

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, Maryland 21244-1850



MEDICARE ENROLLMENT & APPEALS GROUP

DATE: August 4, 2023

TO: All Medicare Advantage Organizations, Cost-Based Contractors, and Health Care Prepayment Plans

FROM: Jerry Mulcahy
Director

SUBJECT: Updated Medicare Advantage Appeals and Grievance Data Disclosure Requirements (CMS-R-282; OMB 0938-0778)

The purpose of this memorandum is to announce the availability of the updated OMB-approved standardized Medicare Advantage Appeals and Grievance Data Disclosure Requirements (CMS-R-282; OMB 0938-0778). Pursuant to §1852(c)(2)(C) of the Social Security Act and 42 CFR § 422.111(c)(3), Medicare Advantage (MA) plans are required to disclose grievances and appeals information pertaining to the number of disputes and their disposition to any MA plan eligible individual who requests this information. The individual may use this data to evaluate and compare plan performance.

The only update to this notice is to reflect regulatory changes made in CMS-4190-F2. Previously, the plan would not do anything with a withdrawn request; however, since the new rules went into effect, if a member decides to withdraw their appeal, the plan now dismisses the appeal request. The language in section “What can happen with level 1 appeals?” has been revised accordingly. The burden estimates associated with the notice have been updated and the OMB-approved standardized notice reflects the new expiration date of 07/31/2026.

MA plans should begin using the new version of the revised Appeal and Grievance Data Form **as soon as possible but no later than 60 days from today’s date**. The Appeal and Grievance Data Form is posted on the CMS.gov webpage at <https://www.cms.gov/Medicare/Appeals-and-Grievances/MMCAG/Notices-and-Forms>.

For questions regarding the revised Appeal and Grievance Data Form, please submit to the Part C Appeals and Grievances resource portal at <https://appeals.lmi.org>.