



MEDICARE ENROLLMENT & APPEALS GROUP

DATE: September 24, 2020

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

FROM: Jerry Mulcahy
Director

SUBJECT: Revised Appeal and Grievance Data Form, Form CMS-R-0282

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.

In an effort to identify opportunities to reduce MA plan burden and provide a simplified, easy to read report to MA plan eligible individuals, the Centers for Medicare and Medicaid Services (CMS) has revised the OMB-approved standardized Appeal and Grievance Data Form (Form CMS-R-0282). The revised data form:

- Allows plans to use data collected annually for Part C reporting requirements.
- Merges and aligns the collection and reporting periods.
- Makes data valid for one year instead of six months.
- Ensures data provided to MA plan eligible individuals is consistent with data provided to CMS.
- Removed the following data elements:
 - Expedited appeals
 - Disposition of expedited appeals
 - IRE (level 2) appeals
 - Disposition of IRE (level 2) appeals
 - Withdrawals
- Added the data element “grievances” (including quality of care grievances).

MA plans should begin using the new version of the revised Appeal and Grievance Data Form **as soon as possible but no later than November 16, 2020**. 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>.