

## Industry Comments to the MA Guide, Version 4

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Element	Comment	Resolution
Overall	<p>Add four columns with the following headers:</p> <ol style="list-style-type: none"> <li>1. As evidenced by</li> <li>2. Responsible Department/ Person</li> <li>3. Completion Level</li> <li>4. Completion Date</li> </ol> <p>This way I can also use this same document as my tracking tool.</p>	<p>Did not add to maintain the integrity of the original formatting of the MA guide</p>
Overall	<p>The draft Monitoring Guide appears to be strictly directed to Managed Care Organizations, but it makes no references to PFFS plan exclusions. The Monitoring Guide should either be more comprehensive by including all types of MA products, or clearly state that an additional Monitoring Guide for PFFS plans is forthcoming. We recommend that PFFS elements be merged into the MA Monitoring Guide so that sponsors may refer to a single comprehensive document, instead of having to review separate guidance materials for information that can easily be combined into a single source. Consolidating these guidance materials will assist MA Organization sponsors in complying with auditing requirements.</p>	<p>CMS will be issuing a revised guide for PFFS plans.</p>
Overall	<p><b>Structure.</b> We would like to recommend that CMS utilize the same format for the table of contents as the current version. The current table of contents includes the element type, deemable indication and associated worksheets. We appreciate having all this information organized in one table.</p> <p><b>Correction.</b> Please note under Chapter 4 and the heading Health</p>	<p>TOC has been returned to format of previous version</p> <p>CMS will keep deleted elements in the guide, including the Table of Contents for historical purposes.</p>

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	Assessment that HA02 is listed as an element in the table of contents but has actually been deleted as an element.	
Worksheets - General	We have had some problems previously on the automatic computations of the worksheets. The calculations for if a determination was timely did not accurately compute. We are hoping that CMS will test the calculation functions prior to releasing the final versions of the worksheets.	CMS will work on issues related to calculations of worksheets.
Chapter 2 - ER15	Please add a reference to manual ch. 19 -section 60-60.1	There is no Section 60-60.1 in MMCM Chapter 19. The old version of Chapter 19 was replaced by the Payment and Enrollment Guide. CMS updated the citation accordingly.
Chapter 2 - ER17	Please add a reference to manual ch. 7-section 60	Already in the MA guide
Chapter 2 - ER18	As this is a new element, will CMS provide a new worksheet or additional column(s) to one of the existing worksheets to address this requirement?	Element has been removed.
Chapter 2 - ER18	When will the criteria for the MOE be completed?	Element has been removed.
Chapter 2 - DN04	Is there a Manual chapter reference?	Yes. The reference is in the guide.
Worksheet – Chapter 2	In the explanation for column 6, please insert the current web address.	CMS will provide website as soon as possible

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Worksheet – Chapter 2	In the explanation for column 4, please insert the current web address	CMS will provide website as soon as possible.
Worksheet – Chapter 2	In the explanation for column 5, please insert the current web address	CMS will provide website as soon as possible.
Worksheet – Chapter 2	<p>We would like to clarify column 12 on the worksheet. Column 12 captures information on the accuracy of the “final disenrollment notice.” We are unclear as to which notice this refers. Does the final disenrollment notice refer to the same notice as referenced in column 10 and 11? The notice referred to in column 10 and 11 seems to be the acknowledgement of the disenrollment request. If this is the case, please clarify in the worksheet that the final disenrollment notice is the acknowledgment notice.</p> <p>Alternatively, if the “final disenrollment notice” refers to the confirmation letter that is sent following the reply report, then we believe that an additional appropriate response in column 12 would be “not applicable,” or N/A, in addition to Y and N. The N/A could be utilized if we do not send this final confirmation notice to enrollees who have disenrolled directly through the MA organization. Chapter 2 of the Medicare Managed Care Manual, section 50.1.4, does not require MA Organizations to send this final confirmation notice to these enrollees. Please clarify the intent of column 12 in the final monitoring guide and add N/A as an option if column 12 is referring to the final confirmation notice.</p>	<p>WS-DN1 Column 12 has been changed to delete the word “Final.” Column 12 refers to the acknowledgement of the disenrollment request. As the commenter states, a final confirmation notice following the reply report is not required. However, MAOs are highly encouraged to follow up with a confirmation of disenrollment letter after receiving CMS confirmation of the disenrollment from the reply listing.</p>

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Worksheet – Chapter 2, 13	Worksheets noted as ER-6, ER-7, OP-4, OP-5 aren't in the draft 2006 - Are there new versions or will the old ones work?	Minimal wording changes were made. CMS inadvertently did not provide the worksheets.
Worksheet – Chapter 2	The “note” for this worksheet appears to be missing information that had been provided on the previous worksheet. Specifically, it is missing the following statement: “The format of an application may be a paper document or alternate format approved by CMS.” If it is CMS’ intention to omit this statement, then the revised note requires additional clarification on acceptable formats for applications.	This note was deleted on purpose to reflect the change in the regulations that allow for other election mechanisms (e.g. internet and telephone enrollments). These methods are described in further detail in the Medicare Managed Care Manual, Section 40.1 et al. Issue for CMS whether to clarify this in the worksheet note.
Worksheet – Chapter 2	The element ER14 was updated to replace “resided in an institution” with “continuously reside, or expects to reside, in a long-term care facility.” Will the worksheet instructions for WS-ER5 also be updated to reflect this change?	The initial changes to ER14 were deleted. The original language is maintained. Therefore, no changes are necessary to the worksheet.
Chapter 3	Comment: MOE for MR04 added the # and disposition in aggregate of appeals & grievances..... (deleted from MR03 )  This should be noted on the “Substantive Changes to the MA Guide, Version 4”	Added this change to the Substantive Changes document
Chapter 3 - MR02	Please add a reference to Manual Ch. 4-Section 160.2	Citation has been added.

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Chapter 3 - MR03	Under the section <u>MOE MR03</u> , the second bullet, CMS has MD-PD plan. I believe this is a typographical error and should be MA-PD.	Typographical error has been corrected.
Chapter 3 - MR04	Please add a reference to Manual Ch. 4-Section 110	Citation has been added.
Chapter 3 - MR06	Please add the appropriate Manual Ch. 4 reference	Citation has been added.
Chapter 3 - MR08	The “Substantive Changes to the MA Guide, Version 4” document indicates the following language was added to the MOE: “Marketing policies and procedures;” this language is not reflected, however, in the MOE under the Monitoring Guide element description.	Change was made to MR07, not MR08.
Chapter 3 - MR08	CMS neglected to add, Marketing policies and procedures as stated in the document Substantive Changes to the MA Guide, Version 4, page 5.	Change was made to MR07, not MR08.
Chapter 3 - MR09	CMS indicates that "When a contract termination involves a <u>professional</u> other than a PCP”, etc., I know that CMS states "a professional other than a PCP." Please clarify as to what exactly this entails, i.e., would this also apply to Facility based providers, dental, vision, hospitals, ancillary providers, etc. Please define "professional" provider.	Element wording was changed back to “providers.”

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Chapter 4 - AA01- AA05  CC01-CC04	These elements do not apply to non-network PFFS Plans. Recommend that CMS add a statement to each element description when requirements do not apply to non-network PFFS Plans.	CMS will be issuing a revised guide for PFFS plans.
Chapter 4 - DG01	The Manual Ch. 11 reference is incorrect. It should be 110.2 not 100.2	CMS has corrected the manual citation.
Chapter 5 - QY01	This element does not apply to PFFS Plans. The final MA regulations do not require PFFS Plans to implement a Quality Improvement (QI) Program. Recommend that CMS add a statement to this element when requirements do not apply to non-network PFFS Plans.	CMS will be issuing a revised guide for PFFS plans.
Chapter 5 - QY02	<ul style="list-style-type: none"> <li>• The MA final regulations provide that a PFFS Plan must “<i>maintain a health information system,</i>” but does not also require implementation of a QI program (42 CFR §422.152). This element should be revised to reflect this language.</li> <li>• The MOE should be clarified to indicate that its provisions are not applicable to PFFS Plans, as they are exempt from QI program requirements per the final MA rule.</li> <li>• The “Documentation Examples” should also be clarified to indicate which requirements are not applicable to PFFS Plans.</li> </ul>	CMS will be issuing a revised guide for PFFS plans.

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Element	Comment	Resolution
Chapter 5 - QY03	This element is applicable only to PFFS Plans offering a formal Utilization Management Program. Recommend that CMS add a statement to this element clarifying the circumstances under which these requirements apply to PFFS Plans.	CMS will be issuing a revised guide for PFFS plans.
Chapter 5 - QY08	PFFS Plans are not required to have a CCIP under the final MA regulations, and therefore this element does not apply to PFFS Plans. Recommend that CMS add a statement to this element when requirements do not apply to non-network PFFS Plans.	CMS will be issuing a revised guide for PFFS plans.
Chapter 5 - QY09	This element does not apply to PFFS Plans. The final MA regulations do not require PFFS Plans to implement a Quality Improvement (QI) Program. Recommend that CMS add a statement to this element when requirements do not apply to non-network PFFS Plans.	CMS will be issuing a revised guide for PFFS plans.
Chapter 5 - QY10	Recommend that CMS add a statement to this element providing that these requirements do not apply to non-network PFFS Plans.	CMS will be issuing a revised guide for PFFS plans.
Chapter 5 - QY10	When will the criteria for the MOE be completed?	Element has been removed.
Chapter 5 - QY10	This element is not marked deemable. We would like to confirm that this will be marked deemable in the final version of the monitoring guide.	Element has been removed.

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Chapter 6 - PR01	Except for item “8” of the MOE, this element is not otherwise applicable to non-network PFFS Plans, but to coordinated care or network MSA Plans. This element should clarify in its description which types of MA organizations these requirements apply to.	CMS will be issuing a revised guide for PFFS plans.
Chapter 6 - PR01-PR07	Please add the appropriate Manual Ch. 6 references to these elements	CMS has added the current manual citations.
Chapter 6 - PR02-PR06	These elements do not apply to non-network PFFS Plans. Recommend that CMS add a statement to each element when requirements do not apply to non-network PFFS Plans.	CMS will be issuing a revised guide for PFFS plans.
Chapter 11 - CN04	Completion of worksheet WS-CN1 as listed under this MOE should not be required of PFFS Plans, since they do not employ provider contracts. Recommend that CMS add a statement to this element when requirements do not apply to non-network PFFS Plans.	CMS will be issuing a revised guide for PFFS plans.
Chapter 11 - CN06-08	Completion of Worksheet WS-CN1 as listed under these MOEs should not be required of PFFS Plans, since they do not employ provider contracts. Recommend that CMS add a statement to each element when requirements do not apply to non-network PFFS Plans.	CMS will be issuing a revised guide for PFFS plans.
Chapter 11 - CN10-	Completion of Worksheet WS-CN1 as listed under these MOEs should not be required of PFFS Plans, since they do not employ	CMS will be issuing a revised guide for PFFS plans.

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11	provider contracts. Recommend that CMS add a statement to each element when requirements do not apply to non-network PFFS Plans.	
Chapter 13	Column Instruction #7 - What does the "+A39" refer to in "Documentation indicating when the notice was mailed could include a copy of the actual notice mailed or a screen print that +A39 clearly identifies"...	The formulas mistakenly appeared in the worksheet. This has been fixed.
Chapter 13	Column Instruction #3 What does the "A27" refer to in A27Note: If not available, leave blank.	The formulas mistakenly appeared in the worksheet. This has been fixed.
Chapter 13 - OC01	Since non-network PFFS Plans do not employ contracted providers, will this element require review of all claims and therefore be applicable to all provider services? CMS should clarify its requirements under the MOE in this element.	CMS will be issuing a revised guide for PFFS plans.
Chapter 13 - OC02	This element does not apply to non-network PFFS Plans. Recommend that CMS add a statement to this element when requirements do not apply to non-network PFFS Plans.	CMS will be issuing a revised guide for PFFS plans.
Chapter 13 - OC03	Since non-network PFFS Plans do not employ contracted providers, will this element require review of all claims and therefore be applicable to all provider services? As stated previously in our comment under <b>OC01</b> , Recommend that CMS clarify its	CMS will be issuing a revised guide for PFFS plans.

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Element	Comment	Resolution
	requirements under the MOE in this element.	
Chapter 13 - OP01-OP15	Please add the appropriate Manual Ch. 13 references to these elements	Chapter 13 has not yet been updated. CMS will update guide as soon as possible, following the update of Chapter 13.
Chapter 13 - OP12	For <b>OP12</b> , the revision by CMS is cited as renaming the element title from "Detailed Explanation of Non-Coverage of Provider Services" to "Detailed Notice of Non-Coverage of Provider Services." However, the CFR citation referred to in the monitoring guide (42 CFR Sec. 422.626(e)) as well as the Managed Care Manual Chapter 13 section 90.6 still refers to "Detailed Explanation of Non-Coverage." In addition, the CMS website still has the model letter titled "Detailed Explanation of Non-Coverage." We recommend that CMS make these titles consistent with Federal Regulation. This recommendation also applies for element <b>OP13</b> .	Title was returned to "Detailed Explanation of Non-Coverage of Provider Services."
Chapter 13 - OP13	For <b>OP12</b> , the revision by CMS is cited as renaming the element title from "Detailed Explanation of Non-Coverage of Provider Services" to "Detailed Notice of Non-Coverage of Provider Services." However, the CFR citation referred to in the monitoring guide (42 CFR Sec. 422.626(e)) as well as the Managed Care Manual Chapter 13 section 90.6 still refers to "Detailed Explanation of Non-Coverage." In addition, the CMS website still has the model letter titled "Detailed Explanation of Non-Coverage." We recommend that CMS make these titles consistent with Federal Regulation. This recommendation also applies for element <b>OP13</b> .	Title was returned "Detailed Explanation of Non-Coverage of Provider Services."

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Chapter 13 - OP14	<b>OP14</b> refers to effectuation of reversal of a decision by the QIO in a timely and appropriate manner. 42 CFR Sec. 422.626(e)(5) referenced in the monitoring guide refers to the Independent Review Entity (IRE). The Managed Care Manual Chapter 13 section 140.3 addresses "effectuating decisions by all other review entities and includes ALJ, DAB, or judicial review. There is no reference to QIOs. Clarification of the timeframe for effectuating a QIO reversal is needed.	QIOs are used in the element to distinguish it from the Independent Review Entity, (CHDR) which is used for other appeals.
Chapter 13 - RC01-RC03	Please add the appropriate Manual Ch. 13 references to these elements	Chapter 13 has not yet been updated. CMS will update guide as soon as possible, following the update of Chapter 13.
Chapter 13 - RE01-RE02	Please add the appropriate Manual Ch. 13 references to these elements	Chapter 13 has not yet been updated. CMS will update guide as soon as possible, following the update of Chapter 13.
Chapter 13 - RP01-RP08	Please add the appropriate Manual Ch. 13 references to these elements	Chapter 13 has not yet been updated. CMS will update guide as soon as possible, following the update of Chapter 13.
Chapter 13 - GV01-GV05	Please add the appropriate Manual Ch. 6 references to these elements	Chapter 13, not chapter 6, is the appropriate chapter for this issue. Chapter 13 has not yet been updated. CMS will update guide as soon as possible, following the update of Chapter 13.
Chapter 13 - GV05	The draft added this new element to reflect specific grievance requirements for expedited grievances. Worksheet WS-GV1 will	WS-GV1 has been updated to reflect new requirements in Element GV05.

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	need to have a column added to reflect this requirement.	
Worksheet – Chapter 13	The MOE requires determining the results for Column 13 on Worksheet WS-GV1 for compliance. The worksheet instructions in the draft show two “Column[s] 13;” one for “ <i>Grievance Adjudication Correct</i> ” and the other for “ <i>Comments.</i> ” This should be corrected.	Updated worksheet instructions to reflect comment.
Worksheet – Chapter 13	The MOE requires the determination of the results from Column 12 on Worksheet WS-GV1 for compliance. The title of Column 12 and the instructions provided for it do not match. This should be corrected.	WS-GV1 has been revised. Column 12 and associated instructions are now consistent.
Worksheet – Chapter 13	Please update the interest rates to 2005-2006 rates	Interest rates have been updated.
Worksheet – Chapter 13	The previous version of the WS-OP5 worksheet struck out language from the instructions for Column 9, specifically: “ <i>and the QIO</i> ” and “ <i>or close of business the day before the effective date that Medicare coverage ends, whichever is later.</i> ” The WS-OP5 worksheet contained in the draft reinstates this previously deleted language. CMS should clarify if reinstatement of this language in the WS-OP5 worksheet is intended and therefore new for Version 4 of the Monitoring Guide.	Updated column 9 and 10 to reflect deletion of specified language.

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Worksheet	<p><b>In # 6 the issue of Appropriate claim development reads:</b></p> <p>Appropriate Claim Development Attempted?: Did the MAO make at least one attempt to obtain additional information from non-contracted providers (or contracted providers if the member was held liable) needed to make a determination before denying the claim ? "Development" may take the form of a phone call, fax, letter, etc. addressing the issue(s). Y = At least one development attempted. N = No development attempts. Note: If no additional information was needed, select "Not Applicable." If this does apply and not available, enter "Unknown."</p> <p><b>Comment / Question:</b> The universe is contradictory here. The monitoring guide states that the universe is supposed to include only "non-contracted providers" and then states "or contracted if the member is liable". Please clarify if contracted providers should be included in the denied universe.</p>	<p>CMS has removed "or contracted if the member is liable" from the worksheet.</p>
Worksheet	<p><b>In #7 the issue of Denial Proper reads:</b></p> <p>7. Denial Proper?: Was the MAO's denial determination correct? Were claims for emergency and urgently needed care processed using the prudent layperson definition? Were post-stabilization services and out-of-the-area renal dialysis incorrectly denied? Y = Denial proper. N = Denial was not proper or appropriate claim development was necessary but was not attempted. (If column 6 is "N," the system will automatically make column 7 "N.") Note: If not available, select "Unknown."</p>	<p>All claims denied is the proper universe because they were not emergency or urgently needed services regardless of diagnosis codes or bill types. If the universe was limited, certain denials would be excluded that should have been included in the universe.</p>

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	<p><b>Comment:</b> I do not think that we can get a fair representation of the services that are listed here from the universe instructions. I would think that these would need to be pulled from DX codes or bill types.</p>	