

FORM INSTRUCTIONS CMS-R-0282

Medicare Advantage plans are expected to disclose grievance and appeals data, upon request, to individuals eligible to elect a Medicare Advantage plan (i.e., beneficiaries). Plans should not send out a subset or partial list of the data, even if only a subset of the data is requested. For example, if a beneficiary requests data on the number of appeals received by the plan, then the plan must send the beneficiary a complete report of both its appeal and grievance data for the reporting period.

Calculating Number of Appeals and Grievances

Plans must report the number of appeal and grievance requests per 1,000 enrollees. The purpose of this calculation is to normalize reporting among larger and smaller plans for comparison purposes. Since larger plans would reasonably be expected to receive more appeals and grievances relative to smaller plans, simply reporting raw data could be misleading.

The rate is calculated by multiplying the total number of requests for an appeal or grievance by 1,000, and dividing that number by the average number of enrollees enrolled during the data collection period. The calculation does not require that the plan have a minimal enrollment of 1000 enrollees. See examples below:

Example 1

Medicare Advantage plan average enrollment = 500
Number of appeals received during the data collection period = 4
 $4 \times 1,000/500 = 8$
Number of Appeals per 1,000 enrollees = 8

Example 2

Medicare Advantage plan average enrollment = 5,000
Number of appeals received during the data collection period = 40
 $40 \times 1,000/5,000 = 8$
Number of Appeals per 1,000 enrollees = 8

Data Collection and Reporting Periods

In order for plans to report appeal and grievance data consistently, data collection and reporting periods are aligned with CMS Part C reporting requirements. Plans may use the data reported to CMS for data reports requested by individuals.

- The **data collection period** is the timeframe in which the data was collected. Data collection periods will be quarterly and the same as CMS Part C reporting requirements report period(s). Data collection periods are as follows:

January 1 – March 31
April 1 – June 30
July 1 – September 30
October 1 – December 31

- The **reporting period** refers to the timeframe during which plans report the data to beneficiaries. The reporting period is from April 1 through March 31 of the following year. For example, plan reported grievance and appeals data for 2018 submitted the first and last Monday (respectively) of February 2019, would be used April 1, 2019 through March 31, 2020 in reports requested by individuals.

Appeal and Grievance Data Report Instructions

The following are instructions for each section and line item of the appeals and grievances data reports for Form CMS-R-0282. Plans will meet the disclosure requirements set forth in the regulations at 42 CFR 422.111(c)(3) using this form. This format should be used by the plan in recording the data internally and is the required format for reporting the information to beneficiaries.

Reports should be readable and understandable to the recipient of the information. The material also should be typed in at least a 12-point font. Plans should provide informational copies to the appropriate regional office. If the plan intends to provide any of its own materials or discussion to supplement CMS' standardized format, as with all enrollee materials, prior approval by the regional office is required.

Explanation of Data Report

In addition to reporting raw data to beneficiaries, this form provides an explanation to beneficiaries of what the numbers mean. This explanation of the data report includes information about the report itself and defines level 1 appeals and grievances. Throughout the form, text should be inserted into the curly brackets “{ }”, as explained.

Data Form

Average Number of Enrollees

Insert the average number of enrollees.

To calculate the number of enrollees, count the number of enrollees at the end of each month of the data report period. Divide that total by 12 (the total number of months in the data report period).

Line 1:
Total Number of Level 1 Appeals Received

Insert the number of level 1 appeals received in each quarter. This would be reconsiderations data element subsection #3A in reporting requirements.

Add the number of level 1 appeals for each quarter and put the total in the “Year Total” column.

This line includes all requests for reconsideration, including pre-service (standard and expedited) and claims (payment) appeals.

Line 2:
Total Number of Level 1 Appeal Received per 1,000 Enrollees

Insert the number of level 1 appeals received per 1,000 enrollees each quarter.

This number is calculated by multiplying the total number of requests for a level 1 appeal (line 1) by 1,000 and dividing by the average number of enrollees for each quarterly column.

Add the number of level 1 appeals per enrollee for each quarter and put the total in the “Year Total” column.

Line 3:
Favorable Level 1 Appeal Decisions

Insert the number of level 1 appeals that were decided as fully favorable to the enrollee each quarter. This would be the total number of reconsiderations data element subsections #4A through #4D in reporting requirements.

Add the number of favorable level 1 appeals for each quarter and put the total in the “Year Total” column.

NOTE: Partially favorable decisions should be recorded as unfavorable decisions in line 4.

Line 4:
Unfavorable Level
1 Appeal Decisions

Insert the number of level 1 appeals that were unfavorable to the enrollee each quarter. This would be the total number of reconsiderations data element subsections #4E through #4L in reporting requirements.

Add the number of unfavorable level 1 appeals for each quarter and put the total in the “Year Total” column.

Line 5:
Number of
Grievances
Received

Insert the total number of grievances received each quarter. This would be grievances data element A in reporting requirements.

Add the number of grievances for each quarter and put the total in the “Year Total” column.

Line 6:
Grievances
Received per 1,000
Enrollees

Insert the number of grievances received per 1,000 enrollees for each quarter.

This number is calculated by multiplying the total number of grievances (line 5) by 1,000 and dividing by the average number of enrollees in each quarterly column.

Add the number of grievances per enrollee for each quarter and put the total in the “Year Total” column.

PRA Disclosure Statement: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0778. The time required to complete this information collection is estimated to average 60 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attention: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.