



CENTER FOR MEDICARE

TO: All Part D Sponsors

FROM: Tracey A. McCutcheon, MHSA, MBA, Acting Director, Medicare Drug Benefit and C & D Data Group

SUBJECT: Preparation for Quality Assurance Reviews on Part D Coverage Determinations/Redeterminations

DATE: February 18, 2014

The Centers for Medicare & Medicaid Services (CMS) continues to monitor and perform oversight analyses on the Star Ratings data in order to ensure beneficiaries and stakeholders have the most accurate information about available plans. As such, CMS has begun analyzing the CY2013 auto-forward data for use in the 2015 Star Ratings. This memo provides an overview of our process and the responsibilities of Part D sponsors that are selected for quality assurance review.

CMS will take a similar approach to last year's quality assurance (QA) review. The following is an outline of the process:

- **In March, CMS will notify select Part D sponsors that they have been identified as a potential auto-forward outlier.** The email will identify specific IRE appeal cases that have been selected for review, case file documentation required, submission instructions, and the deadline for responses. The email will include an Excel spreadsheet that includes each IRE appeal number, the date the request was received by the IRE, the request type, the appeal priority, the appeal disposition, and the appeal end date. These data are intended to help sponsors identify and provide the documentation necessary for our review of these cases. Sponsors will have about four weeks to submit the requested information to CMS. Sponsors should contact CMS if they are unable to identify a case, or if they are unable to meet the requested deadline. Following our review, additional information may be requested.
- **By the end of April, selected sponsors will submit documentation following CMS specifications.** Emails should be sent to PARTCDQA@cms.hhs.gov. The subject line of each email should be: CY2013 Part D Auto-forward Appeals Outlier Documentation – Contract xxxx. For each IRE case, sponsors will submit a completed Word template and PDF of supportive documentation. All information should be sent to CMS in a password

protected zip file. Please see Attachment A for further instructions, including a copy of the Word template and the documentation to be included in the PDF. Sponsors may submit additional documentation for our review, such as screen shots of the sponsors' internal appeals systems. Please note that if a Sponsor submits revised or additional files for a specific case after an initial submission has been made, the new file must follow the same naming convention and password instructions.

Please submit questions or concerns related to this quality assurance review to PARTCDQA@cms.hhs.gov. Thank you for your continued support of the Star Ratings.

ATTACHMENT A:

CY2013 QA of Timely Part D Exceptions/Appeals Processing – Template Instructions:

- CMS requests that you submit a password protected zip file that contains the following two files for each IRE case identified:
 - A Word document with the below table completed
 - A PDF containing the member’s request form (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 member notification letter.
- Please use this naming convention for all files: *ContractIDlast4digitsIREcase#*
 - *Example PDF/document name = H12349876*
- Please use this rule to set the zip file’s password: *appeals2015*
 - *Example password = appeals2015*
- If you need to submit revised or additional files for a specific case after your initial submission, you must append your zipfile with the additional information, and resend it to CMS. The new zipfile should use the same naming convention and password.

Contract ID		
Contract name		
IRE Case #		
Section I. Coverage Determination Request		
1.	Date/time of request (<i>mm/dd/yyyy; time including am or pm</i>)	Enter Date & Time
2.	Request for reimbursement? (<i>y/n</i>)	Choose an item.
3.	Standard or expedited? (<i>select 1</i>)	Choose an item.
4.	Exception request? (<i>select 1</i>)	
5.	Date of plan decision (<i>mm/dd/yyyy; time including am or pm</i>)	Enter Date & Time
6.	Date of written member/appointed rep notification (<i>mm/dd/yyyy</i>)	Enter Date.
7.	Was case processed timely? (<i>y/n</i>)	Choose an item.
8.	Reason case was not processed timely (<i>Required if response to question 7 is No. Enter ‘N/A’ if response to question 7 is Yes. Max 400 characters</i>)	
9.	Date/time forwarded to IRE if decision was untimely (<i>mm/dd/yyyy; time including am or pm. Required if response to question 7 is No. Enter ‘N/A’ if response to question 7 is Yes.</i>)	Enter Date & Time
10.	Was case tolled? (<i>y/n</i>)	Choose an item.
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.		

11.	Reason for tolling (<i>Max 400 characters</i>)	
12.	Date/time supporting statement was requested (<i>mm/dd/yyyy; time including am or pm</i>)	Enter Date & Time
13.	If case tolled, was the Physician supporting statement (PSS) received?	Choose an item.
14.	Date/time supporting statement was received (<i>mm/dd/yyyy; time including am or pm</i>)	Enter Date & Time
Section II. Redetermination Request (if applicable)		
15.	Date/time of request (<i>mm/dd/yyyy; time including am or pm</i>)	Enter Date & Time
16.	Request for reimbursement? (<i>y/n</i>)	Choose an item.
17.	Standard or expedited? (<i>select 1</i>)	Choose an item.
18.	Exception request? (<i>select 1</i>)	
19.	Date of plan decision (<i>mm/dd/yyyy; time including am or pm</i>)	Enter Date & Time
20.	Date of written member/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 (<i>Required if response to question 21 is No. Enter 'N/A' if response to question 21 is Yes. Max 400 characters</i>)	
23.	Date/time forwarded to IRE if decision was untimely (<i>mm/dd/yyyy; time including am or pm. Required if response to question 21 is No. Enter 'N/A' if response to question 21 is Yes.</i>)	Enter Date & Time
24.	Was case tolled? (<i>y/n</i>)	Choose an item.
If the response to question 24 is yes, answers to questions 25-28 are required.		
25.	Reason for tolling (<i>Max 400 characters</i>)	
26.	Date/time supporting statement was requested (<i>mm/dd/yyyy; time including am or pm</i>)	Enter Date & Time
27.	If case tolled, was the Physician supporting statement (PSS) received?	Choose an item.
28.	Date/time supporting statement was received (<i>mm/dd/yyyy; time including am or pm</i>)	Enter Date & Time