaluation of the reporting and collection of fully favorable organization determination and reconsideration data for CY 2010. A fully favorable decision is one in which the plan approves coverage or payment, in whole, for the service or item requested (including requested quantity or number of visits, if applicable). As a result of that evaluation, plans are now required to report fully favorable decisions made as a result of a request for an organization determination (data element 6.1) and fully favorable decisions made as a result of a request for a reconsideration (data element 6.4).

CMS expects plans to report only those fully favorable organization determinations made as a result of a request being submitted to the plan. For example, we do not expect plans to report a lab test covered during a physician's office visit as a fully favorable organization determination.

Plans are to continue to report data for elements 6.2, 6.3, 6.5 and 6.6 pursuant to the June 3, 2010 technical specifications. For reference and per the technical specifications, the following is the definition of the data elements:

- 6.1 Number of Organization Determinations – Fully Favorable
- 6.2 Number of Organization Determinations – Partially Favorable
- 6.3 Number of Organization Determinations – Adverse

- 6.4 Number of Reconsiderations – Fully Favorable
- 6.5 Number of Reconsiderations – Partially Favorable
- 6.6 Number of Reconsiderations – Adverse

Please note that while we have used the term “plan,” reporting is at the contract level. The level of reporting has not changed.

Plans should report fully favorable data (data elements 6.1 and 6.4) going forward for the 2nd, 3rd, and 4th quarters of contract year 2010. In addition, for the 1st quarter, plans should: (1) report fully favorable data consistent with the expectations outlined in this memo if fully favorable data were not previously reported or (2) resubmit previously reported fully favorable data that do not comport with the expectations outlined in this memo.

Measure 6 elements reported in CY 2010, including elements 6.1 and 6.4, will be subject to audit in 2011.

If you have questions, please send them to: partcplanreporting@cms.hhs.gov.