



IRE Transparency Initiative

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Kristen Renkes: Today's first presentation will provide an overview of several new transparency initiatives planned for the upcoming year, including the creation of semiannual plan reports, enhanced factsheets, and a searchable appeals database. Please welcome Coretta Edmondson, Natasha Franklin, Katy Hanson, and Kristie Werdein.

Coretta Edmondson: So, good morning, and thank you for joining us this session, where we will be discussing IRE transparency initiatives. My name is Coretta Edmondson, and I am joined with my colleague, Natasha Franklin, as well as Katy Hanson and Kristine Werdein, who are both with MAXIMUS Federal Services who will be discussing the initiatives in greater detail.

So, as the CORs, or Contracting Officer Representatives, Natasha and I are responsible for overseeing the contractor who has the role of the Part C and D IRE. So, based on the feedback that we have received from the industry, we have been working with the IRE on providing certain initiatives that we believe will address some of the industry concerns. So, I will turn it over to Natasha, who will briefly discuss these initiatives.

Natasha Franklin: Thank you, Coretta. Good morning. So, today, we will be discussing the Part C and D IRE transparency initiatives we are planning to launch in 2020. One part of our initiative includes the Enhanced Data Reporting,

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and we will also present to you the new Public Website Database initiative.

So, starting in 2020, the IRE will be providing CMS and the health plans with enhanced reports so that the plans can more proactively monitor their appeals data. This enhanced reporting will feature two new reports: one is the Enhanced Factsheet that will be posted to our website on a quarterly basis, and the other is the Enhanced Data Report that will be distributed to the plans semi-annually. The reports and factsheets will be used to help plans conduct more detailed analysis on their appeals data and compare their outcomes to the overall universe of plans.

Also, MAXIMUS will be host and maintaining a new public-facing website database to provide transparency around IRE appeals decisions and rationale. This new website database will feature a searchable database of all Part C and Part D appeals decision rationale. And in this website database, the plan will be able to search, fine, and sort appeals categories and more, and this will also have an export functionality, where the plans can export data from the website database to an Excel spreadsheet.

So, without further ado, I will turn it over to Kristie and Katy from MAXIMUS, as they will provide you more detailed information regarding the initiatives, and Katy will begin with discussing the factsheets.

Katy Hanson: Thank you, Natasha and Coretta. As many of you know, MAXIMUS Federal Services currently publishes quarterly factsheets that provide health plans with key data points on their IRE appeals. Specifically, these current factsheets provide information on total number of cases received by the IRE, number of appeals by contract type, timeliness and overturn data.

Beginning in 2020, MAXIMUS will be enhancing our quarterly factsheets to provide additional data points to health plans, specifically, these

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enhancements will do the following: It will allow health plans to see what specific items and services are overturned most often. It will allow health plans to see what priority of appeal have the highest overturn rates. It will allow plans to see overturn rates by appeal issue, and it will allow plans to see overturn rates by issue grouping, including item and service in dispute.

In addition, these enhanced factsheets will provide more detailed information regarding IRE overturns. Specifically, the enhanced factsheets will be able to show overturned trends data based on appeal issue categories, such as appellant dismissal, general coverage or medical necessity issues, cost sharing, lock-in, authorization issues, technical denials, and coding issues.

This slide, and the next few slides, will give you an idea as to what the new enhanced factsheets will look like. Now, I know the print on the screen here in the Office is small, but you'll be able to access the slide and the rest of the PowerPoint slides, along with all the other presentation slides on the conference website, that way you can zoom in on your own screen and really be able to see the data more clearly. In any event, beginning with this slide, we are detailing the new enhancements.

As you can see on the left-hand side, MAXIMUS will be breaking down the data to provide the frequency of receipts by appeal category, and also by issue in dispute. This will give plans a general overview of the workload, allowing plans to pinpoint heavy appeal service categories by issue. On the right-hand side of the slide, you will see a graphic representation of that same data. Now, please note, this is just dummy data right now. Actual data will be populated in the first enhanced factsheet.

Continuing on with what the new enhanced factsheets will look like, you will see that the IRE will be providing receipts by appeal category, but focusing specifically on overturn rates by appeal issue. This will allow

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plans to focus on those appeal issues that somewhere high over turn rates so that plans can evaluate the processes on their own end to see if there are ways to decrease those numbers. In addition, the example report on the right-hand side of the slide will allow plans to review which priority, that means expedited, pre-service, or retrospective, have highest over turn rates as well.

So, building off of the data we have discussed in the previous slide, this example on the left breaks out, with even more detail, the overturn rates for certain appeal types and categories so that health plans can focus their review efforts in those areas. This may include changing evidence of coverage language or refining how plans perform their level-one appeal reviews for several items and services. On the right-hand side of the slide, you will see an example from the new enhanced factsheets of the timeframes for appeals processing at the IRE level. This is included so that health plans can see, generally, how long it will take the IRE to render its reconsideration.

In addition to the enhanced factsheets, MAXIMUS will be providing health plans with detailed IRE appeals data via a new plan semi-annual report. This report will be generated at the individual contract level and will allow plans further insight into their specific appeal outcome. This semi-annual report for Part C will provide each individual plan a breakdown of all cases by disposition, appeal issue, appeal priority, item or service in dispute, and appeal category. In addition, the report will provide a data tab with all of the individual plan's cases for that review period.

For Part D, the reports will be roughly the same, although with a few different data points included. The new enhanced factsheets for Part D will allow plans to see what appeal types are overturned most often, what types of plans have the highest overturn rate, which priority of appeals have the highest overturn rates, a breakout of overturn rate by plan denial

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reason, data by overturn rates by substantive reason, and also, how many appeals are told for an AOR form or a prescriber statement.

So, just like in Part C, in addition to the enhanced factsheets, MAXIMUS will be providing health plans with detailed Part D appeals data via a new plan semi-annual report. This report will be generated, again, at the individual contract level and will allow plans further insight into their specific appeal outcomes. This semi-annual report for Part D will provide to each individual plan a breakdown of all cases by disposition, appeal type, appeal priority, overturn rate. In addition, the report will provide a data tab with all the individual plan's cases for that appeal period.

The Part D semi-annual report will capture a universe of appeals in comparison to your specific plan contract data for each of the mentioned categories. This is an example of the universe percent by disposition for the year of 2018. Please note, again, this is dummy data. Actual live data will be included with the first semi-annual report. This pie chart will allow plans to visualize the outcome rates for their appeals, so you can tell the percentage of health, overturned, partially overturned, et cetera. This data is also available in chart form on the right-hand side of the slide is that more easy to read for the health plans.

This slide provides an example of what a specific plan contract data would look like. This report will be a pivot table so that each plan has the ability to visualize the data they are looking to compare. It's similar to the previous chart, with more specificity for the individual health plan.

In order for health plans to receive the new enhanced factsheets and semi-annual report from the IRE, CMS requests that all plans send contact information to us. We encourage you to send it as soon as possible, but definitely before January 1st of 2020. So, for contact submissions regarding Part C appeals, we ask that you send your contact information to medicareappeal@maximus.com, and for Part D, we ask that you send it to medicarepartdappeals@maximus.com.

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I will now turn it over to Kristie Werdein to discuss our website.

Kristie Werdein: Thank you, Katy, and good morning everyone. As mentioned, my name is Kristie Werdein, and I'm the project director for the Part D IRE at MAXIMUS. One of the new initiatives that we're working on with CMS is the new searchable website database. This new website will provide a database for all Part C and Part D appeal decision rationales, excluding dismissals and withdrawals. This means that any decision determined at the IRE level will be available on this new website to allow users to search and export, as needed, for their own knowledge. The new website is expected to launch in early 2020 and will include any appeals decided from January 2020 moving forward. New cases also be added to the website within two weeks from closing date at the IRE. All cases that are retained on the website will be free of PHI or any plan identifiable information. This will ensure all cases cannot be tied to any specific appeal.

One of the great features of the new website will be the ability to export search data into an Excel spreadsheet. This will give users the opportunity to search and sort by various categories and datapoints. As you will see in the demo in a few short moments, the website will be publicly available and will not require login.

As mentioned, the data will be available on the website within two weeks of the decision being rendered at the IRE. We want to stress that this new database will only show decisions rendered after the date in which the website is launched. There will be a limited amount of data available when the website goes live. We will not be retroactively adding any appeals of the data into the website.

I am now going to show everyone a demo of the database site that is still currently in development. Please note that some of the visuals may be slightly different than when the website is launched, but we felt it would be beneficial to show the viewers the functionality and features that this

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website is going to offer. As mentioned, the site will be public facing and available to users without login or password. The website address information will be forthcoming once development is completed and a go-live date has been finalized.

When navigating to the website database site, your screen will look similar to what is displayed here. If you already have a keyword in mind, you can simply type in the word in the search box and your results will appear below. If you're looking for more of an advanced search, you would click on "Advanced Search," and then you would have additional fields that you can search by. After clicking on the "Advanced Search" tab, there's going to be a breakdown of appeal type, appeal item or issue, appeal category, and decision outcome.

In addition to the dropdown selections, you can search for decision rationales specific to certain date ranges. This will be beneficial if there's a date change and it might have had an impact on the decision outcome. There's also going to be two free text fields, and one of those is for drug name, and one of those is for condition, so please keep in mind when using the free text field the spelling must be accurate or the results may not be displayed to your desired result you're looking for, and it may not be case sensitive.

For demo purposes only, we have added in test data to give you a visual of what your search results will look like. After clicking "Search," the page at the top is going to indicate how many appeals were in result of what you had typed in, and at the top right corner, there is a sort-by function and you can sort your appeal results accordingly. The cases will be displayed with case reference number, which are essentially fake appeal numbers. They are not going to have any reflection of the real appeal number, and this will ensure the privacy of the enrollee and the plans that are involved.

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As you see, right below the reference number, there is a header for each search result that comes up, and each of those headers is going to include the date the case was processed, the project in which the appeal was rendered for, the appeal category, the drug name, if applicable, and the condition. If the condition was not relevant to the appeal review, or if the condition was not provided to the IRE, this field is going to reflect NA.

The search results will then display the decision rationale section of the appeal. This section is going to be free of PHI and PII. There is a collapsible link that says "Read More." Users can just simply click, and then the full decision rationale will be available for a reading. Below the decision rationale, there's another collapsible part labeled "Coverage Rules." This section will reflect the rules that we'll utilize in rendering the appeal that is displayed. At the bottom of the webpage there is a bar that allows users to skip to whatever page in case you know that you did a certain date range and you want to go to the most recent, you can click the arrows.

One of the features that was previously mentioned about the site is that it will have the ability to export the results displayed into an Excel spreadsheet. This will allow users to sort and create pivot tables to view the information that is most useful to them, and that will be similar to just clicking right there.

Now that you've seen some of the functionality that the new website will entail, we would like to go over some new fields that will be required for case file submissions for both Part C and Part D. In order for the data to be fed consistently into the database, MAXIMUS will be making a few changes to the case file submissions via the portal and/or fax submissions. The portal will have a required field called "Condition," which is where plans will free text the condition indication or diagnoses that was used for the appeal review. Whatever condition is listed on the

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case file submission will be displayed in the header on the website that you just saw in the demo.

If your health plan does not utilize our portal, the reconsideration background data form and the reconsideration transmittal form will be updated to include this field for those who use fax submissions. MAXIMUS encourages health plans to visit our respective websites and enroll in our 24/7 secure portal for case file submissions. We would be more than happy to set up a portal demonstration for any health plans that are interested and would like you to visit the Part C website at medicareappeal.com or the Part D website at medicarepartdappeals.com for further information. Our websites, respectively, will also include the link to the new website database that we just had gone over and will give some further portal access information.

If there are any questions regarding new transparency initiatives that are not addressed today, please feel free to reach out to MAXIMUS directly at the e-mail addresses listed here. For Part C, that's medicareappeal@maximus.com, and Part D, medicarepartdappeals@maximus.com.

Kristen Renkes: We have about 20 to 25 minutes for questions, so I would like to invite any audience members that would like to ask questions of our presenters to go ahead to the microphone in the center of the aisle. In the meantime, I have a few that have been submitted to us prior to the event. When will new reports be provided?

Kristie Werdein: The new reports will start being dispersed to plans in January 2020.

Kristen Renkes: Okay. And how will health plans get these reports?

Katy Hanson: These will be delivered electronically to the e-mail addresses that health plans have submitted to us via the e-mail boxes that we provided in our presentation. So, again, we highly recommend that plans submit their

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contact information to both the Part C and Part D e-mail boxes as soon as possible, but definitely prior to January 1st.

Kristen Renkes: And how can health plans provide the contact e-mail address to the IRE? I think you just responded to that; right? What can health care plans do if they believe data in one of these reports is erroneous or if a health plan needs to request changes to other IRE data?

Katy Hanson: So, this happens fairly regularly if the health plan submitted something incorrectly, if there's a typographical error in their file submission to us. So, in those cases, those two e-mail boxes that we've talked about, like, five times, you can submit to those. Those are manned by individual plan liaisons for both Part C and Part D, so we've got people constantly responding to those, so you can submit those requests there.

Kristen Renkes: Okay. And besides these new reports, is there any other data or reporting available to health plans regarding their appeals data?

Katy Hanson: So, yes, and hopefully plans are familiar with this. On the medicareappeal.com website, there is extensive plan-specific data on that website going back to 1997 up to 2018, so plans should be very familiar with downloading their information plan data there. There's also search capabilities for plans to search for their individual cases on that website as well.

Kristen Renkes: And you said the data is updated daily at 10:00 a.m.?

Katy Hanson: We try to update it. It is definitely updated daily. We try to do it by 10:00 a.m. Sometimes it's 11:00, but it is done daily.

Kristen Renkes: And when will the new website database be available?

Coretta Edmondson: So, it should be available around March of 2020.

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- Kristen Renkes: March 2020, okay. And when will the new reconsideration background data form for Part C and the new case file transmittal form for Part D be available.
- Katy Hanson: Those will be available on the respective part C and part D websites prior to January 1st.
- Kristen Renkes: Okay. And, let's see, our health plan doesn't currently use the portal for case file submissions, but we would like to. How can we get access?
- Kristie Werdein: So, on our respective websites, there is the plan dropdown, and you can click "Quick portal." Within that tab, they're going to be able to direct you to have login information. There is a manual in which you can use, and there's also an e-mail address if you would like a portal demonstration set up or if you have any questions or issues during your login.
- Kristen Renkes: Okay. And will the reports and database be available to the public or contractors for comparison and inclusion in Star rating databases?
- Coretta Edmondson: So, the website will be public-facing, and it will be available, of course, without a password, as stated earlier, and the semi-annual reports are plan specific, so they are not available publicly. Part of this question, we weren't really sure what was being asked, but if the person is asking whether or not the reports in the database will be available in HPMS memo, they will not be.
- Kristen Renkes: Okay. And will the upcoming initiative include the ability for plan end users to export website search results and case data to Excel?
- Kristie Werdein: Yes, that will be one of the functionalities of the new website.
- Kristen Renkes: And IREs can often rely on new or different information that was provided to the Part D plan by the prescriber at the outset. Can CMS require IREs to inform plans of the evidence on which they base their decisions?

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Coretta Edmondson: So, of course, right now the reviews are considered a de novo review, and so the IRE will review the facts and circumstances of the cases that they receive. So, if additional information is, in fact, received, decision letter will indicate that new information was received from the enrollee or prescriber. So, that information will be provided in the decision letter that additional information was received and how the IRE has arrived at their decision.

Kristen Renkes: And we greatly appreciate CMS continuing efforts to improve transparency of the IRE clinical review process. Even though we understand that plan decisions upheld by the IRE is no longer a Star measure, we still have concerns about IRE overturns, where the IRE received new or different information than was available to the plan at the time of the plan's decision. Will the IRE be able to more clearly articulate that new or different information that was received?

Natasha Franklin: Yes. So, the IRE completes a de novo review and explains how they came to the decision in the decision rationale section of their letter. Visit decision rationale and a letter will be searchable on the new website database for comparison. The site will not include actual appeal numbers, and will be free of any PHI. The overturn reason will be considered for future website enhancements as we continue to enhance the system or the record en masse.

Kristen Renkes: Okay. And 10.5.2 of the Medicare Appeals and Grievances guidance states for standard requests, the processing timeframe begins when the plan, any unit in the plan, or delegated entity, including a delegated entity that is not responsible for processing, receives a request. For expedited requests, the processing timeframe begins when the appropriate department receives the request. Plan materials should clearly state where pre and post service requests should be sent -- the question cut off. I think they're asking where these standard requests go and when the timeframes start, if that's accurate.

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Coretta Edmondson: So, I will say there were a couple questions that we did receive. One of the questions was regarding the audit protocols, so any questions that you may have, the industry still has regarding the audit protocols in the universe, those questions would need to go to that specific mailbox. We would not be able to address those questions here. And if there are specific questions that anyone has, because there was one that came in regarding the website and the Star ratings, any concerns that anyone has regarding their Star ratings, they would follow the normal process that's in place regarding question and concerns they have about the star ratings.

Kristen Renkes: And with no further questions, is there anything else that you would like to add? No? All right, then, we will go back to our session evaluation slide. If you need a review, to participate via text, you're going to text "22333" with "CMS 2019 Fall" in the body of the text to join, text "A." To respond via webcast -- I'm sorry -- webpage, you're going to go to pollev.com/cms2019fall. Thank you so much, ladies.

Thank you.

Really appreciate it.