



# Medicare Parts C & D Determinations, Appeals & Grievances

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# CDDAG: A Major Medicare Business Intersection

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- All roads of a plan's Medicare business lead to Organization/Coverage Determinations, Appeals & Grievances
  - Claims, customer service, FWA, quality of care, etc.
  - Effective oversight is mission critical
- Common challenges for plan sponsors
  - Misclassified cases
  - Timeliness
  - Notices
  - Tracking & trending

# CDDAG: Misclassified Cases

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- Definitions
  - Inquiries
  - Complaints
  - Coverage Determinations
  - Organization Determinations
  - Appeals
  - Grievances
  - Complaints that are both appeals & grievances
- Common review findings
  - Failure to properly classify cases from intake
  - Failure to provide policies & procedures for misclassified cases, or proper implementation of the policies & procedures
- Best practice suggestions

# CDDAG: Timeliness

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- Determinations
  - Part C – standard and expedited
  - Part D – standard and expedited
- Grievances
- Appeals
  - Process flow
  - Good cause extensions
- Common review findings
  - Failure to issue notices timely
  - Failure to effectuate decisions timely
- Best practice suggestions

# CDDAG: Notices

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- MMCM Chapter 13 & PDBM Chapter 18
  - Model notices
  - Plan-generated notices - by requirement and by choice
- Common review findings
  - Failure to provide notice timely or at all
  - Failure to provide correct notice
  - Failure to provide evidence that the correct notice was issued
- Best practice suggestions

# CDDAG: Tracking & Trending

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- Why meaningful tracking and trending of appeals & grievances (A&G) is important to the success of your Medicare business
- Common review findings
  - Failure to track and trend A&G data
  - Failure to accurately track A&G data
  - Failure to assimilate trending data for operational improvements
- Best practice suggestions

# CDDAG: Driver's Test

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- Rose\* calls IMWell Plan\* to complain that she had an appointment to see her doctor, but she waited for over an hour and never saw the doctor. Her \$20 co-payment was not refunded, and she noticed on the EOB that IMWell was charged for the visit. What would you do
  - A. Ignore Rose's call. She's just a whiner who calls almost weekly to complain about something.
  - B. Tell Rose, "The check is in the mail!" for her co-payment and close the call/issue log. IMWell prides itself on great customer service!
  - C. Proceed with the appeal process for the co-payment portion of the complaint and the grievance process for the quality of service portion of the complaint.

\* All names have been changed.

# CDDAG: Resources

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- Bookmarks
  - <https://www.cms.gov/MMCAG/>
  - [http://www.cms.gov/MedPrescriptDrugApplGriev/01\\_Overview.asp](http://www.cms.gov/MedPrescriptDrugApplGriev/01_Overview.asp)
- MMCM Ch. 4 & PDBM Ch. 5 - Benefits & Beneficiary Protections
- MMCM Ch. 3 & PDBM Ch. 2 – Medicare Marketing Guidelines