

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
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CENTER FOR DRUG AND HEALTH PLAN CHOICE

TO: Medicare Advantage Organizations and 1876 Cost Plans

FROM: Cynthia G. Tudor, Ph.D., Director, Medicare Drug Benefit and C & D Data Group

SUBJECT: Update to the Technical Specifications for Part C Medicare Advantage and 1876 Cost Plan Reporting

DATE: July 22, 2009

The Centers for Medicare & Medicaid Services (CMS) continues to receive a large number of questions regarding the CY 2009 Part C Reporting Requirements. To address each question in a way that all Part C sponsors can benefit from the response, CMS is pleased to release an update to the Part C Reporting Requirements Technical Specifications. This update seeks only to provide clarifying information and in no way changes the actual reporting requirements as they were approved under the OMB PRA process. This document will be posted on the external CMS website (at the following link: www.cms.hhs.gov/HealthPlansGenInfo/16_ReportingRequirements.asp) and on the HPMS Plan Reporting site.

This update to the Part C Reporting Requirements Technical Specifications primarily contains clarifying information for the four reporting sections that are due on August 31, 2009, specifically Grievances, Organization Determinations/Reconsiderations, Plan Oversight of Agents, and Employer Group Plan Sponsors. For ease of reference, all updates are indicated in red font. It is our intention to provide future updates to the Part C Reporting Requirements Technical Specifications in advance of when each reporting element is due for the first time in order to provide clarification on those reporting elements.

Organizations should pay particular attention to a correction to a previous clarification under the Organization Determinations/Reconsiderations reporting requirement. Previously, we provided advice that Determinations/Reconsiderations that are forwarded to Maximus should not be reported as Fully Favorable, Partially Favorable, or Adverse until a final disposition was issued by Maximus. This is incorrect. If a reconsideration is forwarded to Maximus, health plans will either report the case as a partially favorable decision (Element 6.5) or as an adverse decision (Element 6.6) based on the organization's determination of the case *prior to it being forwarded*. As a reminder, Part C organizations are not required to correct previously submitted data under this reporting requirement using this updated guidance, however we do expect that data submitted beginning with Q2 2009 will be in accordance with this corrected guidance.

Comments or questions on all Part C Reporting Requirements should continue to be sent via email to partcplanreporting@cms.hhs.gov and include the title of the specific element to which your question applies in the subject line. Please be aware that due to the volume of questions this mailbox receives, individual responses to questions may not be possible. Questioners should look to the next release of the Part C Reporting Requirements Technical Specifications to provide the requested clarifying information.

Thank you.